

# PREA Facility Audit Report: Final

**Name of Facility:** Edinburg Transition Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 07/05/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Carol L. Powell	<b>Date of Signature:</b> 07/05/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Powell, Carol
<b>Address:</b>	
<b>Email:</b>	Cpowell1948@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	04/24/2017
<b>End Date of On-Site Audit:</b>	04/26/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Edinburg Transition Center
<b>Facility physical address:</b>	402 W. Chapin St., Edinburg, Texas - 78541
<b>Facility Phone</b>	(956) 380-5073
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input checked="" type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility

Primary Contact			
<b>Name:</b>	Juan Cruz	<b>Title:</b>	Facility Administrator
<b>Email Address:</b>	jcruz@correctionalsolutionsgroup.com	<b>Telephone Number:</b>	(956) 900-1467

Facility Director			
<b>Name:</b>	Juan Cruz	<b>Title:</b>	Facility Administrator
<b>Email Address:</b>	jcruz@correctionalsolutionsgroup.com	<b>Telephone Number:</b>	(956) 900-1467

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	

Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics			
<b>Designed facility capacity:</b>		126	
<b>Current population of facility:</b>		116	
<b>Age Range</b>	<i>Adults: 19-74</i>	<i>Juveniles: N/A</i>	<i>Youthful Residents: N/A</i>
<b>Facility security level/resident custody levels:</b>		low-medium	
<b>Number of staff currently employed at the facility who may have contact with residents:</b>		21	

AGENCY INFORMATION	
<b>Name of agency:</b>	Correctional Solutions Group, LLC
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	305 S. Broadway St., Tyler, Texas - 75702
<b>Mailing Address:</b>	P.O. Box 7760, Tyler, Texas - 75711
<b>Telephone number:</b>	(903) 630-6291

Agency Chief Executive Officer Information:			
<b>Name:</b>	John Forren	<b>Title:</b>	President
<b>Email Address:</b>	forren@aol.com	<b>Telephone Number:</b>	(619) 249-9816

**Agency-Wide PREA Coordinator Information****Name:**

Alisa Stanfield

**Email Address:**

alisa.stanfield@correctionalsolutionsgroup.com

## AUDIT FINDINGS

### **Narrative:**

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

The onsite PREA audit of Correctional Solutions Group – Edinburg Transitional Center in Edinburg, Texas was conducted April 24-26, 2017, by Department of Justice Certified PREA Auditor Carol L. Powell. Pre-audit preparation included a thorough review of all policies, procedure, training curriculums, Pre-Audit Questionnaire, and supporting documentation provided by the facility to demonstrate compliance with the PREA standards. The auditor and the PREA Coordinator had ongoing communication for several weeks prior to the audit to prepare for the on-site visit.

The auditor wishes to extend her deepest appreciation to Administrator Juan Cruz and his staff for their professionalism, hospitality, and kindness. The auditor also wishes to compliment the Correctional Solution Group's PREA Coordinator, Alisa Stanfield for her work in developing the files that were provided to the auditor prior to the audit. This enabled the audit to move forward efficiently.

The facility supplied a list of resident names sorted by housing units, as well as a list of facility staff names to the auditor. From these lists the auditor selected, at random, a sampling of residents and staff to be interviewed during the on-site visit. The sampling size for residents included at least two residents from each housing unit.

The on-site audit began with an entrance meeting conducted on Monday, April 24, 2017 at approximately 8:30 a.m. in the Facility Administrator's Office. The following staff attended the meeting:

Administrator Juan Cruz

Assistant Facility Administrator Armando Rosales

The PREA Coordinator was unable to attend the meeting due to airline flight issues the previous day. Ms. Stanfield arrived at the facility during the early afternoon of April 24th.

Following the entrance meeting, the auditor conducted a comprehensive site review that began at approximately 9:00 a.m. and continued throughout the onsite visit. During the site review, the auditor reviewed camera placement, blind spots, staff placement and documentation to assist in determining standard compliance. While touring the facility the auditor observed the notices of this PREA audit in all of the dorms, as well as posters that called attention to the agency's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Random staff and resident interviews were conducted in the Facility Administrator's office. During the course of the audit, the Administrator worked in other areas of the facility to enable the auditor to conduct the audits privately. The following staff accompanied the auditor on the site review:

Administrator Juan Cruz

Assistant Facility Administrator Armando Rosales

All dorms, resident program areas, the kitchen and dining areas, staff offices, and all other areas of the facility were toured. The auditor was allowed access to all areas. During the tour, the auditor, utilizing a telephone located in a dorm, called the 1-800 number written on the PREA poster. The call could not go

through unless the caller paid 50 cents. The Facility Administrator was notified. He advised that the same telephone system was utilized in all dorms. The free use of 1-800 was thought to be addressed in the contract with the phone company. Mr. Cruz immediately contacted the company and the issue was fixed on April 25th. During subsequent interviews with staff and residents, the auditor was advised that residents are allowed to have their own cell phones. Every resident interviewed noted that he or she knew how to report incidents of sexual abuse, and would report an incident via their own phones, advising a staff member, or contacting a friend/family member on their cellular telephones. All staff and residents interviewed informally and during confidential interviews acknowledged receiving training regarding procedures for reporting sexual abuse, sexual harassment, and/or retaliation for reporting.

Each housing unit contains showers/restrooms. The shower areas allow residents to shower separately and shower and restroom stalls have plastic curtains for additional privacy. During the initial tour, it was noted that the shower/toilet curtains completely blocked off any view of the residents. During the audit, all shower/toilet curtains were cut to enable staff to view the feet of any resident occupying the stall. New PREA curtains were ordered for all stalls. Curtains arrived and were installed on May 1, 2017.

The physical layout of the Edinburg Transitional Center could have been potentially problematic in that the facility has several long hallways, corners and doors. However, through a combination of cameras and staff making unannounced rounds throughout the day and night, ETC has overcome supervision inherent in the design of the building.

On April 25, 2017 at approximately 9:00 p.m., the auditor and the PREA Coordinator made an unannounced visit to walk the perimeter and ensure there were no unlit, dark corners or areas. While we were outside, a resident monitor who noticed strangers on the property, came outside to verify our identity. The quick reaction of the resident monitor and the lighting of the outside area, confirmed that the facility takes all security issues, including PREA seriously.

The auditor interviewed a total of 15 staff, as well as the PREA Coordinator and Correctional Solutions Group's COO. Staff interviews consisted of 5 resident monitors selected at random covering all shifts, 2 shift supervisors, 2 case managers, the job developer, human resources, Transportation Officer, Administrator, Assistant Administrator, and contracted Food Services staff. All staff interviewed were well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. There is no SAFE or SANE staff at the facility; they are made available through the Rape Crisis Center, Angels of Love. The facility contracts with a nurse; however, the nurse does not conduct PREA forensic exams. Staff interviewed were knowledgeable of their responsibilities in reporting sexual abuse, sexual harassment, staff negligence, and retaliation for reporting. All staff members wore a lanyard containing laminated cards that outlined first responder duties. Only one staff member had to refer to the card to answer questions about first responder duties. Edinburg Transitional Center staff appear to have made PREA part of the facility culture.

In addition to facility staff, the auditor interviewed one of the TDCJ Parole Officers who offices at the facility. The Officer advised that she has never had a resident make a PREA complaint to her, nor had she heard of any PREA-related issues involving Edinburg Transitional Center's staff or residents. The Officer was certain that if any PREA related issues occurred, she would have heard about it.

There were 14 residents interviewed during the on-site visit. These residents consisted of 12 residents selected at random, and 2 selected for required interviews as follows: 1 that self-reported during risk

screening as being transgender; and 1 resident that had reported an incident. It is noteworthy that many residents speak Spanish as their first language. However, a majority of the staff are bi-lingual, so there were no issues reported regarding translation or understanding of PREA information. One female resident who had been working out immediately prior to her confidential interview, advised that she had not received PREA information at intake. When asked about this resident, her case manager stated that the resident may have been high during intake. Without prompting from the auditor, the case manager mentioned that the resident is now clean and has substituted working out for substance abuse. All PREA forms in the resident's file were signed and dated. One male resident also advised that he hadn't received PREA training at intake. He refused to tell the auditor the name of his case manager, stating that he didn't want to "get him in trouble". The auditor reviewed the case file to find that all PREA forms were signed and dated. The case manager advised that he had discussed PREA with the resident. Additionally, both residents acknowledged understanding the zero-tolerance policy, as well as procedures outlining how to report sexual abuse or harassment. The female resident had reported an incident of sexual harassment the week prior to the audit. She advised that staff were very helpful to her; had reported the incident to the police; and removed the male resident from the facility. She noted that she had spoken to the police about the incident. All other residents interviewed acknowledged receiving PREA training and written materials (posters, resident handbook, etc.) outlining the facility's zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting. The self-reported transgender resident advised feeling safe at the facility. The resident is currently being housed in a male housing unit, but does not feel threatened. The resident is allowed to shower alone, but stated that at this point, doesn't feel the need. The resident is allowed privacy during showers due to the shower curtains. The resident is currently taking hormones, and is uncertain of whether alternative housing will be needed. However, the resident is very comfortable in discussing any issue relating to gender with facility staff.

The auditor selected 7 personnel files which also contained the employee's training information. The files were well organized and contained all the necessary background information. The Edinburg Transitional Center must adhere to Texas Department of Criminal Justice's (TDCJ) personnel requirements on all new employees and promoted employees. All the necessary background check information and signed statements regarding previous sexual misconduct must be completed prior to TDCJ authorizing a hire or promotion. All files reviewed contained documentation of background checks, signed statements, and approval by TDCJ. The training portion of the files were also very complete and included written documentation that staff and contract personnel received the required training and understood what was being trained.

The auditor also reviewed 4 resident files and saw documentation of resident education, as well as documentation of the initial risk screenings and the 30-day re-screenings.

In the months since the facility became operational the Edinburg Transitional Center had not received a PREA complaint. There was one incident of sexual harassment that occurred off-site between a male and female resident. The incident was initially investigated as a PREA incident and appropriate actions were taken to ensure the female resident's safety. Although the Texas Board of Criminal Justice ultimately determined that the incident was not a PREA, the facility investigated and made referrals to the local police department, as well as referrals for support services. The investigative file was reviewed during the on-site visit and appeared to document thoroughly the investigative process per agency policy. Policy and procedure require that criminal investigative referrals were to be documented and proper referrals were made as required.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings. The following staff attended:

Administrator Juan Cruz

Assistant Facility Administrator Armando Rosales

PREA Coordinator Alisa Stanfield

During the exit, the auditor explained the process that would follow the on-site visit. The auditor also explained any areas that would require corrective measures and that she would coordinate all post on-site visit activities with the PREA Coordinator. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirement to post the final report on the company website once compliance with all standards was achieved.

## AUDIT FINDINGS

### **Facility Characteristics:**

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

The Correctional Solutions Group, LLC – Edinburg Transitional Center is located at 402 W. Chapin St., Edinburg, Texas and has contracted with the Texas Department of Criminal Justice for housing felony offenders in their program. Since June 2016 the facility has been operated by Correctional Solutions Group, LLC. The facility offers housing, rehabilitation, and transitional services to male and female offenders. The Edinburg Transitional Center was opened in June 2016.

The Correctional Solutions Group, LLC - Edinburg Transitional Center can house up to 120 residents in the halfway house program. There are two buildings on campus. In addition to administrative offices, offices for specialized staff, designated offices for TDCJ Parole Officers, dayrooms, laundry area, and classrooms, Building A also contains 4 open bay housing units. At the time of the audit, female residents were housed in Dorm 2, Building A with no access to the male dorms. Building B contains one housing unit, as well as the kitchen and dining area.

The Correctional Solutions Group, LLC - Edinburg Transitional Center provides on-site programs and services that include life skills, job readiness and development, substance abuse classes, sex-offender programs, as well as case management services. It is noted that a large portion of the offenders placed at the facility are sex offenders who are prohibited from employment in the community. Treatment is provided on-site by either community agencies or facility staff. Additionally, the facility provides transportation for employment, medical appointments, court and legal appointments, and treatment. There are three nutritious meals provided per day, including a sack lunch provided to residents scheduled to leave the center for employment. The facility has excellent relationships with community agencies, who are available to come to the facility to provide crisis intervention 24/7.

The Correctional Solutions Group, LLC - Edinburg Transitional Center's mission is to "...provide governmental agencies with efficient, cost-effective methods of housing, rehabilitating and transitioning offenders while maintaining respect for the offender, protecting those in the community, and providing a rewarding experience for our employees."

<b>AUDIT FINDINGS</b>	
<p><b>Summary of Audit Findings:</b></p> <p>The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.</p>	
<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	38
<b>Number of standards not met:</b>	0
<p>The on-site visit to the Edinburg Transitional Center was conducted on April 24-26. During the audit, the auditor had concerns regarding two standards. The concern relating to Standard 115.211 was that the facility did not utilize PREA shower curtains. The curtains were so lengthy that it would have been difficult to determine how many people were in the shower. The Facility Administrator immediately ordered new shower curtains. They were installed on May 1, 2017. Pictures from the facility provided verification.</p> <p>The issue related to Standard 115.215 was that the pay phones required residents to pay 50 cents to call the toll-free PREA Hotline number. The Facility Administrator advised that toll-free calls were supposed to be included in the contract with the phone company. Director Cruz contacted the phone company before the tour was completed, and the phones were fixed the next day.</p> <p>The results of the Correctional Solutions Group, LLC - Edinburg Transitional Center's audit are as follows:</p> <p>Number of standards exceeded: 3  Number of standards met: 35  Number of standards not met: 0  Non-applicable: 1</p>	

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

115.211	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Edinburg Transitional Center was audited and reviewed for PREA compliance April 24-26, 2017. With input from the ETC, the facility's parent company, Correctional Solutions Group (CSG) developed PREA policy, as well as a procedural document entitled "CSG's Approach to Preventing, Detecting and Responding to Sexual Abuse and Sexual Harassment". These policies and procedures were developed to prevent, detect and respond to sexual abuse and sexual harassment. The policy and procedures include definitions, strategies and "zero tolerance". ETC Policy 2-B-2, "Employee Selection, Retention and Verification" as well as ETC Policy 7-A-9, "Resident Discipline", discuss sanctions for PREA violations.</p> <p>The Edinburg Transitional Center has implemented all PREA-related policies and procedures. Every staff member interviewed was able to verbalize that the ETC is a zero-tolerance facility. All residents interviewed knew their right to be free from sexual abuse and harassment. To a person, residents felt sexually safe at the facility.</p> <p>The Agency has designated Ms. Alisa Stanfield as the Agency-wide PREA Coordinator. Her scripted interview strongly supported safe facilities and indicated that she has sufficient time to develop, implement and oversee the Agency's efforts to comply with PREA standards. Agency organizational charts were reviewed.</p> <p>The auditor was particularly impressed with the staff's knowledge of the Zero Tolerance Policy, the turnout/shift change training, the annual training, the Compliance Manager's leadership/communication, and the staff pocket handout addressing PREA and zero tolerance.</p> <p>Based on the above information, staff knowledge, inmate knowledge, interviews, the auditor assesses this standard as meets standards.</p>
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115.212	<p><b>Contracting with other entities for the confinement of residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This standard is not applicable.</p> <p>The ETC does not contract with outside agencies for any type of residential services for their residents. The PREA Coordinator verified that the facility does not house residents with other entities.</p>
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115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CSG's Staffing Plans and corresponding Facility Layout are designed specifically for each of its facility locations. The staffing requirements are specific to each location and minimum requirements are stated in the contract. In addition to contractual staffing requirements, safety for staff and residents and prevention of sexual abuse/harassment is the main objective of the plan. Adequate supervision and staff oversight of all activities and areas of the facility are key elements of the plan. All of the following are Staffing Plan development considerations:</p> <ol style="list-style-type: none"> <li>(1) The physical layout of each facility;</li> <li>(2) The composition of the resident population;</li> <li>(3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>(4) Any other relevant factors.</li> </ol> <p>All deviations from the Staffing Plan must be approved by the Facility Administrator or Assistant Facility Administrator during the Administrator's absence. Prior to approving supervision employees for leave, a substitute is found to work in that employee's place during the time that they will be out. When there are unforeseen circumstances such as an employee being absent from work without notice or is late for his or her shift, an employee from the previous shift remains on duty until either a replacement is found or the staff member arrives. In addition, the Facility Administrator or Assistant Facility Administrator immediately documents and adjusts the Staffing Plan when a position is vacated. The documentation includes the alternate plan for coverage until the position is filled.</p> <p>The Facility Administrator reviews the Staffing Plan when necessary or at least annually to assess and determine the (1) adequacy of prevailing staffing patterns, (2) video monitoring systems or other monitoring technologies and (3) resources available to commit to ensure adequate staffing levels. All reviews are documented with each parameter in the previous sentence clearly addressed in the documentation. The Facility Administrator will advise and consult with CSG Corporate level and the PREA Coordinator if the result is that adjustments are needed to the Staffing Plan or if deployment of video monitoring systems or monitoring technologies are insufficient. The result of the consultation with CSG Corporate will be included in the documentation.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TDCJ does not allow either strip searches or body cavity searches to be conducted at the ETC. Interviewed male and female residents, including a transgender resident, as well as staff. There was no indication of any issues re: cross-gender strip searches or cross-gender visual body cavity searches. No documentation of such searches.</p> <p>Staff and resident interviews, as well as log indicated that no cross-gender pat-down searches of female residents have occurred at the facility.</p> <p>The culture of the facility is such that cross-gender pat-searches on female residents is never considered. Staff seemed surprised that the auditor would ask about a practice that is forbidden.</p> <p>Female residents interviewed indicated that they had never been denied access to programs in and outside the facility due to female staff not being available to conduct a pat search. The facility maintains search logs to document cross-gender strip and visual body cavity searches of all residents, as well as document cross-gender pat-searches of female residents. Logs allow for explanation of any exigent circumstances. There is no documentation that any of these types of documentation have occurred at the Edinburg Transitional Center.</p> <p>Staff at the Edinburg Transitional Center are trained to announce themselves as they enter a restroom. No resident complained about being seen naked by staff of either sex.</p> <p>Count is usually conducted by a male and female staff. Before entering a male dorm, the male resident monitor announces that a female will be entering the room. The male conducts the count and enters the restroom while the female monitor steps in the room and remains by the door. Before entering a female dorm, the female resident monitor announces that a male will be entering the room. The female conducts the count and enters the restroom, while the male enters and remains by the door.</p> <p>Transgender residents are identified by the Texas Department of Criminal Justice prior to admission to the Edinburg Transitional Center. Additionally, staff are trained to never conduct a search or examine a resident for the purpose of determining whether the resident is male or female.</p> <p>To determine compliance, the auditor reviewed training records, interviewed staff, and interviewed the only transgender resident currently at the facility. The resident self-identifies as a female. She stated that she has never been pat-searched to determine her sexual identity.</p> <p>A review of the training records indicate that 100% of the ETC staff have been trained through RELIAS to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. Staff interviews confirmed their training. The transgender resident stated that she is searched in the same manner as other residents and has never been disrespected.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pages 3 &amp; 4 of policy 7-A-2, Resident Rights details the facility's procedures to ensure disabled residents 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. At the time of the audit, no residents with hearing or visual disabilities had been placed at the facility. All facility staff interviewed were bi-lingual (English and Spanish) so that there are no interpretation issues between residents and staff. No resident placed in the ETC has spoken a language other than English or Spanish. Should a resident who speaks a different language arrive at the facility, staff would use the following website:</p> <p><a href="https://www.att.com/media/att/2011/support/Traveler/USADirectTravel-LangAsst.pdf">https://www.att.com/media/att/2011/support/Traveler/USADirectTravel-LangAsst.pdf</a> for assistance.</p> <p>Written materials, including posters are provided in English and Spanish.</p> <p>During an interview an elderly resident, who utilized a walker advised that he had no concerns about his sexual safety because "they take good care of me". He noted that there was a camera near his bed and staff were always coming in the dorms to check on them.</p> <p>Interviews confirmed that residents are not utilized as interpreters.</p>

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility Policy 2-B-2 Employee Selection - Retention - Employment Verification, page 4, reviews the facility's policy and procedures regarding the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p>ETC Policy 2-B-2 Employee Selection - Retention - Employment Verification, page 4, details the facility's policy and procedures contacting previous institutional employers for applicants with prior institutional employment. Attempts are made to contact all prior institutional employers. The applicant is asked to complete the Institutional Employment Authority for Release of Information form. This form is signed before a notary that allows CSG to inquire about sexual abuse and sexual harassment with prior institutional employers. The prior institutional employer is sent the signed and notarized Institutional Employment Authority for Release form along with the Previous Institutional Employment Verification Form. The application is not processed further if the applicant refuses to sign the Authority for Release form.</p> <p>Policy 2-B-2, page 3, also requires a criminal background check be conducted for all applicants.</p> <p>100% of the personnel files reviewed background checks.</p> <p>Forms utilized are the:</p> <ol style="list-style-type: none"> <li>1. Pre-Employment NCIC/TCIC Record Request;</li> <li>2. Hiring/Promotion/Performance Review PREA Questionnaire; and</li> <li>3. Authority for Release of Information.</li> </ol> <p>The previous institution may or may not reply. However, the facility's business manager documents all attempts and responses.</p> <p>The requirement for a background check on prospective contractors who have contact with residents is included in Policy 2-B-2, page 3. The facility contracts for a part-time nurse and for one food service staff. A file review, as well as an interview with the contracted food service staff member indicated that a background check had been conducted.</p> <p>Facility policy requires that on at least an annual basis, criminal histories checks will be performed on all current employees and contractors and this information maintained in their personnel file. Since the facility has not been operational for a year, this requirement was deemed NA for the initial audit.</p> <p>All requirements listed in 115.217(a) are included in Policy 2-B-2, page 4. Prospective employees are required to complete the Hiring/Promotion/Performance Review PREA Questionnaire to document each provision. By signing the form, the applicant acknowledges that all statements are true. Further, the signature indicates an understanding that omitting or providing false information is grounds for termination. Completed forms were found in 100% of the files reviewed. Interviews with administrative staff, including the Facility Director and Business Manager indicate that there have been no instances of a staff member being terminated due to omission or provision of false information.</p> <p>All staff interviewed understood their duty to disclose.</p> <p>Policy 2-B-2 requires that the facility provide information regarding 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. After interviewing</p>

the Business Manager and reviewing personnel files, it was determined that there have been no such requests since the facility became operational.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>  This standard requires when designing or acquiring a new facility or when contemplating a substantial expansion or modification to an existing facility, the effect of the proposed design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse is considered. Additionally, when monitoring technology is installed or upgraded, the use of technology to enhance the agency's ability to protect residents from sexual abuse is considered. These standards are reflected in Policy 5-C-1, Physical Plant Requirements, page 2.  During the course of the interview with David Stanfield, COO, it was confirmed that the above-listed factors were considered when the ETC was acquired.  During the tour, it was noted that the physical layout of the Edinburg Transitional Center could have been potentially problematic in that the facility has several long hallways, corners and doors. However, through a combination of cameras and staff making unannounced rounds throughout the day and night, ETC has overcome supervision obstacles inherent in the design of the building.

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy, Investigations (pages 22-23) – Responsive Planning (1 A-F) states that local law enforcement will be contacted to conduct the criminal investigations of sexual abuse allegations for the ETC. ETC staff who have been trained in investigation, will conduct administrative investigations into sexual abuse. The policy requires that a uniform evidence protocol be used to maximize the potential for obtaining usable physical evidence for administrative and criminal prosecution. The protocol is 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.” It is noted that no one under the age of 18 may be placed at the ETC. The ETC has attempted to enter into a signed memorandum of understanding with local law enforcement to conduct investigations into alleged sexual abuse at the facility. Efforts to obtain the MOU are documented in the attached memo. The Chief of Police declined to sign, stating in part that "there was too much information on the MOU. He advised they 'know what they are doing and there were too many factors on the MOU for him to agree to. He further stated that his agency would assist the City of Edinburg to include [ETC] with any criminal case, and added that if we would have a rape case he had a special unit that would be assigned to conduct an investigation."</p> <p>PREA policy, page 10, also states that victims of sexual abuse will be offered access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. The ETC has a Memorandum of Understanding with the local Rape Crisis Center (Angels of Love/Women Together) to provide, amongst other services emotional support and accompaniment of the victim to the hospital by a SANE nurse 24/7.</p> <p>The has a signed memorandum of understandings with victim advocate agencies to provide support services to inmates who are victims of sexual abuse. In addition to services outlined above, Angels of Love/Women Together, 511 N. McAllen, TX 78501, (956) 630-4878, provides victim advocacy services. The agency was contacted and confirmed that the services are provided to the facility. The agency advised that they would send a SANE nurse to the facility and ensure the resident is referred to one of the following hospitals: McAllen Medical Center, 301 West Expressway 83, McAllen, TX 78501; and Doctors Hospital at Renaissance, 5501 S. McColl Road, Edinburg, TX 78539. Both hospitals have a forensic medical unit. the toll-free hot-line number for Angels of Love/Women Together is provided on page 7 of the Client Handbook. The number to the National Rape Hotline is posted in each dorm. The Facility Director advised that there had been one incident of a male client sexually harassing a female client. He stated that the female client had been offered support services. During her interview, the victim independently confirmed the offer of services.</p> <p>There have been zero substantiated claims of sexual abuse since the facility became operational in June 2016.</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="252 331 523 365"><b>Auditor Discussion</b></p> <p data-bbox="252 412 1465 741">PREA Policy, Investigations, page 8 requires that all forms of sexual abuse allegations as defined by PREA, are referred to local law enforcement for investigation, an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All investigations are documented in standardized reporting format. Where allegations are referred for criminal investigation to the Edinburg Police Department, the ETC will ensure that the cases are referred promptly, and that a designated staff representative follows the case until it is determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="252 795 1469 875">PREA policy, which outlines the responsibilities of both the agency and the investigating entity is found on the Company website: <a href="http://www.correctionalsolutionsgroup.com/form-cphr">http://www.correctionalsolutionsgroup.com/form-cphr</a></p> <p data-bbox="252 925 1481 1514">The number of criminal and/or administrative investigations of alleged inmate sexual abuse and harassment that were received since the ETC became operational in June 2016 is one (1). The number of allegations resulting in administrative investigations was one (1) and the number of allegations referred for criminal investigation was one (1). The facility policy and procedure comply with PREA requirements relating to allegations and the investigation of such. The facility both documents all allegations of sexual abuse and referrals of allegations of sexual abuse and sexual harassment for criminal investigation. The incident of sexual harassment occurred a few days prior to the PREA compliance audit. The female victim was interviewed and indicated that the facility had responded immediately and contacted the Edinburg Police Department. A report was taken and the victim interviewed. The incident occurred off-site. As a result, the Edinburg Police Department referred the case to the police department in the city in which the incident occurred. As of the audit date, neither the facility nor victim have information regarding the status of the case. The perpetrator has been removed from the facility.</p> <p data-bbox="252 1568 1369 1648">Review of policies and substantiating compliance documents, interviews with staff and residents confirm this standard is compliant at the ETC.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>ETC Policy 3-A-1, Facility Training, pages 4 &amp; 5 list each of the required training elements. During staff orientation, staff members are trained on the facility's PREA policy, which includes how to fulfill their PREA roles and responsibilities at the ETC, as well as the facility's zero-tolerance policy. Staff also receive PREA training through RELIAS.</p> <p>Training policy, page 5, includes provisions that training is tailored to the gender of the residents at the facility and employees who are reassigned from facilities housing the opposite gender are given additional training. ETC houses both males and females. As a result, staff receive PREA training that includes information geared towards both sexes.</p> <p>Facility Training policy, page 5 requires that the facility provides each employee with PREA refresher training every year to ensure that all employees know the company's current sexual abuse and sexual harassment policies and procedures. The Facility Administrator will review CSG's PREA Policy and Procedures and all corresponding policies/documents at a staff meeting in order to satisfy this refresher training requirement. This training is to be documented in the employee's training file. Since the facility has not been open for a year, there has not been an annual PREA refresher meeting to date.</p> <p>In reviewing training records, the auditor found that all 18 Full-Time staff, 5 Part-Time staff, and 2 contract staff have been PREA trained. Understanding of the training is determined through the a test at the end of the training. Staff are required to score a minimum of 80% to pass. The auditor noted that teamwork is exhibited by the facility as a whole and there is an importance placed on professionalism and the efforts in complying with PREA standards in the daily performance of duties. Random staff interviews and random inmate interviews also clearly indicated a thorough and consistent training program.</p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Edinburg Transitional Center ensures all volunteers and the two contractor/employees who have contact with residents have been trained on their responsibilities under the company/facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>All volunteers and contractors who have contact with inmates are notified of OKDOC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>The ETC has documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Based on review of policies, 3-A-1, Facility Training and Policy 2-B-2 Employee Selection - Retention - Verification Process, as well as interviews and review of the Contractor/Volunteer PREA Notification, the auditor determines that ETC "meets standards" for this standard.</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 7-A-3 Resident/Discharges states that during the intake process, residents receive information explaining the company/facility'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 CSGS policies and procedures for responding to such incidents. This information is written in and provided to them through the Client Handbook. It is discussed with them verbally during Orientation which occurs within 72 hours of the resident's admission to the facility.</p> <p>During the intake process, inmates receive information explaining ETC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment via video. The ETC provides a comprehensive education to inmates through video and written materials regarding 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. All residents interviewed were not only able to describe their rights in relation to PREA, but also provide detailed answers to specific questions in contrast with a general knowledge of reporting abilities. One female resident, who was interviewed immediately after her work out, stated that she didn't remember seeing the video. In talking to the case manager afterwards, the case manager noted that the resident may have been high and not remembered the video. The case manager noted, without being asked, that the resident is clean now and has replaced substance abuse with exercising. Since the client had signed all of the PREA information documents, was exercising prior to the conversation with the auditor, and was conversant about her rights related to PREA, the auditor considers that the facility meets this section of the standard.</p> <p>The comprehensive education program is further reinforced post-intake by case management personnel who displayed a broad knowledge of PREA regulations, and an enthusiastic engagement in their dealings with the inmate population.</p> <p>Intake policy states, page 3 states that in the event a resident is transferred from another community confinement facility to a CSG facility, PREA information is reviewed with the resident in the Resident Handbook as a refresher. During interviews with random residents, the auditor spoke to one resident that had been transferred from the Austin Transitional Center. He advised that he had been informed about PREA during his orientation at the ETC. ETC provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Most of the staff is bi-lingual so there are no issues should a resident's first language be Spanish. There is documentation of inmate participation in these education sessions.</p>

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 7-A-2 Facility Training, pages 5-6 discuss training requirements for investigators. The facility conducts administrative investigations only. Local law enforcement will conduct the forensic sexual assault investigations. Two ETC staff members have been trained to conduct administrative investigations: the Facility Director; and the Chief of Security. Interviews and a review of training files indicated that their specialized training included 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. OKDOC maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Edinburg Transitional Center contracts with a nurse to provide services in the facility on a part-time basis. The nurse, who does not conduct forensic exams, has been trained in how to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The facility has retained documentation of the nurses training. She has also receive the training mandated for employees, contractors and volunteers.</p> <p>This standard is found to "meets standards" based on Policy 3-A-1, Facility Training, page 5, Medical and Mental Health Care required PREA Training, interviews with the PREA Coordinator, and a review of the training files.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>To determine compliance with this standard, PREA Policy, Screening for Risk of Sexual Victimization and abusiveness, pages 4 &amp; 5 were reviewed. The auditor also considered interviews with case management, resident monitors, and a random sample of residents. Resident records were also reviewed. All residents are assessed during an intake screening and upon transfer to another facility for risk of being sexually abused by other residents or sexually abusive toward other residents. The practice at the ETC is that the initial screening is conducted by security staff upon the resident's admission. New admissions ordinarily arrive at the facility between 2:00 a.m. and 3:00 a.m. This information taken at that time is provided to the case manager who subsequently conducts an online SecurManage PREA screening, utilizing information from intake, case notes, and client interview. This screening by the case manager is conducted within 72 hours of intake. The intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; and (9) The resident's own perception of vulnerability. The screening considers prior acts of sexual abuse, prior convictions for violent offenses, and the resident's prior history of institutional violence or sexual abuse.</p> <p>An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Residents are asked if they wish to divulge their sexual orientation in addition to the reviewing personnel's perception. Within 30 days from the resident's arrival at the ETC, the case manager reassesses each resident's risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening.</p> <p>Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.</p> <p>ETC has 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. All files are controlled by Case management personnel behind locked doors and maintained in each resident's file.</p>

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy, pages 5 &amp; 6 require that information obtained from the initial PREA screening upon arrival is used to determine initial housing for residents. If the resident monitor is concerned about the resident's risk of being abused or of being an abuser, he/she contacts the duty officer to discuss housing. Documentation indicates that this process has been utilized. In such instances, the resident is placed in a dorm, close to a camera, or in one instance, was allowed to spend the night on a cot in the dayroom. This action was requested by the resident and approved by the Facility Director. The case manager who subsequently interviews the resident and enters the information into the SecurManage online system uses the screening information to ensure the sexual safety of residents, make housing changes, if needed, and to determine the frequency of meetings between the client and case manager. Additionally, the case manager makes frequent, unannounced visits to the dorms to determine how things are going for any potential victims.</p> <p>Interviews with residents, including a transgender resident, confirm that the facility follows its policy related to screening for sexual victimization or abusiveness.</p>

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy, Resident Reporting, pages 6 &amp; 7 has established procedures allowing for multiple internal ways for residents to report privately to agency officials and appropriate measures to protect residence and staff from retaliation. Additionally, the ETC's resident's orientation and Client Handbook issued to each resident provides multiple ways to report abuse or harassment to a public or private entity or office that is not part of the facility and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to Company officials, allowing the resident to remain anonymous upon request. All means of reporting are noted in the resident handbook. CSG staff does not reject any reports of sexual abuse or sexual harassment, whether the report is made to them verbally, in writing, anonymously, or from third parties. Any verbal reports of sexual abuse or sexual harassment will be documented by the staff person receiving the verbal report. Any reports received or documentation of a verbal report will be forwarded to the Facility Administrator immediately (by phone notification if during non-business hours). The Facility Administrator will immediately review all reports and documentation of verbal reports with the PREA Coordinator to determine the appropriate course of action.</p> <p>CORRECTIVE ACTION: On the tour, the auditor picked up a phone in the resident dorm to call the posted 1-800 hotline number. However, in order to call the number, the caller was required to pay 50 cents. The Facility Director took immediate action and contacted the telephone contractor. The problem was fixed the next day and all 800 phone calls are free to the residents.</p> <p>Residents interview knew multiple ways to report sexual abuse. Several advised that they would be more comfortable using their own phones to report a sexual incident instead of the dorm phones. No resident reported that he or she had ever needed to call the hotline.</p> <p>Review of policies, procedures, interviews with inmates and staff and observations revealed that inmates know how to report sexual abuse and sexual harassment and staff know how to report sexual abuse and sexual harassment indicating they are well informed of their rights under PREA.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The ETC has policy and procedure for dealing with resident grievances regarding sexual abuse along with policy and procedures for filing emergency grievances alleging that an resident is subject to substantial risk of imminent sexual abuse. Policy 7-A-8, Resident Grievance Policy, pages 5 &amp; 6 address resident grievances and management of resident grievances is available to residents and staff. Grievances are allowed at any time regardless of when the sexual abuse occurred. Additionally, the Client Manual covers these topics. There have been no grievances filed alleging sexual abuses since the facility became operational in June 2016.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1460 616">PREA Policy, Outside Confidential Support Services, page 12 requires the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing address, telephone numbers for local, state, or national victim advocacy or rape crisis organizations with toll-free hotline numbers when available. Also, the Policy requires ETC staff to inform the resident prior to giving access to victim advocates the extent to which communications will be monitored and extent to which reports will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p data-bbox="252 660 1484 952">The Client Handbook contains information regarding confidential support services, including phone numbers and is provided to the resident at intake. There is a signed Memorandum of Understanding (MOU) or agreement with the Angels of Love (Pape Crisis Center). The auditor spoke with center personnel who confirmed that they have been willing and able to support residents with these emotional services related to sexual abuse in this community. Review of documentation, including policy, the Client Handbook, and the MOU, as well as interviews with staff and residents confirm the offenders have access to outside confidential support services.</p>

<b>115.254</b>	<b>Third party reporting</b>
	<p data-bbox="252 1162 901 1196"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1240 526 1274"><b>Auditor Discussion</b></p> <p data-bbox="252 1319 1484 1610">PREA Policy, Third-Party Reporting, page 7 mandates that the company's website provides an avenue for third-party reports of sexual abuse and sexual harassment on behalf of a resident. In addition, Client Handbooks include information on how third-party persons may report concerns and there are also posters throughout public areas of the facility for hotlines where anyone entering the facility will see information on how to report sexual abuse/sexual harassment. Clients sign documentation indicating that they are aware that a third party may report sexual abuse for them.</p> <p data-bbox="252 1655 1444 1733">Interviews with staff and residents, a review of PREA documentation, the company website, policy and the Client Handbook confirms the facility is meeting this standard.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>PREA Policy, Staff and Agency Reporting Duties, page 28 mandates that all staff are required 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, ETC staff may 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 decisions. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to this standard and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>The facility has a policy that If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. However, the ETC does not admit any person under the age of 18.</p> <p>The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>Review of the facility's PREA policy, interviews with staff and offenders and signed forms confirm staff is aware and follows policy for staff reporting duties as required by the PREA standard.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>PREA policy, Agency Protection Duties, pages 28-29 requires that when the agency/facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The facility has not determined that a resident was subject to a substantial risk or imminent sexual abuse. After the one incident of sexual harassment was reported, the facility took immediate action to protect the victim. The perpetrator was moved from the facility. The victim stated that "they acted fast". The ETC staff is very knowledgeable and well trained in their protection duties when an inmate is subject to imminent sexual abuse or risk of imminent sexual abuse. Staff interviews and review of documentation confirmed the PREA standard is taken seriously and is being followed.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Facility Director was well aware that it was his duty to report to another Facility Director in the case of a PREA allegation from a resident who alleged sexual abuse in a previous placement. Since the facility became operational in June 2016, the number of allegations the facility received that an inmate was abused while confined at another facility was zero (0).</p> <p>PREA Policy, Reporting to Other Confinement Facilities, page 29, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, Facility Director of the facility that received the inmate must immediately notify the facility where the sexual abuse is alleged to have occurred. Through review of policy and in the interview with the Facility Director, it was noted that the staff is knowledgeable of this procedure.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Facility PREA Policy, First Responder Duties, page 29 requires that upon learning of an allegation that an resident was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if timeframe allows collect and protect evidence and advise offender to not take any action that could destroy evidence. In the past 12 months no (0) residents alleged that they were sexually abused. When the sexual harassment incident was reported, the resident monitor took all possible steps. The perpetrator was not allowed to have any contact, however incidental with the victim or any other female in the facility. Since the incident had taken place a week earlier and was off site, there was no opportunity to collect evidence. The first responder reported the incident to the supervisor, who immediately notified the Facility Director.</p> <p>Interviews with staff confirmed not only knowledge of this policy, but also that this policy would be a priority at the ETC. The facility has further emphasized first responder duties by distributing cards and handouts on sexual assault/abuse to include steps to take if a sexual assault occurs. These steps and duties were confirmed by random staff interviews, investigative staff interviews, higher and intermediate level supervisor interviews, and through review of training curriculum and documents. Of particular importance is a 2 1/2" X 3 1/2" laminated card that each staff member wears with their ETC identification. One side of the card identifies the Department's Zero Tolerance PREA and the other side explains Coordinated Response to an Incident of Sexual Abuse as First Responders. Interviews with staff, review of documentation and examination of policies and procedures confirm the ETC exceeds this standard.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The ETC "Approach to Preventing, dictates responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the Office of the Inspector General, medical and mental health services and victim advocates or victim offender representatives. Procedures have been outlined to provide a systematic notification in the response process following a reported sexual abuse incident. The PREA Plan details coordinated actions to be taken in response to an incident of sexual abuse. Interviews with the Facility Director, TDCJ Contract Monitor, and the PREA Coordinator indicate commitment by the facility leadership for handling a coordinated response.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ETC is a non-Union facility.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy, Protection Against Retaliation, page 7, protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or residents. There is a 90 day monitoring time period for retaliation review. An offender 90 day monitoring form, and a staff 90 day monitoring form, "Protection Against Retaliation, PREA Monitoring Form" as well as other intervention practices confirms the agency's commitment to prevent retaliation. There has been no need to provide a monitor because there were no sexual accusations until a few days before the PREA audit. Mr. Juan Cruz, Facility Director is responsible for monitoring staff and residents for protection against retaliation.</p>

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy, Investigations, pages 8-11 addresses investigations under general considerations. The Edinburg Transitional Center's "Approach to Preventing, Detecting, and Responding To and Coordinated Response Plan follows: 1) a uniform evidence protocol to investigate Sabuse and sexual harassment, 2) sexual investigations shall be conducted promptly, early, and objectively including third-party and anonymous reports, and 3) the use of investigators who have been specially trained in sexual abuse investigations pursuant PREA policy. PREA policy and the facility's plan establish policy related to criminal and administrative agency investigations. This policy includes the direction that allegations of conduct which appear to be criminal are referred for prosecution. The PREA Coordinator retention of all written reports for as long as the alleged abuser is incarcerated or employed by the agency 5+ years.</p> <p>Policy, the facility plan, specialized training rosters for investigations, incident and police report for the one incident of sexual harassment, and interviews with investigation staff, PREA Coordinator and victim confirms this standard is considered a priority and compliant. One incident of sexual harassment between a male and female client occurred off-site. Although the incident was ultimately determined by the Texas Board of Criminal Justice Ombudsman as non-PREA, the facility immediately conducted an internal investigation, ensured safety of the victim, referred the matter to the local police department, and made referrals for support services. After reviewing the investigation, and interviewing the victim and investigators, it is determined that the facility exceeds this standard.</p>

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Company PREA Policy, Investigations, pages 8 and 11 imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. Interviews with specially trained investigators confirmed compliance with this PREA standard.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Company PREA Policy, Reporting to Residents (Investigation Results, page 11, requires that all residents who make allegations of sexual abuse shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained) or unsubstantiated (administratively closed/not sustained) or unfounded. Additionally, the resident victim must be notified following the suspect assailant indictment or conviction on the related charge. Since the facility has been operational, there has been one report of sexual harassment (resident/resident) which resulted in an administrative investigation and a referral to the Edinburg Police Department. A review of the investigation file and interview with the victim confirmed that the victim had been notified both verbally and in writing of the results of the administrative investigation. The victim has been kept informed about the progress, or lack thereof, of the police investigation.</p> <p>No employee has been accused of sexual abuse or harassment. Interviews with the two investigative staff indicate that they both understand the importance of notifying the resident of the results should such an instance occur.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Disciplinary sanctions for violations of the agency's policy relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of acts committed per Policy 7-B-2, Employee Selection, Retention, Employment Verification, Disciplinary Actions for Staff. In the same policy, disciplinary sanctions are listed up to and including termination for violation of agency sexual abuse and sexual harassment policies. In the period since the facility became operational, there has been zero (0) staff from the facility that has violated agency sexual abuse or sexual harassment policies. Review of documentation shows there were no disciplinary sanctions. Interviews with random male and female staff members indicate that each person is well aware of their responsibility to avoid making inappropriate sexual remarks in front of and to resident, as well as to avoid intimate relationships or even the appearance of intimate relationships with residents. Interviews with random residents indicate that they view staff as the ones who are "looking after them" to prevent sexual harassment or abuse.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 7-B-2, Employee Selection, Retention, Employment Verification, Corrective Action for Contractors and Volunteers, mandates that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility must take appropriate remedial measures, and shall consider 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.</p> <p>No contractors have been terminated for personal contact with an offender since the facility became operational. Review of documentations, interviews with staff, including a contract staff member, investigators and residents find this standard is a priority and enforced.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 7-A-9 Resident Discipline: Behavioral Non-Compliance requires that residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse/sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse. Sanctions are to be commensurate with the nature and circumstances of the abuse/harassment committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. ETC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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. All sexual activity between residents and discipline residents for such activity. CSG will not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>No resident has made a false allegation of sexual abuse of sexual harassment since the facility became operational. Review of the policy and interviews with the Facility Director, Chief of Security, PREA Coordinator, and random residents confirm the facility's commitment to and compliance with this standard.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA policy, Emergency Medical Treatment and Crisis Intervention Services, page 11, requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment, coordinated by facility medical and mental health practitioners. Although the facility has a contract with a nurse for part-time services, she does not conduct forensic exams, Should an incident of sexual abuse occur at the facility, security staff first responders will take preliminary steps to protect the victim and shall immediately notify the Facility Director who will ensure that the Rape Crisis Center, Angels of Love. ETC has an MOU with Angels of Love, wherein they will ensure that the victim receives a forensic exam at no cost at one of two local hospitals with forensic units. The Rape Crisis Center will ensure a SANE nurse is involved in the forensic exam. The MOU further states that the Angels of Love will offer victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, as well as crisis intervention and support services free of charge. The Rape Crisis Center will provide treatment services 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.</p> <p>ETC has not had an incident of sexual abuse since becoming operational in June 2016.</p> <p>A review of policy and the signed MOU, interviews with random staff and residents, as well as a telephone interview with Angel of Love personnel confirms the facility's commitment and compliance with this standard.</p>

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

PREA Policy, Ongoing medical and mental health care for sexual abuse victims and abusers, pages 11 & 12 provides that the facility shall offer, or refer to appropriate community providers, medical and mental health evaluation services and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 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. ETC shall ensure such victims are provided with medical and mental health services consistent with the community level of care. Treatment services are 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 ensures referrals to Rape Crisis Center or other appropriate community providers for services will not charge for these services.

The facility shall 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. If the facility does not employ qualified mental health providers to conduct the evaluation and treatment, the abuser is referred to the Rape Crisis Center or appropriate community service provider.

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. A signed MOU with Tropical Behavioral Health provides that the agency will provide Mental Health Services in a crisis situation as needed by sending staff from the Mobile Crisis unit to the ETC in a crisis or in their office located at 1901 S. 24th Ave., Edinburg, TX. Services provided by Tropical may include inpatient hospitalization, medication, mental health counseling along with other services to those in need of mental health services.

If pregnancy results from sexual abuse in the facility, victims, per policy and per the MOU with Angels of Love will receive timely and comprehensive information about and timely access to all lawful pregnancy- related medical services and tests for sexually transmitted infections as medically appropriate.

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 has an MOU with the Edinburg Regional Medical Center to provide healthcare services.

There have been no cases of sexual abuse since the facility became operational in June 2016.

A review of policy, MOUs, resident records, and interviews with case managers, administrative staff, Angels of Love staff, and random residents confirm that the facility is committed to and is compliant with the standard.



<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy, Sexual Abuse Incident Reviews, page 10, requires that a sexual abuse incident review, coordinated by facility upper-level management, be conducted at the conclusion of every sexual abuse investigation, for substantiated and unsubstantiated allegations. A review is not conducted if the allegation has been determined to be unfounded. including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review is required within 30 days of the conclusion of the investigation. The ETC Review Team consists of Juan Cruz, Facility Director; Director of Security, Rosales; and PREA Coordinator, Alisa Stanfield. Review Team Findings are documented on the CSG PREA Investigational Summary.</p> <p>The ETC Review Team consists of Juan Cruz, Facility Director; Director of Security, Rosales; and PREA Coordinator, Alisa Stanfield. Review Team Findings are documented on the CSG</p> <p>The ETC has reviewed no administrative investigations of alleged sexual abuse or criminal investigations of alleged sexual abuse, excluding unfounded incidents since there were no investigations to review.</p> <p>Review of notification of Review Team meeting, documentation of sexual assault/abuse incident review and interviews with top management, security and specialized staff confirm the Review Team has been trained and meets the requirements of this standard.</p>

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator for ETC's parent company, Correctional Solutions Group collects accurate information and data for every allegation of sexual abuse at facilities under its control. CSG, through its PREA Policy directs this data collection. Incident-based sexual abuse data for both of the agency's facilities is immediately included in an on-going log. At any given time, the agency can provide information required by the survey of Sexual Violence for any period of time. Although the facility has not been operational for a year, the PREA Coordinator submitted the 2016 Annual PREA Report to the contracting agency, Texas Department of Criminal Justice. Information required by the Survey of Sexual Violence was included in the report. Review of the 2016 PREA report, aggregate up-to-date PREA statistics, and an interview with the PREA Coordinator confirmed the agency is not only meeting, but exceeding this standard.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	PREA Policy, Data Collection/Review/Maintenance requires the Correctional Solutions Group's annual PREA report appear on the agency's website. The PREA Report on the company's website identified problem areas and described corrective action on an ongoing basis. In the future, annual reports will be written and submitted in June since that in the month in which the facility became operational. Interviews with the PREA Coordinator, Facility Director plus review of the monthly and annual reports, substantiates this data collection and review for corrective action.

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	PREA policy addresses this standard. An annual report of disclosable data was prepared and approved by the Agency Administrator. Staff interview determined that data will be retained in a secure file for over ten years. PREA Coordinator and Agency Administrator interview confirmed compliance with this standard.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The ETC became operational in June 2016. This was the initial PREA audit. The auditor was granted access to all areas of the facility. Additionally the auditor was able to hold confidential interviews with random staff and residents selected by the auditor.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard is not applicable since the Final Report of the initial PREA audit is not yet completed.