Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities

☐ Interim  ☒ Final

Date of Interim Audit Report:  ☒ N/A
Date of Final Audit Report:  3/14/2021

Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Noelda Martinez</th>
<th>Email:</th>
<th><a href="mailto:martinezauditingservices@yahoo.com">martinezauditingservices@yahoo.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Martinez Auditing Services, LLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>P.O. Box 372</td>
<td>City, State, Zip:</td>
<td>Beeville Texas 78104</td>
</tr>
<tr>
<td>Telephone:</td>
<td>(210) 790-7402</td>
<td>Date of Facility Visit:</td>
<td>Nov. 21-22, 2020</td>
</tr>
</tbody>
</table>

Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Cheyenne Center, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>-</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>10525 Eastex Fwy</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>-</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Houston, Texas 77093</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☐ Military  ☐ Private for Profit  ☒ Private not for Profit  ☐ Municipal  ☐ County  ☐ State  ☐ Federal</td>
</tr>
<tr>
<td>Agency Website with PREA Information:</td>
<td>Cheyennecenter.com</td>
</tr>
</tbody>
</table>

Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Catherine Santos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:cssantos@cheyennecenter.com">cssantos@cheyennecenter.com</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(713) 691-4898</td>
</tr>
</tbody>
</table>

Agency-Wide PREA Compliance Manager

<table>
<thead>
<tr>
<th>Name:</th>
<th>Latascha Newton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Lnewton@cheyennecenter.com">Lnewton@cheyennecenter.com</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(832) 230-5435</td>
</tr>
<tr>
<td>PREA Compliance Manager Reports to:</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Number of Compliance Managers who report to the PREA Compliance Manager:</td>
<td>0</td>
</tr>
</tbody>
</table>
**Facility Information**

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Cheyenne Center, Inc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>10525 Eastex Fwy</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Houston, Texas 77093</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>P.O. Box 11627</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Houston, Texas 77093</td>
</tr>
</tbody>
</table>

The Facility Is:  
- ☒ Private not for Profit
- ☐ Military
- ☐ Private for Profit
- ☐ Municipal
- ☐ County
- ☐ State
- ☐ Federal

Facility Website with PREA Information:  
http://www.landmanor.org/

Has the facility been accredited within the past 3 years?  
- ☒ Yes
- ☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

- ☐ ACA
- ☐ NCCHC
- ☐ CALEA
- ☐ Other (please name or describe:  
  - ☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

- 

**Facility Director**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Cara Myles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:cwmyles@cheyennecenter.com">cwmyles@cheyennecenter.com</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(713) 691-4898</td>
</tr>
</tbody>
</table>

**Facility PREA Compliance Manager**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Latascha Newton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:lnewton@cheyennecenter.com">lnewton@cheyennecenter.com</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>(832) 230-5435</td>
</tr>
</tbody>
</table>

**Facility Health Service Administrator**  
- ☒ N/A

| Name: | - |
| Email: | - |
| Telephone: | - |
### Facility Characteristics

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Facility Capacity:</td>
<td>298</td>
</tr>
<tr>
<td>Current Population of Facility:</td>
<td>188</td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>204</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Males ☐ Females ☐ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-80</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>30-90 days</td>
</tr>
<tr>
<td>Facility security levels/resident custody levels</td>
<td>Minimum</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months</td>
<td>1609</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>1540</td>
</tr>
<tr>
<td>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>1455</td>
</tr>
<tr>
<td>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):

- ☐ Federal Bureau of Prisons
- ☐ U.S. Marshals Service
- ☐ U.S. Immigration and Customs Enforcement
- ☐ Bureau of Indian Affairs
- ☐ U.S. Military branch
- ☒ State or Territorial correctional agency
- ☐ County correctional or detention agency
- ☐ Judicial district correctional or detention facility
- ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)
- ☐ Private corrections or detention provider
- ☐ Other - please name or describe: ☐ N/A

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff currently employed by the facility who may have contact with residents:</td>
<td>87</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with residents:</td>
<td>13</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</td>
<td>1</td>
</tr>
<tr>
<td>Description</td>
<td>Value</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</td>
<td>1</td>
</tr>
<tr>
<td>Number of volunteers who have contact with residents, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
</tbody>
</table>
### Physical Plant

<table>
<thead>
<tr>
<th>Number of buildings:</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of resident housing units:</th>
<th>67</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of single resident cells, rooms, or other enclosures:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of multiple occupancy cells, rooms, or other enclosures:</td>
<td>67</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
<td>0</td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</td>
<td>☒ Yes ☐ No</td>
</tr>
<tr>
<td>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>

### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Are medical services provided on-site?</th>
<th>☐ Yes ☒ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☐ Yes ☒ No</td>
</tr>
</tbody>
</table>
Where are sexual assault forensic medical exams provided? Select all that apply.

- ☐ On-site
- ☑ Local hospital/clinic
- ☑ Rape Crisis Center
- ☐ Other (please name or describe: [Click or tap here to enter text.])

### Investigations

#### Criminal Investigations

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</td>
<td>0</td>
</tr>
<tr>
<td>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</td>
<td>☑ Facility investigators ☑ Agency investigators ☑ An external investigative entity</td>
</tr>
<tr>
<td>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</td>
<td>☑ Local police department ☑ Local sheriff’s department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: [Click or tap here to enter text.]) ☐ N/A</td>
</tr>
</tbody>
</table>

#### Administrative Investigations

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</td>
<td>2</td>
</tr>
<tr>
<td>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</td>
<td>☑ Facility investigators ☑ Agency investigators ☑ An external investigative entity</td>
</tr>
<tr>
<td>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</td>
<td>☐ Local police department ☐ Local sheriff’s department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: ☑ N/A</td>
</tr>
</tbody>
</table>
Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) re-certification audit for Cheyenne Center, Inc in Houston, Texas was conducted on November 21-22, 2020, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez (single auditor), Prison Rape Elimination Act Certified Auditor. The facility contract was secured through Martinez Auditing Services, LLC. The contract describes the specific work requirements according to the Department of Justice (DOJ) standards and PREA audit handbook. The following Community Confinement facility tools were utilized: Pre-Audit Questionnaire, Auditor Compliance Tool, Instructions for the PREA Audit tour, Agency Head or Designee, Facility Director or Designee, PREA Compliance Manager, Specialized Staff, Random Staff, Residents, Process Map, and Checklist of documentation.

CDC COVID Procedures:
The facility followed all COVID-19 restrictions and protocols to minimize and reduce the spread and exposure of Coronavirus. The World Health Organization declared the virus a global health emergency and rated COVID-19’s global risk of spread and impact as “very high”. March 13, 2020 the president declared a national state of emergency. The facility followed the Centers for Disease Control and Prevention rules and regulations for the overall safety of the residents and employees. The facility was notified prior to the audit that all COVID-19 rules and regulations would be followed to minimize and reduce the risk of COVID-19. The auditor was required to wear a mask prior to access of the facility and was required to answer COVID-19 questions as part of the protocol, present identification as part of the process. The auditor was required to remain 6 feet apart from others, wear a mask covering the nose and mouth, the use of hand sanitizer, and wash hands frequently. There was temperature check by staff prior to entering the facility and upon clearance.

The auditor followed all CDC and facility guidelines to prevent the spread and exposure of COVID-19. The auditor conducted interviews in a private setting in an office on a one-on-one basis following all CDC guidelines by wearing a mask, sitting six feet apart and using hand sanitizer. The facility was provided with the pre-audit questionnaire, process map and Notice of Audit six to eight weeks prior to the audit. The agency was prepared prior to receiving the audit information and forwarded the information through a secure method by email to the auditor on prior to the audit. The information received included the pre-audit questionnaire, supporting documentation and information. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed. The auditor and facility point of contact maintained good communication overall through emails and phone calls due to the rescheduling of the audit because of COVID-19 and overall safety of everyone involved.

Notice of Audit:
The Cheyenne Center, Inc posted the notice of audit on 9/28/2020 with the auditor information six to eight weeks prior to the audit in both English and Spanish for residents to send confidential information or correspondence to the auditor. Residents were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include housing units on large dayroom area. The auditor observed the notice of audit in the hallways, food service, by phones, offices, housing units, dining area, living room area, and offices.
The auditor observed the notice of audit dated 9/28/2020 during the site review and through random resident interviews identifying the notice of audit was posted in both English and Spanish.

**Correspondence:**
The residents at the facility were given the opportunity to write the auditor in a confidential manner if needed. The auditor did not receive resident correspondence from Cheyenne Center, Inc prior to the audit. During the random resident interviews, the auditor asked the residents if they were aware of the Audit Notice with the auditor’s information, and the random responses were “yes”. During the site review, the auditor randomly asked residents if they could point out the auditors posted information to ensure it was made available. The information was posted for the resident population in the housing areas, hallways and dayrooms verified by the auditor. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include closets. There was no pressure during the audit or prohibited access by the PREA Compliance Manager during the site review. The facility administration was transparent with policies, procedures, resident and staff interviews. Good communication was established prior to the audit and maintained throughout the duration of the audit.

**Audit Methodology (Pre-Onsite Audit Phase):**
The auditor utilized the U.S Department of Justice’s PREA Standards for Community Confinement facilities which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Facility director or designee, PREA coordinator, specialized staff, random staff, and residents; the auditor report template, process map and checklist of documentation. The facility provided the following documentation to the auditor: resident roster (youthful is any), residents with disabilities, LEP residents, LGBTI residents, residents who reported sexual abuse, residents who reported sexual victimization during risk screening, staff roster, specialized staff, all contractors/volunteers who may have contact with residents, grievances made in the past 12 months, all allegations of sexual abuse/sexual harassment 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit, and community-based or victim advocacy information. The auditor also used the PREA auditor handbook for continued guidance and reference throughout the audit.

The auditor, CEO and Chief of Compliance officer/PREA Compliance Manager maintained constant communication throughout the duration of the audit. The auditor established a positive working rapport with the PREA Compliance Manager engaging in a productive working atmosphere. The CEO and PREA Compliance Manager were both receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Administrative staff about the importance to have unfettered access to all areas of the facility, file review of staff, contractors, volunteers, and residents to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the director the time frame for the submission of the final PREA report. The auditor also notified the Chief Compliance Officer and staff of their responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor’s code of conduct to the PREA Resource Center. The CEO and PREA compliance manager and auditor discussed information regarding the 90-day appeal process.

**Litigation/Internet Search:**
The CEO and Chief Compliance Officer/PREA Compliance Manager were interviewed during the onsite portion of the audit and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding Cheyenne Center Cheyenne Center, Inc with the following website links and information.
https://cheyennecenter.com/
https://cheyennecenter.com/services/
**Point of Contact:**
A point of contact (POC) was established with the Chief Compliance Officer and PREA Compliance Manager prior to the audit and constant communication was maintained. Staff and resident interviews were conducted in an office setting with plenty of room and privacy for a one-on-one interview. During the audit planning and logistics phase, the auditor remained engaged with the PREA Manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

**Community Based Victim Services:**
The Cheyenne Center, Inc., secured a Memorandum of Understanding with the Houston Area Women’s Center entered into an agreement with shared understanding of cooperation between both parties. The Houston Area Women’s Center helps individuals affected by domestic and sexual violence in their efforts to move their lives forward. We provide shelter, counseling and advocacy to support them in building lives free from the effects of violence. We seek social change to end domestic sexual violence through community awareness and education (services are confidential and available to everyone). The information is provided to the inmates through the Orientation, materials, Brochures, signs displayed in appropriate offices and program locations. The Houston Area Women’s Center provides the following: staff a confidential victim support services hotline seven (7) days a week to provide crisis intervention services to clients who experience sexual violence while in custody of Cheyenne Center Inc. Provide a victim advocate upon request from Cheyenne Center Inc, or a client who will receive a forensic medical examination as a result of suffering sexual violence. The victim advocate shall accompany and support the victim during the examination process and provide emotional support, crisis intervention, information and referrals. Provide free printed materials concerning Houston Area Women’s Center Sexual Assault Hotline and victim support services. Provide advocacy services in accordance with standard Houston Area Women’s Center practices. Communicate any questions or a concern to Cheyenne Center, Inc’s designated PREA Compliance Manager.

**Video Surveillance:**
The Cheyenne Center, Inc had thirty surveillance cameras on the facility in the following locations: parking lot view towards carport, carport looking at the front entrance, parking lot towards entrance gate, time clock overview, back of building A recreation yard, rear of kitchen, lobby view facing front counter, lobby view behind front counter, search bench area, search room overview, hallway towards kitchen, hallway towards copy room, TDCJ seating area and basketball court area, first floor laundry area, 2nd floor laundry area, laundry room 4, TDCJ medical room, DSHS medical, DSHS tech station, back of building B first floor left camera, back of building B first floor right camera, back of building B second floor left camera, back of building B second floor right camera, and seven cameras located in the kitchen. The surveillance cameras can be viewed and recorded from a 30–60-day time frame. The auditor conducted a camera review on 11/22/2020 at 8:30 AM in the following areas: 16 main building, back yard, recreation, and search area. Building B-laundry room, no cameras in the housing areas, observed supervisory rounds, and staff routine checks. The auditor reviewed different dates which included: 11/22/2020, 9/1/2020, 10/1/2020, 11/5/2020, 11/6/2020, and10/21/2020. The auditor reviewed the cameras and navigated through them with clear coverage and in working condition. There were no cameras in the housing areas and none in view of the bathroom or resident housing.

**On-Site Audit Phase:**
The site review was conducted on 11/21/2020 and the introductory meeting was held with the Chief Compliance Officer/PREA Compliance Manager (PCM) and Texas Department of Criminal Justice (TDCJ) oversight staff. The auditor and PCM discussed the logistics of a workspace to conduct staff, resident interviews, and file reviews. The requested files for staff and residents were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the PREA Compliance Manager and Texas Department of Criminal Justice (TDCJ) oversight staff for the site review.
The auditor observed the daily operations at the facility on both days of the audit and was given unimpeded access to areas requested by the auditor. The auditor spent two days on the facility to observe and assess the day-to-day practice of the staff’s interaction and promotion of the overall sexual safety. During the site review, the auditor observed the following areas and conducted informal interviews: parking area, front entrance, offices, hallways, program areas, food service/dining areas, visitation, recreation yard, bathrooms, telephones, housing areas (rooms) first floor/second floor, closets, counselor offices, laundry areas, telephones, and stairwells from the first to the second floor.

The PREA Compliance Manager and TDCJ contract monitor accompanied the auditor during the site review on 11/21/2020. The auditor observed the tech assistants assigned to the housing areas, counselors working onsite and residents engaging in daily activities. The population on the first day of the audit was a total of 188 male residents.

The auditor observed the notice of audit in both English and Spanish dated 9/28/2020 at the entrance of the facility in the front administration area and throughout the facility to include resident housing areas. The auditor requested staff to open random closets for limited restricted access and good lighting. The tech assistants, counselors & house manager station was observed to have staff assigned to the area. The residents must check in upon entering the facility and check out at the housing manager station prior to leaving. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the resident population throughout the entire facility. The facility had large signs displayed for all residents see clearly with the following information:

**Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)**

**Right to Report:** if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?

- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.

**How to report:**
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

**Victim Support Services:**
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:

1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

The front entrance had large PREA signs displayed in the area in both English and Spanish. The front desk had a technical assistant (T.A) assigned to the front checking temperatures, viewing surveillance monitors, and observe all incoming and outgoing traffic. The COVID signs were displayed at the entrance with the rules and regulations. The auditor observed administrative offices and the location where the auditor conducted resident and staff interviews. The auditor and staff walked through the doors with a large bulletin board displaying PREA information. The search room was observed, and the tech assist explained the search procedure in a private setting by same gender staff with no view of cross-gender viewing. The auditor viewed the bulletin board in the hallway with PREA information in both English and Spanish. The auditor opened a hallway storage/closet to have limited access with good lighting.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

The Group room/Dining area had a maximum occupancy of 122 residents. There was a large PREA bulletin board with multiple PREA information in both English and Spanish. The room had chairs, a camera and the sexual evidence HB 281 displayed for the resident population.
Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?

- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

The Kitchen area had a total of seven surveillance cameras in the area with five employees and client workers. The auditor observed the dry storage with one camera, cooling area, walk-in freezer, another walk-in freezer, and a storage room with supplies. The kitchen had an employee restroom labeled and used only by female staff. The men’s restroom was labeled, and the residents utilized the hallway restroom. The PREA information was displayed in the kitchen. The employee area was locked and secured with staff access only. The back area was observed which was used for client loading and unloading with one camera in the area for surveillance. There was one outside freezer in the back area.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?

- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.
How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

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1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

Cafeteria: The dining area had a serving line for the residents following all COVID-19 protocols by staying 6 feet apart, picking up their food and walking over to take a seat. The zero-tolerance signs were displayed in the kitchen for the resident population. The bulletin board was provided nothing but PREA information for the resident population.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.

How to report:
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- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.
Victim Support Services: Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
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3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

The program room was being utilized by DHS residents with a maximum capacity of 52. There was an indigent program for residents who needed indigent supplies. The PREA information was displayed for the resident population. The hallway restroom was restricted to employees only with a key access only and client restroom with employee key access only one at a time. The PREA signs were posted in the restroom in both English and Spanish. The copy room was designated for staff use only.

Building A: Room 101-113
The auditor observed the opposite gender announcement displayed on the door prior to entering the resident room. The technical assistance knocked and verbally announced themselves prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The Notice of Audit was displayed throughout the facility in both English and Spanish with the auditor’s full name, address, and information dated 9/28/2020. The rooms consisted of bunk beds with linen, furniture, personal items, windows with blinds, full doors to front entrance, full door to the restrooms, full shower curtains, toilet, bathtub, working lights, air conditioner, and free of clutter. There were no surveillance cameras in the housing areas and the residents had full privacy with doors and shower curtains in the restrooms and full front doors. The living areas were clean, free of clutter and organized during the site review. The telephones were located on the outside for residents to use as needed.

Room 117: TDCJ Medication room assigned with a technical assist to issue out medication as required for self-medication. The hours are from 4AM and 5AM with the schedule in front of the building. Room 119 was the Count room assigned with an employee and the PREA notice and PREA information noted.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

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• We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
• We want to conduct an investigation of the reported incident.
• We want to hold the perpetrator accountable for his/her actions.
• We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
▪ Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
▪ You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

Room 123 on the first floor was the Supervisors office observed by the auditor during the site review. Room 127 (Handicap accessibility room) The auditor observed the opposite gender announcement displayed on the door prior to entering the resident room. The technical assistance knocked and verbally announced themselves prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The Notice of Audit was displayed throughout the facility in both English and Spanish with the auditor’s full name, address, and information dated 9/28/2020. The rooms consisted of 3 bunk beds with linen, furniture, personal items, windows with blinds, full doors to front entrance, full door to the restrooms/showers with rails and chair, full shower curtains, toilet, bathtub, working lights, air conditioner, and free of clutter. There were no surveillance cameras in the housing areas and the residents had full privacy with doors and shower curtains in the restrooms and full front doors. The living areas were clean, free of clutter and organized during the site review. The telephones were located on the outside for residents to use as needed.

The laundry room had a full door, four washers and four dryers with the PREA signs displayed for the resident population. The laundry was locked when not being used. The maintenance office was secured and opened at the auditor’s request for review. There were no resident workers at the time of the onsite audit. The maintenance room did not have any surveillance cameras with a linen room, a washing machine and another room the storage of decorations.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
• We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
• We want to conduct an investigation of the reported incident.
• We want to hold the perpetrator accountable for his/her actions.
• We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
▪ Call Houston Area Women’s Center at (phone number provided)
▪ Report to any staff, volunteer, contractor, or medical or mental health staff
▪ Submit a grievance
▪ Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided).

You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

The payphones are located across the laundry area for the resident population. The auditor tested the toll-free hotline in both English and Spanish during the onsite portion of the audit. The clients were also allowed to go to any count room (accessible 24/7) any staff, or any counselors to include the front lobby 24/7 at the count room/tech station.

The recreation yard had a handball and volleyball access for the resident population. The auditor observed residents in the recreation yard during the onsite portion of the audit. Room 138 was an inside recreation with weights and the PREA signs displayed in both English and Spanish. The auditor walked up to the second floor and observed office 238. The auditor observed and entered a resident housing area room 232 and prior to entering the dorm, the opposite gender sign was displayed, staff knocked and announced female entering the dorm, prior to entering. There were four bunk beds in the area, full restroom with a full door and a shower curtain for privacy with no cross-gender viewing.

Building A: Room 232-238
The auditor observed the opposite gender announcement displayed on the door prior to entering the resident room. The technical assistance knocked and verbally announced themselves prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The Notice of Audit was displayed throughout the facility in both English and Spanish with the auditor’s full name, address, and information dated 9/28/2020. The rooms consisted of bunk beds with linen, furniture, personal items, windows with blinds, full doors to front entrance, full door to the restrooms, full shower curtains, toilet, bathtub, working lights, air conditioner, and free of clutter. There were no surveillance cameras in the housing areas and the residents had full privacy with doors and shower curtains in the restrooms and full front doors. The living areas were clean, free of clutter and organized during the site review. The telephones were located on the outside for residents to use as needed.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.
How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

The second floor had a laundry room #3 had two washers and two dryers which was utilized by the residents during normal working hours. The PREA information was displayed for the residents in both English and Spanish. Laundry room #4 had three washers and three dryers with the PREA information displayed for the resident population. The auditor observed a surveillance camera and a storage area. A building group room had a capacity of 8 residents and the zero-tolerance PREA signs in both English and Spanish. The second floor had the PREA signs displayed in both English and Spanish for the resident population. The DSHS side on the second floor was observed to have the opposite gender announcement displayed on the door prior to entering the resident room. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The Notice of Audit was displayed throughout the facility in both English and Spanish with the auditor’s full name, address, and information dated 9/28/2020. The rooms consisted of bunk beds with linen, furniture, personal items, windows with blinds, full doors to front entrance, full door to the restrooms, full shower curtains, toilet, bathtub, working lights, air conditioner, and free of clutter. There were no surveillance cameras in the housing areas and the residents had full privacy with doors and shower curtains in the restrooms and full front doors. The living areas were clean, free of clutter and organized during the site review. The telephones were located on the outside for residents to use as needed.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.
How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

Building: Room 254-264
The auditor observed the opposite gender announcement displayed on the door prior to entering the resident room. The technical assistance knocked and verbally announced themselves prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The Notice of Audit was displayed throughout the facility in both English and Spanish with the auditor’s full name, address, and information dated 9/28/2020. The rooms consisted of bunk beds with linen, furniture, personal items, windows with blinds, full doors to front entrance, full door to the restrooms, full shower curtains, toilet, bathtub, working lights, air conditioner, and free of clutter. There were no surveillance cameras in the housing areas and the residents had full privacy with doors and shower curtains in the restrooms and full front doors. The living areas were clean, free of clutter and organized during the site review. The telephones were located on the outside for residents to use as needed.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)
Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
- We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

Building B: Room 139-264
The auditor observed the opposite gender announcement displayed on the door prior to entering the resident room. The technical assistance knocked and verbally announced themselves prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The Notice of Audit was displayed throughout the facility in both English and Spanish with the auditor’s full name, address, and information dated 9/28/2020. The rooms consisted of bunk beds with linen, furniture, personal items, windows with blinds, full doors to front entrance, full door to the restrooms, full shower curtains, toilet, bathtub, working lights, air conditioner, and free of clutter. There were no surveillance cameras in the housing areas and the residents had full privacy with doors and shower curtains in the restrooms and full front doors. The living areas were clean, free of clutter and organized during the site review. The telephones were located on the outside for residents to use as needed. Room 253 was a counselor’s office with the PREA signs in both English and Spanish.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
• We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
• We want to conduct an investigation of the reported incident.
• We want to hold the perpetrator accountable for his/her actions.
• We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
• Call Houston Area Women’s Center at (phone number provided)
• Report to any staff, volunteer, contractor, or medical or mental health staff
• Submit a grievance
• Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
• Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
• You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.
Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

The pool area was secured and the closed off and not utilized at the time of the audit. The first floor was observed to have pay phones for the resident population. The PREA signs were observed in both English and Spanish. DSHS station and count room was being utilized during the onsite audit and the PREA signs were displayed in the office. There was a DSHS medication room observed by the auditor. The pool area had a mechanical room for the pool locked and secured.

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
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- We want to conduct an investigation of the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
- Call Houston Area Women’s Center at (phone number provided)
- Report to any staff, volunteer, contractor, or medical or mental health staff
- Submit a grievance
- Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
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The following information is provided in the resident handbook:
7. Zero Tolerance (English/Spanish)
8. Safe Prisons/PREA Program
9. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
10. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
11. Notice of Audit dated 9/28/2020 (English/Spanish)
12. Additional PREA signs (English/Spanish)
The resident population was comprised of male adult residents with a total of 188 on 11/21/2020. The auditor entered through the lobby-front entrance/parking area. The auditor was required to present identification at the technician’s office where all residents and staff present ID. All residents and staff were required to follow CDC COVID rules and regulations by wearing a mask at all times, temperature check, questions, and the continuous wash of hands/hand sanitizer. The COVID signs were displayed throughout the facility for all staff and residents. The auditor was provided with a workspace to conduct staff and resident interviews to include the file reviews. The requested files for staff and residents were made available to the auditor upon request with no hesitation or delay.

**File Review:**

**Employee Files:** The auditor reviewed a total of 10 PREA Audit-Community Confinement Facilities Documentation Review-Employee Files/Records for standards: 115.217, 115.231, 115.232, 115.234, and 115.235 for the onsite portion of the audit.

**Resident Files:** The auditor reviewed a total of 16 PREA Community Confinement Facilities Documentation Review Resident Files/Records for standards 115.233, 115.241, and 115.281 for the onsite portion of the audit with a population of 188 on 11/21/2020.

**Investigation File Review:** The facility did not have any sexual abuse reports or investigations of alleged staff-on-resident sexual abuse/harassment that were reported or completed by the facility in the past 12 months. The auditor reviewed the policy and procedures and conducted interviews with investigative staff. The auditor conducted interviews with the residents of the reporting procedures and PREA laws.

The information provided to the auditor included the following: PREA audit questionnaire, Auditor compliance tool, Instructions for PREA site review, Investigations, Sexual abuse screening tool, Cheyenne Center, Inc PREA policy, Educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Resident population, Agreements, Community based contact information, facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.

**Staff Interviews:**

The auditor conducted the staff and inmate interviews on November 21-22, 2020, in a private setting on an individual basis with no distractions or delays with a shield on the table separating both individuals. The staff selections consisted of employees on different shifts and specialized staff utilizing the Paper Audit Instrument (PAI) for Community Confinement which included the pre-audit questionnaire, auditor compliance tool and instructions for the interview protocols.

<table>
<thead>
<tr>
<th>Staff Interview Category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialized Staff</strong></td>
<td>10</td>
</tr>
<tr>
<td>Agency Head/Designee</td>
<td>1</td>
</tr>
<tr>
<td>Facility Director/Designee (COO)</td>
<td>1</td>
</tr>
<tr>
<td>PREA Compliance Manager/Chief Compliance Officer/Monitoring for retaliation</td>
<td>1</td>
</tr>
<tr>
<td>Medical Health staff</td>
<td>None employed by facility</td>
</tr>
<tr>
<td>Non-medical staff involved in cross-gender strip or visual searches</td>
<td>0</td>
</tr>
<tr>
<td>Administrative (human resources) staff</td>
<td>1</td>
</tr>
<tr>
<td>Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff</td>
<td>None employed by facility</td>
</tr>
<tr>
<td>Volunteers who have contact with inmates</td>
<td>0</td>
</tr>
<tr>
<td>Contractors who have contact with inmates</td>
<td>1</td>
</tr>
<tr>
<td>Staff on incident review team</td>
<td>2</td>
</tr>
<tr>
<td>Investigator</td>
<td>2</td>
</tr>
</tbody>
</table>
Staff who perform screening for risk of victimization and abusiveness/ First responders, non-security staff | 1
Random Staff* (diverse cross-section of work assignments and one from each shift) | 13
Technical Assistance/Counselors | 6

Resident Interviews:
The auditor conducted the resident interviews on November 21-22, 2020. The auditor selected a geographically diverse sample of male residents from different housing units and residents who met the criteria for the targeted interviews to ensure a fair overall selection. The Cheyenne Center, Inc inmate population was 188 on the first day of the audit.

<table>
<thead>
<tr>
<th>Facility population</th>
<th>188</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Confinement Facility</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Interview Type</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Overall Minimum Number</strong></td>
<td></td>
</tr>
<tr>
<td>Minimum Random</td>
<td>13</td>
</tr>
<tr>
<td>Minimum Targeted</td>
<td>13</td>
</tr>
<tr>
<td><strong>Breakdown of Targeted (Random Interviews conducted in lieu of the no residents onsite meeting the target population)</strong></td>
<td></td>
</tr>
<tr>
<td>No Youthful Inmates (Random Interviews)</td>
<td>2</td>
</tr>
<tr>
<td>Inmates with a Physical Disability</td>
<td>1</td>
</tr>
<tr>
<td>No Inmates who are Blind, Deaf, or Hard of Hearing (Random Interviews)</td>
<td></td>
</tr>
<tr>
<td>No Inmates who are LEP (Random Interviews)</td>
<td>2</td>
</tr>
<tr>
<td>No Inmates who have a Cognitive Disability (Random Interviews)</td>
<td>2</td>
</tr>
<tr>
<td>No Inmates who identify as LGB (Random Interviews)</td>
<td>2</td>
</tr>
<tr>
<td>No Inmates who identify as Transgender or Intersex (Random Interviews)</td>
<td>2</td>
</tr>
<tr>
<td>Inmate who reported Sexual Abuse (random interviews)</td>
<td>1</td>
</tr>
<tr>
<td>Residents who reported sexual victimization during risk screening</td>
<td>1</td>
</tr>
</tbody>
</table>

The resident interviews were conducted in a private setting on an individual basis with privacy and enough time. The residents were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The residents interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. The auditor conducted an exit meeting on 11/22/2020 with the Cheyenne Center, Inc Administration to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies, and procedures.

The facility was prepared with primary documentation to include resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility. During the re-certification audit conducted on November 21-22, 2020, by Noelda Martinez, the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The facility was determined to have five exceed standards: 115.211, 115.215, 115.231, 115.251 and 115.254.
115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor’s final determination. The Agency’s Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.
Facility Characteristics

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

The Cheyenne Center, Inc is located at 10525 Eastex Freeway Houston, Texas 77093. The facility onsite population was 188 on the first day of the audit. The Cheyenne Center, Inc residential program for the Texas Department of Criminal Justice adult males is a 14–60-day program that requires residents to attend 30 hours of services per week. The length of treatment depends on the identified needs. The resident was required to meet with the counselor every other week for individual counseling session. Family participation is mandatory. Cheyenne Center offers the highest quality of professional and affordable substance abuse treatment with the highest regard and respect for the client’s growth, recovery and individually. Cheyenne Center’s main facility is located in northwest Houston, as is the outpatient facility. Cheyenne 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.

Cheyenne Center’s mission is to reduce substance 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. The Cheyenne Center provides residential treatment services to adult males. Cheyenne Center provides outpatient treatment services to adult males.

The Prison Rape Elimination Act (PREA) was passed in 2003 with unanimous support from both parties in Congress. The purpose of the act was to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations, and funding to protect individuals from prison rape.” (Prison Rape Elimination Act, 2003). In addition to creating a mandate for significant research from the Bureau of Justice Statistics and through the National Institute of Justice, funding through the Bureau of Justice Assistance and the National Institute of Corrections supported major efforts in many state correctional, juvenile detention, community corrections, and jail systems.

PREA: The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003) and the PREA standards and final rule.

PREA Compliance Manager:
Latascha Newton
10525 Eastex Freeway
Houston, TX 77093
(832) 230-5430

Third Party Reporting of Sexual Abuse and/or Sexual Harassment Method(s):

1. Call PREA Ombudsman: (936) 437-5570
2. Call the facility: (713) 691-4898 or (832) 230-5435
3. Email PREA Compliance Manager: Lnewton@cheyennecenter.com
4. Mail a letter to the facility:
Cheyenne Center, Inc.
- ATTN: PREA Manager
- 10525 Eastex Freeway
- Houston, TX 77093

5. Houston Area Women’s Center: (713) 528-7273 or 1-800-256-0661

PREA Audit Date: April 2017
- PREA 2017 Final Audit Report
- PREA 2017 Annual Report
- PREA 2018 Annual Report
- PREA 2019 Annual Report
- PREA Ombudsman – English
- PREA Ombudsman – Spanish
- Zero Tolerance – English
- Zero Tolerance – Spanish
Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

### Standards Exceeded

<table>
<thead>
<tr>
<th>Number of Standards Exceeded:</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Exceeded:</td>
<td>115.211, 115.215, 115.231, 115.251, 115.254</td>
</tr>
</tbody>
</table>

### Standards Met

<table>
<thead>
<tr>
<th>Number of Standards Met:</th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
<td>115.212 Contracting with other entities for the confinement of residents.</td>
<td></td>
</tr>
<tr>
<td>115.213 Supervision and monitoring.</td>
<td></td>
</tr>
<tr>
<td>115.214 Reserved.</td>
<td></td>
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<tr>
<td>115.215 Limits to cross-gender viewing and searches</td>
<td></td>
</tr>
<tr>
<td>115.216 Residents with disabilities and residents who are limited English proficient.</td>
<td></td>
</tr>
<tr>
<td>115.217 Hiring and promotion decisions.</td>
<td></td>
</tr>
<tr>
<td>115.218 Upgrades to facilities and technologies.</td>
<td></td>
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<tr>
<td>115.221 Evidence protocol and forensic medical examinations.</td>
<td></td>
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<tr>
<td>115.222 Policies to ensure referrals of allegations for investigations</td>
<td></td>
</tr>
<tr>
<td>115.232 Volunteer and contractor training.</td>
<td></td>
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<tr>
<td>115.233 Resident Education</td>
<td></td>
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<tr>
<td>115.234 Specialized training: Investigations.</td>
<td></td>
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<tr>
<td>115.235 Specialized training: Medical and mental health care.</td>
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<tr>
<td>115.241 Screening for risk of victimization and abusiveness.</td>
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<tr>
<td>115.242 Use of screening information.</td>
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<tr>
<td>115.243 Reserved.</td>
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<tr>
<td>115.252 Exhaustion of administrative remedies.</td>
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<tr>
<td>115.253 Resident access to outside confidential support services.</td>
<td></td>
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<tr>
<td>115.261 Staff and agency reporting duties.</td>
<td></td>
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<tr>
<td>115.262 Agency protection duties.</td>
<td></td>
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<tr>
<td>115.263 Reporting to other confinement facilities.</td>
<td></td>
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<tr>
<td>115.264 Staff first responder duties.</td>
<td></td>
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<tr>
<td>115.265 Coordinated response.</td>
<td></td>
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<tr>
<td>115.266 Preservation of ability to protect residents from contact with abusers.</td>
<td></td>
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<tr>
<td>115.267 Agency protection against retaliation.</td>
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<tr>
<td>115.268 Reserved.</td>
<td></td>
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<tr>
<td>115.271 Criminal and administrative agency investigations.</td>
<td></td>
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<tr>
<td>115.272 Evidentiary standard for administrative investigations.</td>
<td></td>
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<tr>
<td>115.273 Reporting to residents.</td>
<td></td>
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<tr>
<td>115.276 Disciplinary sanctions for staff.</td>
<td></td>
</tr>
<tr>
<td>115.277 Corrective action for contractors and volunteers.</td>
<td></td>
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<tr>
<td>115.278 Disciplinary sanctions for residents.</td>
<td></td>
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<tr>
<td>115.281 Reserved.</td>
<td></td>
</tr>
<tr>
<td>115.282 Access to emergency medical and mental health services.</td>
<td></td>
</tr>
<tr>
<td>115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.</td>
<td></td>
</tr>
<tr>
<td>115.286 Sexual abuse incident reviews.</td>
<td></td>
</tr>
<tr>
<td>115.287 Data collection.</td>
<td></td>
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</tbody>
</table>
115.288 Data review for corrective action.
115.289 Data storage, publication, and destruction

Standards Not Met

<table>
<thead>
<tr>
<th>Number of Standards Not Met:</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Standards Not Met:</td>
<td>-</td>
</tr>
</tbody>
</table>
PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA Compliance Manager

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Compliance Manager? ☒ Yes ☐ No
- Is the PREA Compliance Manager position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Compliance Manager have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)
☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
PREA NATIONAL STANDARDS – CHEYENNE CENTER, INC.
Organizational Chart
PREA Compliance Manager

Interviews:
PREA Compliance Manager/PREA Compliance Manager
CEO/COO

Site Observations:
Organizational Chart
PREA Signs

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
• We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
• We want to conduct an investigation of the reported incident.
• We want to hold the perpetrator accountable for his/her actions.
• We want to provide you with irrelevant information and support services.

How to report: Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
• Call Houston Area Women’s Center at (phone number provided)
• Report to any staff, volunteer, contractor, or medical or mental health staff
• Submit a grievance
• Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
• Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
• You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

Findings: Zero tolerance of sexual abuse and sexual harassment: PREA Compliance Manager.
115.211 (a) Cheyenne Center, Inc PREA Policy: The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment.
The following describes the agency’s approach to preventing, detecting, and responding to such conduct. See the agency’s sexual assault action plan. 1) Implementation of the overall PREA program for all Cheyenne Center, Inc.’s facilities is primarily the responsibility of the agency PREA Compliance Manager. Each facility’s Program Director will serve as the facilities PREA manager. This PREA manager is responsible for ensuring agency PREA policies are being followed and reporting all incidents to the agency PREA Compliance Manager. Additional responsibilities include informing the agency PREA Compliance Manager of any high-risk clients, ensure all clients receive monthly PREA training refresher, ensure all staff receive ongoing PREA training at staff meetings at least 4 times per year, and finally to ensure assessment screenings are completed on clients within 72 hours, within 30 days, and when new information is learned, or the client is involved in a PREA incident. 2) The agency PREA Compliance Manager will regularly review staffing plans and PREA policies to adjust where necessary (at least annually). The Coordinator will also conduct incident reviews of all PREA incidents. The Coordinator will stay in contact with the state PREA Compliance Manager regarding any changes in the law. The auditor conducted an interview with the Chief Compliance Officer/PREA Compliance Manager during the onsite portion of the audit.

115.211 (b) Cheyenne Center, Inc PREA Policy: The coordinator shall have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. Specifically, the job duties related to the role of PREA Compliance Manager will be priority over others. The auditor conducted an interview with the PREA Compliance Manager on the facility during the onsite portion of the audit. The facility had the following information on the website: https://cheyennecenter.com/

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)
- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)
- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)
- If the agency has entered into a contract with an entity that fails to comply with the PREA
standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes  ☐ No  ☒ NA

In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes  ☐ No  ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy

Interviews:
COO/Chief Compliance Officer/PCM

Findings: Contracting with other entities for the confinement of residents.
115.212 (a) Cheyenne Center, Inc does not contract for the confinement of their residents.

115.212 (b) Cheyenne Center, Inc does not contract for the confinement of their residents.

115.212 (c) Cheyenne Center, Inc does not contract for the confinement of their residents.

Corrective Action: The auditor recommends no corrective action.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)
Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

In circumstances where the staffing plan is not complied with, does the facility document, and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☒ Yes ☐ No ☐ NA

115.213 (c)

In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No

In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Cheyenne Center, Inc PREA Policy
- Annual PREA Staffing Plan
- Surveillance Cameras
- Facility layout
- Staffing Plan

**Interviews:**
- Chief Compliance Officer/PCM

**Findings: Supervision and monitoring.**

115.213 (a) Cheyenne Center, Inc PREA Policy: For each facility, the agency has developed a staffing plan that provides for adequate levels of staffing and video monitoring, to protect clients against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the agency has taken the following in consideration: (1) The physical layout of each facility; (2) The composition of the client population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. Since August 20, 2012, or last PREA audit, whichever is later: The average daily number of inmates: 204. The average daily number of inmates on which the staffing plan was predicated: 298. The auditor conducted interviews with the Director or Designee and the PREA Compliance Manager during the onsite portion of the audit.

115.213 (b) Cheyenne Center, Inc PREA Policy: In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The agency PREA Compliance Manager must be notified, along with the facility’s point person. The auditor conducted an interview with the COO and Chief Compliance Officer during the onsite portion of the audit. The auditor reviewed the staffing plan and discussed the staffing plan with the COO.

115.213 (c) Cheyenne Center, Inc PREA Policy: Once each year with the assistance of the agency PREA Compliance Manager, the facility will assess, determine, and document whether adjustments are needed to: (1) The staffing plan; (2) Prevailing staffing patterns; (3) The facility’s deployment of video monitoring systems and other monitoring technologies; (4) The resources the facility has available to commit to ensure adequate staffing levels. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes  ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.) ☐ Yes  ☐ No  ☒ NA
- Does the facility always refrain from restricting female residents’ access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☐ Yes  ☐ No  ☒ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes  ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☐ Yes  ☐ No  ☒ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes  ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes  ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes  ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status? ☒ Yes  ☐ No
- If a resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that
information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

☐ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy
PREA Training Curriculum
PREA Training Signature logs

Interviews:
Non-medical staff (involved in cross-gender strip or visual searches) no interview
Random Sample of Staff
Random Sample of Residents
Transgender/Intersex Residents (no assigned residents)

Site Observations:
Training documentation/attendance signature
Training files/signature logs
Shower curtains/Privacy doors/walls
PREA signs in both English and Spanish
Surveillance Cameras
Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
• We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
• We want to conduct an investigation of the reported incident.
• We want to hold the perpetrator accountable for his/her actions.
• We want to provide you with irrelevant information and support services.

How to report: Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
• Call Houston Area Women’s Center at (phone number provided)
• Report to any staff, volunteer, contractor, or medical or mental health staff
• Submit a grievance
• Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
• Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
• You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
• Zero Tolerance (English/Spanish)
• Safe Prisons/PREA Program
• Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
• Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
• Notice of Audit dated 9/28/2020 (English/Spanish)
• Additional PREA signs (English/Spanish)

Findings: Supervision and monitoring.
115.215 (a) Cheyenne Center, Inc PREA Policy: Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). Facility staff are required to loudly announce their entrance into a resident housing of the opposite gender. Likewise, staff are prohibited from entering the restroom area in opposite gender dorms without loudly announcing their presence and gaining verbal assurance that the occupants are fully clothed. In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0.

115.215 (b) Cheyenne Center, Inc PREA Policy: The facility houses male residents only. The auditor conducted a Random Sample of Staff and a Random Sample of Residents during the onsite portion of the audit.
115.215 (c) Cheyenne Center, Inc PREA Policy: The agency will document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat down searches of male clients. If a strip search or cross gender pat down of a male client is conducted with advanced permission, the program director will immediately notify the agency PREA Compliance Manager. The auditor conducted a site review, surveillance camera review and random resident interviews which determined that the facility does not conduct cross-gender strip searches.

115.215 (d) Cheyenne Center, Inc PREA Policy: Clients have the right to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine “room checks.” Staff of the opposite gender must knock and announce their presence when entering an area where clients are likely to be showering, performing bodily functions, or changing clothing. This includes client bedrooms. Specifically, staff should knock, then state “female on the floor,” then enter the room. Female staff was required to knock on the door and announce (female on the floor) upon entering the room. The auditor conducted a site review, surveillance camera review and random resident interviews which determined that the facility does conduct the knock and announce prior to entering the dorm. The knock and announce is displayed on each resident door prior to entering the room. The auditor did witness female staff knock on the door, wait, and then announce prior to entering the resident room during the onsite portion of the audit.

115.215 (e) Cheyenne Center, Inc PREA Policy: Staff shall not search or physically examine a transgender or intersex client for the sole purpose of determining the client’s genital status. If the client’s genital status is unknown, it may be determined during conversations with the client, 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. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit. The facility did not have any residents assigned to the facility who identified as transgender or intersex.

115.215 (f) Cheyenne Center, Inc PREA Policy: The agency will train staff in how to conduct cross gender pat down searches and searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs. This training must occur prior to the staff member conducting pat downs on clients. Refresher training will be given annually. The Program Director is responsible for ensuring proper training is occurring. The auditor reviewed employee training files and signature logs determining that all staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit who received the training. The facility did not have any residents assigned to the facility who identified as transgender or intersex.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)
• Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

• Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

• Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

• Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

• Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

• Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

• Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

• Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

• Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No
115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy
TDCJ Client Handbook
What is PREA (English/Spanish)
Zero-Tolerance (English/Spanish)
Safe Prisons/Suicide Prevention (English/Spanish)
Language Line Services
PREA resident orientation/signature
Zero-Tolerance (PREA Ombudsman/OIG)
Interviews:
Chief Compliance Officer/PCM
Residents (with disabilities or who are limited English proficient)
Random Sample of Staff

Site Observations:
Opposite Gender Announcement signs at entrance of each housing area
PREA signs in both English/Spanish

Findings: Residents with disabilities and residents who are limited English proficient.
115.216 (a) Cheyenne Center, Inc PREA Policy: The agency has taken appropriate steps to ensure that clients with disabilities (including clients who are deaf or hard of hearing, those who are 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 agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, the language line (800-873-9865) can be accessed 24/7 and offers translation of multiple languages to English, via the phone. The agency, not the client, will be responsible for any associated costs. A list of employees with specialized training in languages and sign language has also been created as another resource. If a staff member is not available, the agency has several local for hire interpreters available. In addition, the agency has ensured that written materials are provided in formats, such as Spanish, or through methods that ensure effective communication with clients with disabilities, including clients who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The auditor conducted an interview with the Agency Head/Chief Compliance Officer regarding inmates’ disabilities or who are limited English proficiency during the onsite portion of the audit. The population assigned to the facility spoke English as a primary Language.

115.216 (b) Cheyenne Center, Inc PREA Policy: The agency will take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The population assigned to the facility spoke English as a primary Language.

115.216 (c) Cheyenne Center, Inc PREA Policy: The agency will not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first response duties, or the investigation of the client’s allegations. The agency PREA Compliance Manager must be notified within 24 hours if a client is used as an interpreter, reader, or other type of resident assistant. The PREA Compliance Manager will keep a log of incidents. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under § 115.264, or the investigation of the resident’s allegations: 0. The auditor conducted interviews with a Random Sample of Staff and residents (with disabilities or who are limited English proficient) during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.217: Hiring and promotion decisions
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

▪ Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

▪ Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

▪ Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

▪ Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

▪ Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

▪ Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

▪ Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No

▪ Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

▪ Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

▪ Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No
115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Cheyenne Center, Inc PREA Policy
- PREA Training/Acknowledgement forms
- Employee Files/Background checks
- Specialized Training/Refresher Training

**Interviews:**
- Administrative (Human Resources) Staff

**Site Observations:**
- Employee File Reviews/Background Checks
- PREA Training/Acknowledgement forms
- Specialized training/Refresher training

**Findings: Hiring and Promotion Decisions.**

**115.217 (a)** Cheyenne Center, Inc PREA Policy: The agency will not hire or promote anyone who may have contact with clients, and shall not enlist the services of any contractor who may have contact with clients, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. All Cheyenne Center, Inc. employees who have direct contact with clients are approved for hire through a NCIC/TCIC criminal background records check, including previous employers, conducted by the Texas Department of Criminal Justice. The auditor reviewed a sample of employee files during the onsite portion of the audit for the background checks and required documentation.

**115.217 (b)** Cheyenne Center, Inc PREA Policy: The agency will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients. Cheyenne Center, Inc. shall inquire of all applicants through documented interview forms about previous personal relationships with clients, and/or history of sexual misconduct, including any incidents of sexual harassment. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit and discussed the employee files and application process.

**115.217 (c)** Cheyenne Center, Inc PREA Policy: Before hiring new employees who may have contact with clients, the agency will: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility is required to contact EAC after being notified of the incident. In the past 12 months: The number of persons hired who may have contact with residents who have had criminal background record checks: 13.
The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor conducted a review of the employee files and discussed the files with the administrative staff.

115.217 (d) Cheyenne Center, Inc PREA Policy: The agency will also perform a criminal background records check before enlisting the services of any contractor who may have contact with clients. In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 1. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. The auditor conducted an interview of the employee files and background checks during the site review.

115.217 (e) Cheyenne Center, Inc PREA Policy: The agency will conduct criminal background records checks at least every five years for current employees and contractors who may have direct contact with clients. During the initial criminal history check, each employee’s information is entered into CJIS. The DPS will immediately provide an automatic notification to TDCJ by email of any new criminal activity and will forward this information to Cheyenne Center, Inc. The auditor conducted an interview with the Administrative (Human Resources) Staff during the site review. The auditor reviewed documentation of background records checks of current employees at five-year intervals when applicable during the site review in a separate location.

115.217 (f) Cheyenne Center, Inc PREA Policy: The agency will also ask all applicants and employees who may have contact with clients, directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Employees must report any arrest, citation without an arrest for a misdemeanor or felony, or citation without arrest for a serious violation (such as driving under the influence, alcohol intoxication, public intoxication), within 24 hours to their supervisor. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.217 (g) Cheyenne Center, Inc PREA Policy: Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for immediate termination.

115.217 (h) Cheyenne Center, Inc PREA Policy: Unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition,
expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

**115.218 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed:** *(Policies, directives, forms, files, records, etc.)*

Cheyenne Center, Inc PREA Policy:
Surveillance Cameras/Monitors
Facility Layout

**Interviews:**
COO/CCO/PCM

**Site Observations:**
Surveillance Cameras/Monitors
Site Observation/locations

**Findings: Upgrades to facilities and technology.**

115.218 *(a)* Cheyenne Center, Inc PREA Policy: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency will consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect clients from sexual abuse.
The auditor conducted an interview with the CCO/PCM during the onsite portion of the audit regarding the modifications/expansions as part of the audit process and no changes or updates had been made.

115.218 (b) Cheyenne Center, Inc PREA Policy: When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency will consider how such technology may enhance the agency’s ability to protect clients from sexual abuse. The Cheyenne Center, Inc had thirty surveillance cameras on the facility in the following locations: parking lot view towards carport, carport looking at the front entrance, parking lot towards entrance gate, time clock overview, back of building A recreation yard, rear of kitchen, lobby view facing front counter, lobby view behind front counter, search bench area, search room overview, hallway towards kitchen, hallway towards copy room, TDCJ seating area and basketball court area, first floor laundry area, 2nd floor laundry area, laundry room 4, TDCJ medical room, DSHS medical, DSHS tech station, back of building B first floor left camera, back of building B first floor right camera, back of building B second floor left camera, back of building B second floor right camera, and seven cameras located in the kitchen. The surveillance cameras can be viewed and recorded from a 30–60-day time frame. The auditor conducted a camera review on 11/22/2020 at 8:30 AM in the following areas: 16 main building, back yard, recreation, and search area. Building B-laundry room, no cameras in the housing areas, observed supervisory rounds, and staff routine checks. The auditor reviewed different dates which included: 11/22/2020, 9/1/2020, 10/1/2020, 11/5/2020, 11/6/2020, and 10/21/2020. The auditor reviewed the cameras and navigated through them with clear coverage and in working condition. There were no cameras in the housing areas and none in view of the bathroom or resident housing. The auditor conducted an interview with the COO/CCO/PCM during the onsite portion of the audit regarding the surveillance cameras as part of the audit process.

Corrective Action: The auditor recommends no corrective action.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly
comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFE or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFE or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
115.221 (g)  
- Auditor is not required to audit this provision.

115.221 (h)  
- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)  ☐ Yes  ☐ No  ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:  
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)  
Cheyenne Center, Inc PREA Policy:

Interviews:
Random Sample of Staff  
PREA Compliance Manager  
Residents who reported a sexual abuse (no residents assigned)

Findings: Evidence protocol and forensic medical examinations.  
115.221 (a) Cheyenne Center, Inc PREA Policy: When a sexual abuse incident occurs and physical evidence is involved, staff must follow the agency’s evidence protocol. The preferred method of dealing with evidence is to secure the area by keeping staff and clients out. For example, if the incident occurs in a bedroom, the room should be blocked off and no one allowed access. Probation and Parole or the local law enforcement agency handling the investigation will immediately be contacted to secure and take the evidence into their custody. However, if circumstances do not allow for proper securing of the scene, or if law enforcement is not available to respond in a timely manner, staff must secure the evidence in evidence bags.
Each facility has been provided evidence bags that must remain in the front office. Staff should use gloves when placing evidence into the bags. Evidence bags should be immediately sealed and the chain of custody on the front of the bag must be filled out. The Program Director is responsible for securing the evidence until it can be turned over to law enforcement. At no time should staff take evidence home, leave it unsecure in a common area, or destroy it. The facility refers all criminal investigations to the local law enforcement. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit.

115.221 (b) Cheyenne Center, Inc PREA Policy: The agency will offer all victims of sexual abuse access to forensic medical examinations whether at an outside facility, without financial cost, where medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Ben Taub, LBJ and Hemann Memorial MC hospitals have several SANE nurses on staff that can handle these types of examinations at the request of law enforcement. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency PREA Compliance Manager will coordinate these efforts with the law enforcement agency handling the investigation.

115.221 (c) Cheyenne Center, Inc PREA Policy: The agency will attempt to make available to the victim, a victim advocate from a rape crisis center. Referrals will be made to the Houston Area Women's Center and/or Montrose Counseling Center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available a qualified staff member from a community-based organization or a qualified agency staff member. In the past 12 months: The number of forensic medical exams conducted: 0. The number of exams performed by SANEs/SAFEs: 0. The number of exams performed by a qualified medical practitioner: 0. The facility does not have any medical and mental health staff assigned or employed at the facility. The residents self-administer the medications and staff monitor all self-medications. Victims of sexual abuse have access to forensic medical examinations and forensic exams are not performed at the Cheyenne Center, Inc. In the past 12 months, there have been no residents who have required a SANE exam.

115.221 (d) Cheyenne Center, Inc PREA Policy: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor conducted an interview with the PREA Compliance Manager and there were no residents onsite who reported a sexual abuse for interviews during the audit.

115.221 (e) Cheyenne Center, Inc PREA Policy: To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency will request that the investigating agency follow the requirements of paragraphs (a) through (d) of this section. The auditor conducted an interview with the PREA Compliance Manager and there were no residents onsite who reported a sexual abuse for interviews during the audit. The facility had specialized trained investigators responsible for conducting administrative investigations.

115.221 (f) Cheyenne Center, Inc PREA Policy: The facility had investigators who were responsible for conducting administrative investigations and all criminal investigations will be referred to local law enforcement.

115.221 (g) N/A

115.221 (h) N/A
**Corrective Action:** The auditor recommends no corrective action.

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### Standard 115.222: Policies to ensure referrals of allegations for investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:

Interviews:
Random Sample of Staff
PREA Compliance Manager
Residents who reported a sexual abuse (no assigned residents)

Findings: Policies to ensure referrals of allegations for investigations.

115.222 (a) Cheyenne Center, Inc PREA Policy: The agency will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment through an institution/action plan. This plan is reviewed annually with existing staff, upon hire of new staff and a copy must remain in the front office of each facility. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 0. The number of allegations resulting in an administrative investigation: 0. The number of allegations referred for criminal investigation: 0. The auditor conducted an interview with the PREA Compliance Manager and there were no reports for review of a sexual abuse or sexual harassment for review.

115.222 (b) Cheyenne Center, Inc PREA Policy: The agency will refer to probation & parole, Texas Department of Criminal Justice, and/or local law enforcement to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All referrals will be documented in the incident file. The agency has published the PREA policy on its website. The auditor conducted interviews with the specialized staff trained to conduct administrative investigations during the onsite portion of the audit.

115.222 (c) Cheyenne Center, Inc PREA Policy: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. Local law enforcement will take the lead in all criminal investigations and will refer any individual(s) for criminal prosecution. The PREA Compliance Manager will be the point of contact between Cheyenne Center, Inc. and local law enforcement. The PREA Compliance Manager will ensure the investigators stay informed about the progress of the investigation and make this information available to the alleged victim. Cheyenne Center, Inc. shall ensure that a written report is completed for all allegations of sexual abuse and sexual harassment.

115.222 (d) N/A

115.222 (e) N/A
Corrective Action: The auditor recommends no corrective action.
## TRAINING AND EDUCATION

### Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee’s facility? ☒ Yes ☐ No
Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
- Cheyenne Center, Inc PREA Policy
- PREA Training/Curriculum
- PREA Acknowledgement forms
- Employee Files

**Interviews:**
- Random Sample of Staff
- Employee Files
Site Observations:
Sample of Training Records

Findings: Employee Training

115.231 (a) Cheyenne Center, Inc PREA Policy: (a) The agency trains all employees who may have contact with clients on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Clients’ right to be free from sexual abuse and sexual harassment; (4) The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with clients; (9) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor conducted an interview with a random sample of staff on the facility during the onsite portion of the audit and found to be knowledgeable of the PREA protocols and how to report sexual abuse and sexual harassment. The auditor reviewed a Sample of training records as part of the review for all staff who has been trained.

115.231 (b) Cheyenne Center, Inc PREA Policy: Such training shall be tailored to the gender of the clients at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male clients to a facility that houses only female clients, or vice versa. The auditor reviewed a sample of training records as part of the review for all staff who were trained.

115.231 (c) Cheyenne Center, Inc PREA Policy: All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency will provide each employee with refresher training (power point) every year to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. The number of staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements: 87. The auditor reviewed a random sample of training records during the onsite portion of the audit.

115.231 (d) Cheyenne Center, Inc PREA Policy: The agency will document, through employee signature on a training form that employees understand the training they have received. The auditor reviewed a sample of employee files from pre-service training and in-service training with the required material and documentation. The employee files reviewed had the acknowledgement forms and signatures required.

Corrective Action: The auditor recommends no corrective action.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)
- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Cheyenne Center, Inc PREA Policy:

Interviews:

Volunteer and Contractors who may have contact with residents

Findings: Volunteer and contractor training.

115.232 (a) Cheyenne Center, Inc PREA Policy: The agency will ensure that all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteer applications must be forwarded to the main office prior to the volunteer starting to ensure that training has been conducted.
The facility did not have any volunteers assigned to the facility. The number contractors who have contact with residents who have been trained in agency’s policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 1. The facility did not have any volunteers for the past 12 months and no interviews were conducted. The facility utilizes a Contractor/Vendor Acknowledgement of Sexual Abuse and Sexual Harassment policies (corresponding to the Department of Justice’s Prison Rape Elimination Act. The auditor reviewed the approved contractor list during the onsite portion of the audit.

115.232 (b) Cheyenne Center, Inc PREA Policy: The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with clients, but all volunteers and contractors who have contact with clients are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility had one contractor that was interviewed during the site review and no volunteers assigned.

115.232 (c) Cheyenne Center, Inc PREA Policy: The agency maintains documentation confirming that volunteers, interns and contractors understand the training they have received. Signed training forms must be sent to the agency PREA coordinator upon completion of training to be kept on file. The facility had one contractor that was interviewed during the site review and no volunteers assigned.

Corrective Action: The auditor recommends no corrective action.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No
115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:
Observation:
Zero-Tolerance Signs (English/Spanish)

Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
• We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
• We want to conduct an investigation of the reported incident.
• We want to hold the perpetrator accountable for his/her actions.
• We want to provide you with irrelevant information and support services.

How to report:
Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
▪ Call Houston Area Women’s Center at (phone number provided)
▪ Report to any staff, volunteer, contractor, or medical or mental health staff
▪ Submit a grievance
▪ Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
▪ Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
▪ You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:
Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone number provided) or send letter to Houston Area Women’s Center (address provided). 1-800 (number provided).

The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

Interviews:
Intake Staff
Random Sample of Residents

Findings: Resident education.
115.233 (a) Cheyenne Center, Inc PREA Policy: During the intake process, clients must 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. The client must sign the intake form stating that he or she understands. Of residents admitted during the past 12 months: The number who were given this information at intake: 1609. The auditor conducted interviews with staff who conduct the orientation portion and a Random Sample of Residents during the onsite portion of the audit. The auditor reviewed a sample record of resident files with the orientation information and PREA brochure providing relevant material covering PREA laws and the reporting process.

115.233 (b) Cheyenne Center, Inc PREA Policy: The agency will provide refresher information whenever a client is transferred to a different facility. This is part of the intake process that will occur within 72 hours of arrival. In the past 12 months: The number of residents transferred from a different community confinement facility: 3. The number of residents transferred from a different community confinement facility who received refresher information: 3. The auditor determined through a file review of documentation that residents sign an acknowledgement form after receiving the PREA information packet governing the zero-tolerance and reporting procedures of sexual abuse and sexual harassment. The resident education material is in formats accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. The Spanish speaking residents receive the PREA information in Spanish if needed for residents requiring the service. The auditor conducted interviews with the staff responsible for the intake portion and a random sample of residents to ensure the information was provided upon arrival.

115.233 (c) Cheyenne Center, Inc PREA Policy: The agency will provide client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as clients who have limited reading skills. Facilities will keep copies of PREA material in Spanish.

115.233 (d) Cheyenne Center, Inc PREA Policy: The agency maintains documentation of client participation in these education sessions. Every month, each facility will review the PREA policy with all clients during a group meeting. Each client must sign an attendance form and that form will be sent to the agency PREA coordinator to keep on file. This refresher is in addition to the information clients receive upon intake and/or transfer. The auditor reviewed resident files for the required documentation during the onsite portion of audit.

115.233 (e) Cheyenne Center, Inc PREA Policy: In addition to providing PREA education, the agency ensures that key information is continuously and readily available or visible to clients through posters and facility handbooks. PREA posters with contact phone numbers must be displayed near the pay telephones. At least one poster will be displayed on each level of the facility. The PREA policy will be displayed in a common area at all times in English and Spanish. The facility had multiple informational material such signs posted and displayed in the resident housing area for easily accessibility and in the privacy of their own room.

Corrective Action: The auditor recommends no corrective action.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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

☒ Yes ☐ No ☐ NA

115.234 (b)

☒ Yes ☐ No ☐ NA

Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

☒ Yes ☐ No ☐ NA

115.234 (c)

☒ Yes ☐ No ☐ NA

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

115.234 (d)

 Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

**Cheyenne Center, Inc PREA Policy:**

Specialized Investigator Training

Training Curriculum

**Interviews:**

Investigative Staff

**Site Observations:**

Training Records/Curriculum

**Findings:** Specialized Training: Investigations.

115.234 (a) Cheyenne Center, Inc PREA Policy: The facility had specialized trained investigators trained to conduct administrative investigations. The auditor conducted interviews with investigators who have been trained in conducting sexual abuse or sexual harassment administrative investigations. In addition to the general training provided to all employees pursuant to § 115.231, the agency ensures that its investigators have received training in conducting such investigations. All Program directors and Associate Operations Directors have been sent to the Department of Corrections investigator trainings and are certified investigators. All new program directors are required to obtain investigator status at the first available training class.

115.234 (b) Cheyenne Center, Inc PREA Policy: Specialized training shall include 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 facility had specialized trained investigators trained to conduct administrative investigations. The auditor conducted interviews with investigators who have been trained in conducting sexual abuse or sexual harassment administrative investigations. The investigators have been trained in conducting administrative investigations for the facility.

115.234 (c) Cheyenne Center, Inc PREA Policy: The agency PREA coordinator maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. The facility did not have any reports of sexual abuse and or sexual harassment in the past 12 months. The facility had specialized trained investigators who conduct administrative investigations.

115.234 (d) N/A

**Corrective Action:** The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - ☐ Yes  ☐ No  ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - ☐ Yes  ☐ No  ☒ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - ☐ Yes  ☐ No  ☒ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
  - ☐ Yes  ☐ No  ☒ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  - ☐ Yes  ☐ No  ☒ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
  - ☐ Yes  ☐ No  ☒ NA

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency
Facility Name – Cheyenne Center, Inc

does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Cheyenne Center, Inc PREA Policy:

Findings: Specialized training: Medical and mental health care.

115.235 (a) Cheyenne Center, Inc. does not employ mental health care or medical practitioners. At this time, the agency does not directly employ medical or mental health staff. However, if in the future those specialty positions are created, the agency will ensure that all medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.235 (b) Cheyenne Center, Inc. does not employ mental health care or medical practitioners. If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

115.235 (c) Cheyenne Center, Inc. does not employ mental health care or medical practitioners. The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

115.235 (d) Cheyenne Center, Inc. does not employ mental health care or medical practitioners. Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner’s status at the agency.

Corrective Action: The auditor recommends no corrective action.
Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident’s criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess a resident’s risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident’s risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
\begin{itemize}
  \item Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

\begin{itemize}
  \item Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

\begin{itemize}
  \item Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

\begin{itemize}
  \item ☒ Exceeds Standard \textit{(Substantially exceeds requirement of standards)}
  \item ☒ Meets Standard \textit{(Substantial compliance; complies in all material ways with the standard for the relevant review period)}
  \item ☐ Does Not Meet Standard \textit{(Requires Corrective Action)}

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:
Resident Files/Documentation
PREA Assessments
PREA Reassessments

Interviews:
Staff Responsible for Risk Screening
Random Sample of Residents
PREA Compliance Manager

Site Observations:
Records of initial assessments/reassessments
Findings: Screening for risk of victimization and abusiveness.

115.41 (a) Cheyenne Center, Inc PREA Policy: All clients will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other clients or sexually abusive toward other clients. The auditor conducted interviews with the Staff Responsible for Risk Screening (counselors) and a Random Sample of Residents during the onsite portion of the audit. The auditor conducted a resident file review and determined that residents are assessed upon arrival.

115.241 (b) Cheyenne Center, Inc PREA Policy: Intake screenings shall take place within 72 hours of arrival at the facility. If a client is not assessed within this time period, the agency PREA coordinator must immediately be notified with an explanation and plan. In the past 12 months: The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 1540. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Residents during the onsite portion of the audit during the onsite portion of the audit.

115.241 (c) Cheyenne Center, Inc PREA Policy: Such assessments shall be conducted using the approved screening instrument. The auditor reviewed a total of 16 resident files for the initial assessment and reassessment. The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known, in assessing clients for risk of being sexually abusive. The auditor observed and reviewed the initial and reassessment screening tool to include the resident files for compliance. The auditor reviewed 16 resident files as part of the review and interviewed the counselors responsible for the training, risk assessment and reassessments on the facility.

115.241 (d) Cheyenne Center, Inc PREA Policy: The intake screening shall consider the following criteria to assess clients for risk of sexual victimization: (1) Whether the client has a mental, physical, or developmental disability; (2) The age of the client; (3) The physical build of the client; (4) Whether the client has previously been incarcerated; (5) Whether the client’s criminal history is exclusively nonviolent; (6) Whether the client has prior convictions for sex offenses against an adult or child; (7) Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the client has previously experienced sexual victimization; and (9) The client’s own perception of vulnerability. Within 30 days from the client’s arrival at the facility, the facility will reassess the client’s risk of victimization or abusiveness based upon any additional relevant information received since the intake screening; and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client’s risk of sexual victimization or abusiveness. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance.

115.241 (e) Cheyenne Center, Inc PREA Policy: The intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing clients for risk of being sexually abusive. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance. Resident interviews determined that residents are not disciplined for not disclosing information.

115.241 (f) Cheyenne Center, Inc PREA Policy: Within 30 days from the client’s arrival at the facility, the facility will reassess the client’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The auditor conducted interviews with staff Responsible for Risk Screening and a Random Sample of Residents during the
onsite portion of the audit. The auditor reviewed files for the initial assessment and reassessment for risk of sexual victimization or abusiveness. The auditor reviewed a total of 16 resident files for PREA training, assessments, and reassessments during the onsite portion of the audit.

115.241 (g) Cheyenne Center, Inc PREA Policy: A client’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client’s risk of sexual victimization or abusiveness. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance. The auditor conducted interviews with a Random Sample of Residents during the onsite portion of the audit. The auditor reviewed the resident files of initial assessment and reassessment for risk of sexual victimization or abusiveness.

115.241 (h) Cheyenne Center, Inc PREA Policy: Clients may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9). The auditor conducted an interview with Staff Responsible for Risk Screening during the audit.

115.241 (i) Cheyenne Center PREA Policy: The agency has implemented controls on the dissemination within the facility of responses to questions asked in order to ensure that sensitive information is not exploited to the client’s detriment by staff or other clients. Staff should not discuss the results of an assessment with anyone but their supervisor. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening. The auditor reviewed 16 resident files during the onsite portion of audit. The facility provided training to the staff responsible and met all suggested requirement as a refresher.

Corrective Action: The auditor recommends no corrective action.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes □ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes □ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes □ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes □ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes  □ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes  □ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes  □ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems? ☒ Yes  □ No

115.242 (d)

- Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes  □ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes  □ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes  □ No  □ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such
identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:
PREA Risk Assessments/Reassessments
Dorm room/bathroom/shower with privacy
Transgender Review (if available)

Interviews:
PREA Compliance Manager
Staff responsible for risk screening
Transgender/Intersex residents (no assigned residents)
LGBTI residents (no assigned residents)

Site Observations:
Documentation of risk-based housing decisions
Living areas for transgender/intersex residents (showers/bathrooms)

Findings: Use of screening information.
115.242 (a) Cheyenne Center, Inc PREA Policy: The agency will use information from the risk screening required by § 115.241 to inform staff and if necessary other departments within Cheyenne Center, Inc., with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive. At any time a high-risk client is identified, the program director must notify the agency PREA coordinator. High risk clients will be discreetly identified on the room check form, so staff is aware when they conduct their hourly room checks. Each individual high risk client will be reviewed to determine where to assign them. In most facilities, high risk clients will be assigned bedrooms on the first floor near the staff office. In some cases, high risk clients will be transferred to another facility to avoid possible conflicts. At no time will staff disclose to any client another client’s risk level. The auditor interviewed the PREA Compliance Manager and staff responsible for risk screening during the audit. There were no residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (b) Cheyenne Center, Inc PREA Policy: The agency shall make individualized determinations about how to ensure the safety of each client. These decisions must be made with the input of the program director and PREA coordinator. High risk clients will be immediately placed in a high-risk room. If no room is available or there is a conflict, an alternative room will be assigned. At times, it may be determined to transfer the client to another facility for their safety. The auditor interviewed the PREA Compliance Manager and staff responsible for risk screening during the audit. There were no residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (c) Cheyenne Center, Inc PREA Policy: In deciding whether to assign a transgender or intersex client to a facility for male or female clients, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the client’s health and safety, and whether the placement would present management or security problems. At no time should a transgender client be assigned a room without first being reviewed by the PREA coordinator. The auditor interviewed the PREA Compliance Manager during the onsite audit. There were no residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (d) Cheyenne Center, Inc PREA Policy: A transgender or intersex client’s own views with respect to his or her own safety shall be given serious consideration. The auditor interviewed the PREA Compliance Manager and no residents who identified as transgender or intersex during the onsite portion of the audit. There were no residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (e) Cheyenne Center, Inc PREA Policy: Transgender and intersex clients shall be given the opportunity to shower separately from other clients. The auditor interviewed the following staff: PREA Compliance Manager and staff responsible for risk screening and no residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (f) Cheyenne Center, Inc PREA Policy: The agency shall not place lesbian, gay, bisexual, transgender, or intersex clients in dedicated facilities or bedrooms solely on the basis of such identification or status, unless such placement is in a dedicated facility or bedroom is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such clients. In the past 12 months, there have been no high risk of sexual abuse or harassment clients at this time requiring program assignments. There were no residents who identified as transgender or intersex during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.
**Standard 115.251: Resident reporting**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☒ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
- Cheyenne Center, Inc PREA Policy:
  - Zero-Tolerance Signs English/Spanish
  - PREA information
  - Resident Handbook

**Interviews:**
- Random Sample of Staff
- Random Sample of Residents
- PREA Compliance Manager

**Site Observations:**

**Zero-Tolerance for Sexual Abuse and Sexual Harassment (English/Spanish)**

- **Right to Report:** if you or someone you know, are experiencing sexual abuse or sexual harassment, Cheyenne Center, Inc wants to know. We want you to report right away. Why?
  - We want to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
  - We want to conduct an investigation of the reported incident.
  - We want to hold the perpetrator accountable for his/her actions.
  - We want to provide you with irrelevant information and support services.

- **How to report:**
  - Cheyenne Center, Inc offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.
    - Call Houston Area Women’s Center at (phone number provided)
    - Report to any staff, volunteer, contractor, or medical or mental health staff
    - Submit a grievance
    - Report to the PREA Compliance Manager or PREA Compliance manager (Ms. Newton)
    - Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (phone number provided)
    - You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

- **Victim Support Services:**
  - Cheyenne Center, Inc has partnered with Houston Area Women’s Center to provide survivors of sexual abuse with emotional support services. To access these services, contact (phone
The following information is provided in the resident handbook:
1. Zero Tolerance (English/Spanish)
2. Safe Prisons/PREA Program
3. Texas Board of Criminal Justice PREA Ombudsman Office (English/Spanish)
4. Prison Rape Elimination Act (PREA) definitions, reporting process (English/Spanish)
5. Notice of Audit dated 9/28/2020 (English/Spanish)
6. Additional PREA signs (English/Spanish)

Findings: Resident Reporting.

115.251 (a) Cheyenne Center, Inc PREA Policy: The agency provides multiple internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These include verbally in person to any staff person, in writing to any staff person, the main office or DOC, OR via the 800 number to a third party. The 800 number can be found on each floor of the facility and next to pay phones. Clients are free to report to any staff person and can do so anonymously.

The auditor conducted interviews with a random sample of staff and a random sample of residents during the onsite portion of the audit. The facility had multiple ways and options posted and displayed in each dorm room for easy accessibility and access if needed.

115.251 (b) Cheyenne Center, Inc PREA Policy: The agency also informs clients of at least one way to report abuse or harassment to PREA Ombudsman, which is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. Clients are able to call the 800-number established specifically for PREA reports or they can contact any official within PREA Ombudsman. Both numbers are found throughout the facility, posted at all times. Residents are made aware of methods of reporting available to them through the PREA Orientation packet upon arrival through intake, Sexual Assault Awareness brochure, PREA Ombudsman Office and continuously by posters displayed throughout the facility.

115.251 (c) Cheyenne Center, Inc PREA Policy: Staff will accept reports made verbally, in writing, anonymously, and from third parties and shall immediately document any verbal reports and report to a supervisor. Staff must then follow the agency’s action plan to begin the reporting and investigation process (within two hours). The auditor conducted interviews with a random sample of staff and a random sample of residents during the onsite portion of the audit. In the past 12 months, there have been no third-party reports of sexual abuse or sexual harassment.

115.251 (d) Cheyenne Center, Inc PREA Policy: The agency provides a method for staff to privately report sexual abuse and sexual harassment of clients. Staff may report to their program director or the PREA coordinator verbally, in writing or by email. They may also use the 800 numbers provided by the TDCJ. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes  ☒ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)
If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:
Client Grievance Procedure
Client Grievance Form

Interviews:
PREA Compliance Manager

Site Observations:
Resident Handbook
Client Grievance Forms

Findings: Exhaustion of administrative remedies.

115.252 (a) Cheyenne Center, Inc PREA Policy: The agency has administrative procedures to address client grievances. However, grievances involving sexual abuse will not follow this procedure. In those situations, staff should accept the client’s grievance and immediately contact a supervisor to begin the investigation. A grievance related to sexual abuse or harassment must be followed using this policy, NOT the general grievance policy. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (b) Cheyenne Center, Inc PREA Policy: The agency does not impose a time limit on when a client may submit a grievance regarding an allegation of sexual abuse. (2) The agency does not apply time limits on any portion of a grievance, even if it does not allege an incident of sexual abuse. (3) The agency prohibits the use of the grievance process to attempt to resolve with staff, an alleged incident of sexual abuse. Any allegation of sexual abuse must be reported directly to the program director and agency PREA coordinator immediately.
The grievance process is never to be used to address PREA related allegations. However, if a client uses a grievance form to report sexual abuse or harassment, staff must accept it as an alternative method of reporting abuse and immediately follow the agency’s action plan. Nothing in this section shall restrict the agency’s ability to defend against a lawsuit filed by a client on the ground that the applicable statute of limitations has expired. The auditor reviewed the Grievance log maintained by the Facility Administrator. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (c) Cheyenne Center, Inc PREA Policy: The agency shall ensure that a client who alleges sexual abuse may submit a grievance or complaint without submitting it to a staff member who is the subject of the complaint (2) Such grievance is not referred to a staff member who is the subject of the complaint. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (d) Cheyenne Center, Inc PREA Policy: The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period shall not include time consumed by clients in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the client in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the client does not receive a response within the time allotted for reply, including any properly noticed extension, the client may consider the absence of a response to be a denial at that level. In the past 12 months: The number of grievances filed that alleged sexual abuse: 0. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (e) Cheyenne Center, Inc PREA Policy: Third parties, including fellow clients, staff members, family members, attorneys, and outside advocates, shall be permitted to assist clients in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of clients. (2) If a third-party files such a request on behalf of a client, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the client declines to have the request processed on his or her behalf, the agency shall document the client’s decision. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident’s decision to decline: 0. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (f) Cheyenne Center, Inc PREA Policy: The agency has established procedures for the filing of an emergency grievance or complaint alleging that a client is subject to a substantial risk of imminent sexual abuse. In these situations, the program director and agency PREA coordinator should be notified immediately. Clients will not have to go through the normal written grievance policy which could take several days. (2) After receiving an emergency grievance/complaint alleging a client is subject to a substantial risk of imminent sexual abuse, the agency will immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the Program Director and agency PREA coordinator.
The agency PREA coordinator shall provide an initial response within 48 hours and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency’s determination whether the client is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance/complaint. In the past 12 months and the number of those grievances that had an initial response within 48 hours: 0. The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days: 0. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (g) Cheyenne Center, Inc PREA Policy: The agency may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the client filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

Corrective Action: The auditor recommends no corrective action.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**The following evidence was analyzed in making compliance determination:**

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
Cheyenne Center, Inc PREA Policy
Memorandum of Understanding - Houston Area Women’s Center

**Interviews:**
Random Sample of Residents
Residents who reported sexual abuse (no assigned residents)

**Findings: Resident access to outside confidential support services.**

115.253 (a) Cheyenne Center, Inc PREA Policy: The agency provides clients with access to outside victim advocates for emotional support services related to sexual abuse by giving clients mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local victim advocacy or rape crisis organization, and by enabling reasonable communication between clients and these organizations, in as confidential a manner as possible. Primarily, the agency will use Houston Area Women’s Center or Montrose Counseling Center for these services since we have a memo of understanding and routinely utilize their mental health services. Counselors will make a referral as soon as it is determined that their services would be beneficial. Clients are given all related appointment time, date and contact information. Clients will fill out a release of information with the referral agency so we can follow-up and aid in the recommendations given to the client. The auditor conducted interviews with a Random Sample of Residents who were aware of the information posted in their dorm rooms. There were no residents who reported sexual abuse onsite for interviews during the audit.

The Cheyenne Center, Inc., secured a Memorandum of Understanding with the Houston Area Women’s Center entered into an agreement with shared understanding of cooperation between both parties. The Houston Area Women’s Center helps individuals affected by domestic and sexual violence in their efforts to move their lives forward. We provide shelter, counseling and advocacy to support them in building lives free from the effects of violence. We seek social change to end domestic sexual violence through community awareness and education (services are confidential and available to everyone). The information is provided to the inmates through the Orientation, materials, Brochures, signs displayed in appropriate offices and program locations.
The Houston Area Women’s Center provides the following: staff a confidential victim support services hotline seven (7) days a week to provide crisis intervention services to clients who experience sexual violence while in custody of Cheyenne Center Inc. Provide a victim advocate upon request from Cheyenne Center Inc, or a client who will receive a forensic medical examination as a result of suffering sexual violence. The victim advocate shall accompany and support the victim during the examination process and provide emotional support, crisis intervention, information and referrals. Provide free printed materials concerning Houston Area Women’s Center Sexual Assault Hotline and victim support services. Provide advocacy services in accordance with standard Houston Area Women’s Center practices. Communicate any questions or a concern to Cheyenne Center, Inc’s designated PREA Compliance Manager.

115.253 (b) Cheyenne Center, Inc PREA Policy: The facility will inform clients prior to giving them access to Houston Area Women’s Center or Montrose Counseling Center, of the extent to which such communications will be monitored, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.253 (c) Cheyenne Center, Inc PREA Policy: The agency has entered into a memorandum of understanding with Houston Area Women’s Center, and we routinely refer to Montrose Counseling Center, both which are able to provide clients with confidential emotional support services related to sexual abuse. The agency will maintain copies of any agreements.

Corrective Action: The auditor recommends no corrective action.

**Standard 115.254: Third-party reporting**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☒ Exceeds Standard *(Substantially exceeds requirement of standards)*

☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

- Cheyenne Center, Inc PREA Policy
- Third Party Posting
- Resident Handbook

**Interviews:**

- PREA Compliance Manager

**Findings: Third-party reporting.**

115.254 (a) Cheyenne Center, Inc PREA Policy: The agency has established a method to receive third-party reports of sexual abuse and sexual harassment. The PREA policy can be found on the agency’s website, along with contact information for the agency PREA coordinator. Anyone from the community can submit information on the website or they can call the administrative office. Furthermore, all program directors and staff have been instructed to take all third-party reports of sexual abuse and relay the information to the agency PREA coordinator for investigation.

Prison Rape Elimination Act: The Prison Rape Elimination Act (PREA) was passed in 2003 with unanimous support from both parties in Congress. The purpose of the act was to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations, and funding to protect individuals from prison rape.” (Prison Rape Elimination Act, 2003). In addition to creating a mandate for significant research from the Bureau of Justice Statistics and through the National Institute of Justice, funding through the Bureau of Justice Assistance and the National Institute of Corrections supported major efforts in many state correctional, juvenile detention, community corrections, and jail systems.

PREA: The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003) and the PREA standards and final rule.

**PREA Coordinator:**

- Latascha Newton
- 10525 Eastex Freeway
- Houston, TX 77093
- (832) 230-5430

**Third Party Reporting of Sexual Abuse and/or Sexual Harassment Method(s):**

- Call PREA Ombudsman: (936) 437-5570
- Call the facility: (713) 691-4898 or (832) 230-5435
- Email PREA Coordinator: Lnewton@cheyennecenter.com
- Mail a letter to the facility:
  - Cheyenne Center, Inc.
  - ATTN: PREA Manager
  - 10525 Eastex Freeway
  - Houston, TX 77093
Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)
• Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

• Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

• If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

• Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:
Employee Training/Files

Interviews:
Random Sample of Staff
No medical/mental health staff employed by the facility
PREA Compliance Manager

Findings: Staff and agency reporting duties.
115.261 (a) Cheyenne Center, Inc PREA Policy: The agency requires all staff to report immediately and per agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or
sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against clients or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Reporting any of these incidents must be done immediately, even if after hours or on holidays. Reporting must be by phone call if after hours, not email and not text message. If staff is unable to reach the program director within a reasonable amount of time, they should contact their Point Person or the agency PREA Coordinator. The auditor interviewed a random sample of staff during the site review which have all been trained as first responders.

115.261 (b) Cheyenne Center, Inc PREA Policy: Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decision. This includes revealing details of the incidents to other staff members not directly involved with the incident. The auditor interviewed a random sample of staff during the site review which have all been trained as first responders.

115.261 (c) Cheyenne Center, Inc PREA Policy: Unless precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) and to inform clients of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not employ medical or mental health staff.

115.261 (d) Cheyenne Center, Inc PREA Policy: If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person’s statute, the agency will report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility does not house youthful residents. The auditor interviewed the PREA manager during the onsite portion of the audit.

115.261 (e) Cheyenne Center, Inc PREA Policy: Program Director will report all allegations of sexual abuse and harassment, including third party and anonymous reports, to the agency PREA coordinator. The auditor interviewed the PREA Compliance Manager during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:

Interviews:
Agency Head
Random Sample of Staff

Findings: Agency protection duties.
115.262 (a) Cheyenne Center, Inc PREA Policy: When the agency learns that a client is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the client. Program Directors shall immediately notify the agency PREA Coordinator of the risk. Depending on the situation, the client may be moved to a different bedroom. In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0. The auditor conducted interviews with the PREA Compliance Manager and a Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.263: Reporting to other confinement facilities
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)
 ▪ Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes  ☐ No

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed: (Policies, directives, forms, files, records, etc.)**
Cheyenne Center, Inc PREA Policy:

**Interviews:**
PREA Compliance Manager

**Findings: Reporting to other confinement facilities.**

115.263 (a) Cheyenne Center, Inc PREA Policy: Upon receiving an allegation that a client was sexually abused while confined at another facility, the program director of the facility that received the allegation shall immediately notify the agency PREA Coordinator, who will in turn notify the appropriate office of the agency where the alleged abuse occurred. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0. No reports were received from other confinements.

115.263 (b) Cheyenne Center, Inc PREA Policy: Such notification to the other facility shall be provided by the agency PREA Coordinator as soon as possible, but no later than 72 hours after receiving the allegation. No reports were received from other confinements.

115.263 (c) Cheyenne Center, Inc PREA Policy: The agency PREA Coordinator will document that notification was made. There were no reports received from other confinements.

115.263 (d) Cheyenne Center, Inc PREA Policy: Any agency employee that receives such notification from an outside agency shall ensure that the allegation is investigated in accordance with these standards. They must also immediately notify the agency PREA Coordinator. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit. No reports were received from other confinements.
Corrective Action: The auditor recommends no corrective action.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

Cheyenne Center, Inc PREA Policy:

Staff First Responders

**Interviews:**

Security Staff and Non-Security staff first responders

Random Sample of Staff

**Findings: Staff first responder duties.**

115.264 (a) Cheyenne Center, Inc PREA Policy: Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, the number of allegations that a resident was sexually abused: 0. The auditor conducted interviews with the Security Staff and Non-Security Staff First Responders and no Residents who Reported a Sexual Abuse assigned to the facility during the audit.

115.264 (b) Cheyenne Center, Inc PREA Policy: The responder is required to request that the alleged victim not take any actions that could destroy physical evidence and notify their program director immediately. Of the allegations that a resident was sexually abused made in the past 12 months the number of times a non-security staff member was the first responder: 0. The auditor conducted interviews with Security Staff and Non-Security Staff First Responders during the audit. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.265: Coordinated response**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy

**Interviews:**
PREA Compliance Manager

**Findings: Coordinated response.**
115.265 (a) Cheyenne Center, Inc PREA Policy: The agency has developed a written institutional/action plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and supervisors. The institutional/action plan is reviewed and updated on a regular basis. Each employee has been given a copy of this plan at training. The auditor conducted an interview with the PREA Compliance Manager during the audit.

**Corrective Action:** The auditor recommends no corrective action.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes  ☐ No

115.266 (b)

- Auditor is not required to audit this provision.
Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:

Interviews:
PREA Compliance Manager

Findings: Preservation of ability to protect residents from contact with abusers.
115.266 (a) Cheyenne Center, Inc PREA Policy: Neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.

115.266 (b) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
▪ Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

▪ Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

▪ Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

▪ Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No
115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
  ☒ Yes  ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
  ☒ Yes  ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:

Interviews:
Agency Head/Director or Designee
Designated Staff Member Charged with Monitoring Retaliation
Residents who Reported a Sexual Abuse (no assigned residents)

Findings: Agency protection against retaliation.
115.267 (a) Cheyenne Center, Inc PREA Policy: The agency has established a 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 members or departments are charged with monitoring retaliation. Staff is required to immediately report to their supervisor any reports, rumors or observations of possible retaliation. Retaliation is not acceptable and will be investigated immediately.
Supervisors must immediately notify the agency PREA Coordinator of any such reports. It is the responsibility of each program director to monitor and report any incidents of allegations.

115.267 (b) Cheyenne Center, Inc PREA Policy: The agency will employ multiple protection measures, such as room changes or transfers for client 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. These cases will be dealt with individually, considering all factors involved. The auditor conducted an interview with the Director or Designee, Designated Staff Member Charged with Monitoring Retaliation and there were no Residents who Reported a Sexual Abuse during the onsite portion of the audit. There were no investigations or reports of a sexual abuse or sexual harassment for the past 12 months.

115.267 (c) Cheyenne Center, Inc PREA Policy: For at least 90 days following a report of sexual abuse, the agency will monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0. The auditor conducted an interview with the Director or Designee and Designated Staff Member Charged with Monitoring Retaliation.

115.267 (d) Cheyenne Center, Inc PREA Policy: In the case of clients, such monitoring shall also include periodic status checks. The ideal time for these checks are doing individual sessions. There were no sexual abuse investigations reported in the past 12 months and no monitoring for retaliation was required.

115.267 (e) Cheyenne Center, Inc PREA Policy: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation. The auditor conducted an interview with the PREA Compliance Manager during the onsite audit.

115.267 (f) N/A

Corrective Action: The auditor recommends no corrective action.

**INVESTIGATIONS**

**Standard 115.271: Criminal and administrative agency investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a.).) ☒ Yes ☐ No ☐ NA

115.271 (b)

Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? ☒ Yes ☐ No

Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)
Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

Auditor is not required to audit this provision.

115.271 (l)

When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

Cheyenne Center, Inc PREA Policy:
PREA Specialized Investigative Staff

**Interviews:**
Investigative Staff
Residents who reported sexual abuse (no assigned residents)
Director or Designee
PREA Compliance Manager
Investigative Staff

**Observation:**
Investigation File Review: The facility did not have any sexual abuse reports or investigations of alleged staff-on-resident sexual abuse/harassment that were reported or completed by the facility in the past 12 months. The auditor reviewed the policy and procedures and conducted interviews with investigative staff. The auditor conducted interviews with the residents of the reporting procedures and PREA laws.

**Findings:** Criminal and administrative agency investigations.

115.271 (a) Cheyenne Center, Inc PREA Policy: When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The auditor conducted interviews with the investigative staff during the onsite portion of the audit. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review.

115.271 (b) Cheyenne Center, Inc PREA Policy: Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (c) Cheyenne Center, Inc PREA Policy: Investigators will gather and preserve direct and circumstantial evidence, including available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (d) Cheyenne Center, Inc PREA Policy: When the quality of evidence appears to support criminal prosecution, the agency will conduct interviews only after consulting with the Texas Department of Criminal Justice and law enforcement. The agency would prefer law enforcement conduct interviews when criminal charges may be involved, however we will conduct the interviews if requested. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (e) Cheyenne Center, Inc PREA Policy: 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 client or staff. The agency may not 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 an allegation. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.
115.271 (f) Cheyenne Center, Inc PREA Policy: Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (g) Cheyenne Center, Inc PREA Policy: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (h) Cheyenne Center, Inc PREA Policy: Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (i) Cheyenne Center, Inc PREA Policy: The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (j) Cheyenne Center, Inc PREA Policy: The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (k) N/A

115.271 (l) Cheyenne Center, Inc PREA Policy: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor conducted interviews with the PREA Compliance Manager, and Investigative Staff.

Corrective Action: The auditor recommends no corrective action.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No
Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)
☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:
Specialized Investigative Staff/Training

Interviews:
Investigative Staff

Findings: Evidentiary standards for administrative investigations.
115.272 (a) Cheyenne Center, Inc PREA Policy: Cheyenne Center, Inc. shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted an interview with Investigative staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in the agency’s facility, does the agency request the relevant information from the investigative agency
in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes □ No □ NA

115.273 (c)

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? ☒ Yes □ No

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes □ No

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes □ No

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes □ No

115.273 (d)

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes □ No

- Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes □ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes □ No

115.273 (f)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

☒ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

Cheyenne Center, Inc PREA Policy:

Specialized Investigative Staff

**Interviews:**

Director or Designee

Investigative Staff

Residents who Reported a Sexual Abuse (no assigned residents)

**Observation:**

Investigation File Review: The facility did not have any sexual abuse reports or investigations of alleged staff-on-resident sexual abuse/harassment that were reported or completed by the facility in the past 12 months. The auditor reviewed the policy and procedures and conducted interviews with investigative staff. The auditor conducted interviews with the residents of the reporting procedures and PREA laws.

**Findings: Reporting to residents.**

115.273 (a) Cheyenne Center, Inc PREA Policy: Following an investigation into a client’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This can be verbal notification but will usually be in written form from the agency PREA coordinator. In the past 12 months: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the facility: 0. The number of residents who were notified, verbally or in writing, of the results of the investigation: 0. The auditor conducted interviews with the PREA Compliance Manager, Investigative Staff, and no Residents who reported a Sexual Abuse were onsite for interviews.

115.273 (b) Cheyenne Center, Inc PREA Policy: If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the client. In the past 12 months: The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0. The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0. There were no samples of alleged sexual abuse investigations completed by outside agency for review during the onsite portion of the audit.
115.273 (c) Cheyenne Center, Inc PREA Policy: Following a client’s allegation that a staff member has committed sexual abuse against the client, the agency shall subsequently inform the client (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer assigned within the client’s facility; (2) The staff member is no longer employed by the agency; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no Residents who Reported a Sexual Abuse assigned to the facility during the onsite portion of the audit.

115.273 (d) Cheyenne Center, Inc PREA Policy: Following a client’s allegation that he or she has been sexually abused by another client, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no residents who Reported a Sexual Abuse assigned to the facility during the onsite portion of the audit.

115.273 (e) Cheyenne Center, Inc PREA Policy: All such notifications or attempted notifications shall be documented. In the past 12 months: The number of notifications to residents that were provided pursuant to this standard: 0. The number of those notifications that were documented: 0. The facility had one investigation and the resident department prior to the completion of the investigation.

115.273 (f) N/A

Corrective Action: The auditor recommends no corrective action.
Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

▪ Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

▪ Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

▪ Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

▪ Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No

▪ Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:
Disciplinary Sanctions (if any)

Findings: Disciplinary sanctions for staff.
115.276 (a) Cheyenne Center, Inc PREA Policy: Staff will be terminated immediately upon facility identifying evidence that he/she has violated Cheyenne Center, Inc. sexual abuse/ harassment policies.

115.276 (b) Cheyenne Center, Inc PREA Policy: Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse or harassment. In the past 12 months: The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

115.276 (c) Cheyenne Center, Inc PREA Policy: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0.

115.276 (d) Cheyenne Center, Inc PREA Policy: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
▪ Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

▪ In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:
Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy:

Interviews:
PREA Compliance Manager

Findings: Corrective Action for Contractors and Volunteers.
115.277 (a) Cheyenne Center, Inc PREA Policy: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with clients and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.

115.277 (b) Cheyenne Center, Inc PREA Policy: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.278: Interventions and disciplinary sanctions for residents
### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

<table>
<thead>
<tr>
<th>115.278 (a)</th>
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<tbody>
<tr>
<td>▪ Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
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<tr>
<th>115.278 (b)</th>
<th></th>
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<tbody>
<tr>
<td>▪ Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

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<tr>
<th>115.278 (c)</th>
<th></th>
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<tbody>
<tr>
<td>▪ When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

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<tr>
<th>115.278 (d)</th>
<th></th>
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<tbody>
<tr>
<td>▪ If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>115.278 (e)</th>
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<tbody>
<tr>
<td>▪ Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
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<thead>
<tr>
<th>115.278 (f)</th>
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<tbody>
<tr>
<td>▪ For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

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<tr>
<th>115.278 (g)</th>
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<tbody>
<tr>
<td>▪ If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)</td>
<td>☒ Yes ☐ No ☐ NA</td>
</tr>
</tbody>
</table>

### Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

- Cheyenne Center, Inc PREA Policy:
  - PREA Acknowledgement form
  - Resident Handbook

**Interviews:**

- PREA Compliance Manager
- Counselors

**Findings: Disciplinary sanctions for residents.**

**115.278 (a)** Cheyenne Center, Inc PREA Policy: Clients shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. In most cases this will be termination from the program. In the past 12 months: The number of administrative findings of resident-on-resident sexual abuse that have occurred at the Facility: 0. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.

**115.278 (b)** Cheyenne Center, Inc PREA Policy: Sanctions shall be 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 auditor conducted an interview with the PREA Compliance Manager during the audit process.

**115.278 (c)** Cheyenne Center, Inc PREA Policy: The disciplinary process shall consider whether a client’s mental disabilities or illness contributed to their behavior when determining what type of sanction should be imposed. The auditor conducted an interview with the PREA Compliance Manager during the audit process.

**115.278 (d)** Cheyenne Center, Inc PREA Policy: The agency will consider whether to require the offending client to participate in therapy or counseling to correct underlying problems, as a condition of access to programming or other benefits. The facility does not employ medical or mental health staff and no medical or mental health staff were interviewed.
115.278 (e) Cheyenne Center, Inc. PREA Policy: The agency may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no reports made in the past 12 months.

115.278 (f) Cheyenne Center, Inc. PREA Policy: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g) Cheyenne Center, Inc. PREA Policy: The agency prohibits all sexual activity between clients and will discipline clients for such activity, whether they fall under PREA or not. The agency will not, however, deem such activity to constitute sexual abuse, if it determines that the activity is not coerced.

Corrective Action: The auditor recommends no corrective action.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)
Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: *(Policies, directives, forms, files, records, etc.)*
Cheyenne Center, Inc PREA Policy:

Interviews:
Medical and Mental Health Staff (none employed by facility)
Residents who Reported a Sexual Abuse (none reported)
Security Staff and Non-Security Staff First Responders (residential monitor/counselors)

Findings: Access to emergency medical and mental health services.
115.282 (a) Cheyenne Center, Inc PREA Policy: Client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determine by medical and mental health practitioners according to their professional judgment. Depending on the nature of the abuse, clients will be referred to Ben Taub, LBJ or Memorial Hermann Medical Center Hospitals. The Houston Area Women’s Center and Montrose Counseling Center may also be utilized for mental health services if necessary. Program directors will ensure all necessary referrals are made in a timely manner and keep the agency PREA coordinator updated. Staff will follow the agency’s action plan unless otherwise directed by the program director or agency PREA coordinator. The facility does not employ medical and mental health staff and no interviews were conducted. There were no residents who reported a sexual abuse in the past 12 months.

115.282 (b) Cheyenne Center, Inc PREA Policy: Staff first responders shall take preliminary steps to protect the victim pursuant to 115.262 and shall immediately notify their supervisor for transport to appropriate medical and mental health practitioners. The auditor conducted interviews with the monitors and counselors assigned to the facility during the onsite portion of the audit.

115.282 (c) Cheyenne Center, Inc PREA Policy: Client victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections.
prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The auditor conducted interviews with the monitors and counselors assigned to the facility during the onsite portion of the audit.

115.282 (d) Cheyenne Center, Inc PREA Policy: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility does not employ medical or mental health staff and no interviews were conducted. There were no residents who reported a sexual abuse in the past 12 months.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be
Sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes  ☐ No  ☒ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes  ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes  ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐  Exceeds Standard (Substantially exceeds requirement of standards)

☒  Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐  Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Cheyenne Center, Inc PREA Policy:

Interviews:
Medical and Mental Health Staff (no medical staff employed at the facility)
Residents who Reported a Sexual Abuse (none reported)
Findings: Ongoing medical and mental health care for sexual abuse victims and abusers.

115.283 (a) Cheyenne Center, Inc PREA Policy: The agency will offer medical and mental health evaluation and as appropriate, treatment to all clients who have been victimized by sexual abuse in an agency facility.

115.283 (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Referrals for evaluation and treatment will be made to the Houston Area Women’s Center or Montrose Counseling Center.

115.283 (c) Cheyenne Center, Inc PREA Policy: The facility will provide victims with medical and mental health services consistent with the community level of care. The facility does not employ medical or mental health staff and no interviews were conducted. The facility did not have any residents who reported a sexual abuse in the past 12 months.

115.283 (d) N/A the facility only houses male inmates.

115.283 (e) N/A the facility only houses male inmates.

115.283 (f) Cheyenne Center, Inc PREA Policy: Client victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate and at no cost to the client.

115.283 (g) Cheyenne Center, Inc PREA Policy: Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility did not have any residents who reported a sexual abuse in the past 12 months.

115.283 (h) Cheyenne Center, Inc PREA Policy: The agency will conduct a mental health evaluation of all known client on client abusers within 30 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility does not employ medical or mental health staff and no interviews were conducted. The facility did not have any residents who reported a sexual abuse in the past 12 months.

Corrective Action: The auditor recommends no corrective action.
Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)
- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)
- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)
- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No
115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
Cheyenne Center, Inc PREA Policy
Investigative Staff
Incident Review Team

Interviews:
Director/PREA Compliance Manager
Incident Review Team

Findings: Sexual abuse incident reviews.
115.286 (a) Cheyenne Center, Inc PREA Policy: Cheyenne Center, Inc., shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0.

115.286 (b) Cheyenne Center, Inc PREA Policy: Such review shall ordinarily occur within 30 days of the conclusion of the investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0.

115.286 (c) Cheyenne Center, Inc PREA Policy: The review team will include some or all of the following employees: the agency PREA coordinator, associate operations directors, the assistant executive director, program directors, treatment supervisors, and investigators. The auditor conducted an interview with the Director or Designee during the audit.
115.286 (d) Cheyenne Center, Inc PREA Policy: The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its 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 program director and agency PREA coordinator. The auditor conducted an interview with the Director or Designee/PREA Compliance Manager and Incident review team during the onsite portion of the audit.

115.286 (e) Cheyenne Center, Inc PREA Policy: Cheyenne Center, Inc. shall implement the recommendations for improvement or shall document its reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.287 (e)
Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.287 (f)

Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: *(Policies, directives, forms, files, records, etc.)*

Cheyenne Center, Inc PREA Policy:

Annual Reports

Findings: Data Collection.

115.287 (a/c) Cheyenne Center, Inc PREA Policy: The agency will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

115.287 (b) Cheyenne Center, Inc PREA Policy: The agency will aggregate the incident-based sexual abuse data at least annually. The data collected shall include, at a minimum, the data necessary to answer all the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.287 (c) Cheyenne Center, Inc PREA Policy: The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.287 (d) Cheyenne Center, Inc PREA Policy: The agency will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual
abuse incident reviews. This will be gathered by investigators and the agency PREA coordinator. All files will be retained by the agency PREA coordinator at the main office.

115.287 (e) Cheyenne Center, Inc PREA Policy: Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

115.287 (f) N/A

**Corrective Action:** The auditor recommends no corrective action.

### Standard 115.288: Data review for corrective action

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

**115.288 (b)**

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse ☒ Yes ☐ No

**115.288 (c)**

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

**115.288 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)

Cheyenne Center, Inc PREA Policy:

**Interviews:**

Agency Head/PREA Compliance Manager

PREA Compliance Manager

**Findings:** Data review for corrective action.

115.288 (a) Cheyenne Center, Inc PREA Policy: The agency will review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The auditor conducted interviews with the PREA Compliance Manager regarding the annual data.

115.288 (b) Cheyenne Center, Inc PREA Policy: The report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

115.288 (c) Cheyenne Center, Inc PREA Policy: The agency’s report shall be approved by the agency head and made readily available to the public through its website.

115.288 (d) Cheyenne Center, Inc PREA Policy: The agency may redact specific material from the 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.

**Corrective Action:** The auditor recommends no corrective action.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**
115.289 (a)  
- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
  ☒ Yes  ☐ No

115.289 (b)  
- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  
  ☒ Yes  ☐ No

115.289 (c)  
- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  
  ☒ Yes  ☐ No

115.289 (d)  
- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  
  ☒ Yes  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)  
☒ Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)  
☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:  
**Documentation Reviewed:** (Policies, directives, forms, files, records, etc.)  
Cheyenne Center, Inc PREA Policy:  
PREA Annual Reports  

**Interviews:**  
PREA Compliance Manager
Findings: Data storage, publication, and destruction.

115.289 (a) Cheyenne Center, Inc PREA Policy: The agency will ensure that data collected pursuant to § 115.287 are securely retained. The agency PREA coordinator will keep paper copies when possible, along with electronic copies on the agency’s server. The auditor conducted an interview with the PREA Compliance Manager during the onsite portion of the audit.

115.289 (b) Cheyenne Center, Inc PREA Policy: The agency will make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website: cheyennecenter.com.

115.289 (c) Cheyenne Center, Inc PREA Policy: Before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers. The auditor conducted an interview with the PREA Compliance Manager/PREA Compliance Manager during the onsite portion of the audit.

115.289 (d) Cheyenne Center, Inc PREA Policy: The agency 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. The auditor conducted an interview with the PREA Compliance Manager/PREA Compliance Manager during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.
## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? *(Note: a “no” response does not impact overall compliance with this standard.)* ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? *(N/A if this is not the second year of the current audit cycle.)* ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? *(N/A if this is not the third year of the current audit cycle.)* ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No
Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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. demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. The auditor interviewed a representative sample of residents, monitors, supervisors, contractors/volunteers, and administrators.

The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the 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 will ensure that the auditor’s final report is published on the website in order to be readily available to the public. The information is displayed on the Cheyenne Center website: [https://cheyennecenter.com](https://cheyennecenter.com).

Prison Rape Elimination Act: The Prison Rape Elimination Act (PREA) was passed in 2003 with unanimous support from both parties in Congress. The purpose of the act was to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations, and funding to protect individuals from prison rape.” (Prison Rape Elimination Act, 2003). In addition to creating a mandate for significant research from the Bureau of Justice Statistics and through the National Institute of Justice, funding through the Bureau of Justice Assistance and the National Institute of Corrections supported major efforts in many state correctional, juvenile detention, community corrections, and jail systems.

**PREA:** The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003) and the PREA standards and final rule.

**PREA Coordinator:**
Latascha Newton
10525 Eastex Freeway
Houston, TX  77093
(832) 230-5430

**Third Party Reporting of Sexual Abuse and/or Sexual Harassment Method(s):**
1. Call PREA Ombudsman: (936) 437-5570
2. Call the facility: (713) 691-4898 or (832) 230-5435
3. Email PREA Coordinator: Lnewton@cheyennecenter.com
4. Mail a letter to the facility:
   Cheyenne Center, Inc.
   ATTN: PREA Manager
10525 Eastex Freeway
Houston, TX  77093

5. Houston Area Women’s Center: (713) 528-7273 or 1-800-256-0661

PREA Audit Date: April 2017
PREA 2017 Final Audit Report
PREA 2017 Annual Report
PREA 2018 Annual Report
PREA 2019 Annual Report

• PREA Ombudsman – English
• PREA Ombudsman – Spanish
• Zero Tolerance – English
• Zero Tolerance – Spanish
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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.1 Auditors are not permitted to submit audit reports that have been scanned.2 See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez 3/14/2021
Auditor Signature Date

1 See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.