

# PREA Facility Audit Report: Final

**Name of Facility:** Edinburg Transitional Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/28/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Karen d. Murray	<b>Date of Signature:</b> 03/28/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Murray, Karen
<b>Email:</b>	kdmconsults1@gmail.com
<b>Start Date of On-Site Audit:</b>	03/09/2026
<b>End Date of On-Site Audit:</b>	03/10/2026

FACILITY INFORMATION	
<b>Facility name:</b>	Edinburg Transitional Center
<b>Facility physical address:</b>	402 West Chapin Street, Edinburg, Texas - 78541
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Juan Cruz
<b>Email Address:</b>	juan.cruz@csgprograms.com
<b>Telephone Number:</b>	9569001467

<b>Facility Director</b>	
<b>Name:</b>	Juan Cruz
<b>Email Address:</b>	juan.cruz@csgprograms.com
<b>Telephone Number:</b>	9569001467

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Carina Saenz
<b>Email Address:</b>	c.saenz@csgprograms.com
<b>Telephone Number:</b>	
<b>Name:</b>	Richard Lopez
<b>Email Address:</b>	richard.lopez@csgprograms.com
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	120
<b>Current population of facility:</b>	119
<b>Average daily population for the past 12 months:</b>	118
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>Age range of population:</b>	18-75

<b>Facility security levels/resident custody levels:</b>	L/M/H
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	28
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

### AGENCY INFORMATION

<b>Name of agency:</b>	Correctional Solutions Group, LLC.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	PO Box 7760, Tyler, Texas - 75711
<b>Mailing Address:</b>	P.O. Box 7760, Tyler, Texas - 75711
<b>Telephone number:</b>	9036306291

### Agency Chief Executive Officer Information:

<b>Name:</b>	John Forren
<b>Email Address:</b>	forren@aol.com
<b>Telephone Number:</b>	(619) 249-9816

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Carol Powell	<b>Email Address:</b>	carol.powell@csgprograms.com
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# Facility AUDIT FINDINGS

## Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

### Number of standards exceeded:

6

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.213 - Supervision and monitoring
- 115.216 - Residents with disabilities and residents who are limited English proficient
- 115.231 - Employee training
- 115.252 - Exhaustion of administrative remedies
- 115.286 - Sexual abuse incident reviews

### Number of standards met:

35

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-09
2. End date of the onsite portion of the audit:	2026-03-10

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Texas Ombudsman Office - agency third party and external reporting entity

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	120
15. Average daily population for the past 12 months:	120
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	124
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	5

<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>7</p>
<p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>28</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<p><b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>3</p>
<p><b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>8</p>
<p><b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Age  <input type="checkbox"/> Race  <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The facility provided a master listing of residents by targeted categories, gender, and housing unit. The Auditor first selected eight targeted residents. The remaining female residents were selected in their entirety, as there are five in the program. The balance of the male residents were then randomly selected by dormitory.</p>

<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of the master roster and specialized interviews demonstrated that this category of resident was not residing at the facility during the onsite review.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of the master roster and specialized interviews demonstrated that this category of resident was not residing at the facility during the onsite review.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of the master roster and specialized interviews demonstrated that this category of resident was not residing at the facility during the onsite review.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Auditors are no longer allowed to comment on this category of resident.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Review of the master roster and specialized interviews demonstrated that this category of resident was not residing at the facility during the onsite review.</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>

<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not utilize segregated housing.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>10</p>

<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Every staff was interviewed on each shift to ensure a representative sample was completed.</p>

## Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	4
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**71. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**75. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	0	1	0

**80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	1	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

1

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The facility did not receive a sexual harassment allegation in the past 12 months.</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

### Non-certified Support Staff

**103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>	
<b>Auditor Overall Determination Definitions</b>	
<ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>	
<b>Auditor Discussion Instructions</b>	
<p>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.</p>	

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. PREA Coordinator Organizational Structure, dated 2026</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Monitors</li> </ol>

4. Shift Supervisors
5. PREA Coordinator
6. Chief of Security
7. Facility Director

Through interviews with residents and personnel, it is evident that the facility has interwoven the requirements of this standard into its daily operations and protocols. Both residents and staff were able to clearly articulate facility PREA practices and procedures consistent with those described in the agency's PREA policies. The PREA Coordinator confirmed having sufficient time and authority to implement and oversee PREA protocols within the facility. In addition, the facility benefits from two highly involved contract oversight personnel who are present in the facility two to three days per week. These contract personnel represent the Texas Department of Criminal Justice and the Texas Quality Assurance Department, and the agency reports that their presence provides valuable oversight and ongoing feedback regarding operations and compliance.

**Staff Interviews:**

Staff interviewed during the onsite review consistently expressed that residents are treated with dignity and respect, regardless of how they identify. Staff reported that they maintain appropriate professional boundaries by avoiding prolonged one-on-one conversations with residents, immediately addressing and reporting any inappropriate comments, and following established reporting procedures. Staff emphasized that all allegations are taken seriously regardless of how they are reported. Additionally, staff reported making efforts to be respectful and supportive toward residents, communicating that staff are present to help them. Staff also stated that they ask residents their identity preferences and make every effort to respect those preferences throughout the resident's time in the program.

**Resident Interviews:**

Residents interviewed during the onsite review consistently reported feeling safe within the program and described positive interactions with staff. One hundred percent of residents interviewed stated that staff announce themselves when entering dormitories and that searches are conducted respectfully. Residents also reported that staff knock and announce prior to entering sleeping areas to ensure residents are appropriately dressed. Several residents stated that staff work to maintain respectful interactions and make efforts to separate male and female residents appropriately. Residents indicated that mental health services are offered regardless of how individuals score on the risk assessment. Some residents expressed strong positive impressions of the program, noting statements such as "this is the best place I have ever been" and "I feel safer here than in prison." One resident also reported receiving PREA education immediately upon arrival, even

during early morning intake. Additionally, residents who had been in the program for extended periods reported that they had never witnessed incidents of sexual harassment or sexual abuse occurring within the facility.

Site Observation:

PREA audit notices were observed posted at the entrance to the building and in each dormitory. Dormitories were observed to contain PREA informational postings, including Quick Response (QR) codes providing residents with direct access to Case Managers, grievance procedures, and internal and external reporting options. "No Means No" informational postings were also observed in each dormitory providing residents with information regarding the agency's zero-tolerance policy, reporting options, and advocate contact information. Postings containing contact information for the Texas Ombudsman Office, the Agency PREA Coordinator, and the local advocacy organization were observed near each resident telephone in each dormitory.

(a) The Edinburg Transitional Center PAQ states the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 2, section Zero Tolerance of Sexual Abuse and Sexual Harassment, states, "The Prison Rape Elimination Act of 2003 is a federal law that prohibits sexual misconduct in correctional settings such as prisons, jails, lockups, juvenile facilities, and community corrections. Sexual misconduct under this law includes:

- Resident-on-resident sexual abuse and sexual harassment
- Staff-on-resident sexual abuse and sexual harassment
- It also applies to Edinburg Transition Centers and volunteers"

(b) The Edinburg Transitional Center PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient

	<p>time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.</p> <p>The facility provided a PREA Coordinator Organizational Structure chart. The structure demonstrates the PREA Coordinator reports directly to the President.</p> <p>Based on documentation reviewed, observations made during the onsite review, and interviews conducted with both staff and residents, the facility demonstrates practices that exceed the requirements of this standard. PREA principles appear to be fully integrated into the daily culture and operations of the facility, as evidenced by the consistent knowledge demonstrated by both staff and residents regarding reporting procedures, respectful treatment practices, and PREA-related expectations. Additionally, the regular presence of external contract oversight personnel representing the Texas Department of Criminal Justice and the Texas Quality Assurance Department provides an additional layer of monitoring and accountability beyond the standard requirements. The combination of strong staff awareness, resident knowledge of reporting mechanisms, visible PREA information throughout the facility, and ongoing external oversight demonstrates a proactive approach to PREA compliance that exceeds the minimum requirements of this standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> </ol> <p>The interview with the Facility Director demonstrated that the agency does not utilize privatized contracts for the operation of the facility. The Facility Director reported that the facility is operated directly by the agency and that no private entities are contracted to manage or operate facility functions. As such, no contractual arrangements exist that would delegate operational responsibilities or PREA-related duties to a private entity. Based on the information obtained through the interview process, the requirements of this standard are not applicable to the</p>

	<p>facility.</p> <p>(a) The Edinburg Transitional Center PAQ states agency does not contract with private agencies for confinement services of their residents. The PAQ states, “The Edinburg Transitional Center has not entered into any contracts with a private agency or other entity for FY '23, '24, '25”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. Correctional Solutions Group Edinburg Transition Center Annual PREA Staffing Plan, dated 2025</li> <li>3. Correctional Solutions Group Memorandum, RE: 115.213, dated 1.14.2026</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Monitors</li> <li>4. Shift Supervisors</li> </ol> <p>Interviews with residents demonstrated that staff conduct room checks frequently and that both male and female staff consistently announce themselves each time they enter the dormitories. Residents reported that these announcements occur regularly and contribute to their awareness of staff presence within the housing units.</p> <p>Interviews with Monitors and Shift Supervisors demonstrated that facility counts are</p>

completed multiple times throughout each shift. Staff reported that counts are consistently conducted with both a male and female staff member present, ensuring appropriate supervision and accountability during these activities.

Site Observation:

During the onsite tour, cross-gender announcements were consistently observed each time staff entered the dormitories. The facility utilizes the Guard 1 system to document rounds and conducts three rounds/counts during each of the facility's three daily shifts. During the evening program hours, monitors and supervisors were observed conducting facility counts with both a male and female staff member present.

(a) The Edinburg Transitional Center PAQ states for each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 118. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 120.

The facility provided an Annual PREA Staffing Plan demonstrating the following components were reviewed.

- General layout of the facility has been reviewed
- Composition of the resident population has been reviewed
- Incident of reported sexual abuse reviewed
- Current video monitoring reviewed
- Any other relevant facton reviewed

(a) The Edinburg Transitional Center PAQ states each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

(c) The Edinburg Transitional Center PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of

facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan in its entirety is completed again, annually.

The facility provided a memorandum from the Facility Director stating, "The Edinburg Transitional Center has had zero deviations from the staffing plan for fiscal years 2024, 2025, and 2026. The staffing plan covers on-duty 24/7 male and female staff."

The facility provided an annual PREA Staffing Plan demonstrating the following is assessed annually.

1. General layout of the facility has been reviewed
2. Composition of the resident population has been reviewed
3. Incidents of reported sexual abuse reviewed
4. Current staffing patterns reviewed
5. Current video monitoring reviewed
6. Any other relevant factors reviewed

The review is signed and dated by the Facility Director and the agency PREA Coordinator.

Based on documentation reviewed, observations made during the onsite review, and interviews conducted with both staff and residents, the facility demonstrates practices that exceed the requirements of this standard. In addition to consistently announcing cross-gender entry into dormitories, the facility utilizes the Guard 1 system to document rounds and conducts multiple structured counts throughout each shift. The practice of conducting counts with both male and female staff members present further strengthens supervision and accountability within the housing units. These practices, combined with the frequency of documented rounds and the consistent awareness of staff presence reported by residents, demonstrate a proactive approach to safety and supervision that exceeds the minimum requirements of this standard.

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Document Review:

1. Edinburg Transitional Center PAQ
2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023
3. Dorm Postings - Opposite Gender Must Announce

Interviews:

1. Random Residents
2. Targeted Residents
3. Monitors
4. Shift Supervisors
5. Facility Director

Interviews with residents demonstrated that the facility has established procedures for conducting searches in a respectful and professional manner. One hundred percent of residents interviewed reported that searches are conducted by same-sex staff and that the search process is carried out respectfully.

Interviews with Monitors and Shift Supervisors demonstrated that routine searches conducted at the facility are limited to pat searches. Staff reported that strip searches are not conducted unless reasonable suspicion exists and approval is obtained from the Facility Director prior to conducting such a search. Staff further reported that cross-gender searches are not conducted and that both male and female staff members are scheduled on each shift to ensure appropriate staffing for searches. Monitors and Shift Supervisors also stated that residents are instructed to change clothing in the restroom to maintain privacy.

The interview with the Shift Supervisor demonstrated that searches are conducted in a controlled manner to ensure resident privacy and staff accountability. Staff reported that when searches requiring additional privacy occur, one staff member and one resident are present in the restroom while an additional staff member remains positioned outside the door during the search.

Site Observation:

During the onsite tour of the facility, the auditor observed the restroom in the administrative office hallway designated for conducting strip searches when necessary. PREA privacy curtains were also observed at the entrance to dormitory

bathrooms as well as toilets and shower areas within the bathrooms, providing additional privacy protections for residents.

(a) Edinburg Transitional Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 19, section 115.215 (a), states, "The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners."

(b) Edinburg Transitional Center PAQ states the facility policy does require that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified as cross-gender strip searches and body cavity searches are not allowed. The number of pat-down searches of female residents that were conducted by male staff was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 19, section 115.215 (b), states, "As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. N/A-All CSG/EDINBURG TRANSITION CENTER Facilities exceed 50 residents."

(a) Edinburg Transitional Center PAQ states the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Policy compliance can be found in provision (a) of this standard. The PAQ states, "There is always a female and male staff member on duty 24/7."

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 19, section 115.215 (c), states, "The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-

	<p>down searches of female residents.”</p> <p>(d) Edinburg Transitional Center PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures 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.</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 19, section 115.215 (d), states, “The facility shall implement policies and procedures 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. Such policies and procedures shall 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.”</p> <p>The facility provided postings that state, “Dorm 2 - Female Dorm - (Opposite gender must announce themselves before entering.)” ‘Dorm 1 - Male Dorm - (Opposite gender must announce themselves before entering.)”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol>

Interviews:

1. Targeted Resident
2. Monitors
3. Shift Supervisors
4. Case Manager

The interview with one limited English proficient (LEP) resident was conducted with the assistance of a Spanish-speaking staff member. The resident was able to describe that PREA education had been provided to him in Spanish, with staff reading the material to him to ensure comprehension. The resident demonstrated a clear understanding of the agency's zero tolerance policy, internal and external reporting options identified in his resident handbook and on postings within the dormitory, his rights while in the program, and contact information for the local advocacy organization. Although the resident utilized an interpreter during the interview, he demonstrated the ability to understand a significant portion of the questions asked in English.

Interviews with Monitors and Shift Supervisors demonstrated that staff clearly understood that residents are not used as interpreters for PREA-related matters. Staff reported that they would utilize bilingual staff members or language line services when interpretation services are necessary.

The interview with the Case Manager demonstrated that each resident is provided PREA education through review of the No Means No brochure, which includes information regarding the agency's zero tolerance policy, resident rights, and internal and external reporting options for sexual harassment and sexual abuse. The Case Manager reported that cognitively delayed residents are provided additional assistance and are met with as many times as necessary to ensure they fully comprehend the PREA education being provided. In addition, language line services are available for deaf or LEP residents, when necessary, although most staff at the facility are bilingual and able to communicate in both English and Spanish.

(a) The Edinburg Transitional Center PAQ states the agency has established procedures to provide 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. The PAQ states, "The Edinburg Transitional Center is handicap accessible and the staff is bilingual. Communication with residents has not been an issue and translations are done upon request from the

resident. Review of policy 7-A-2. Resident rights are reviewed annually by all ETC staff and include PREA practices for residents with disabilities.”

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 19-20, section 115.216 (a), states, “The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.”

(b) The Edinburg Transitional Center PAQ states the agency has established procedures to provide residents with limited English proficiency 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.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.216 (b), states, “The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.”

(c) The Edinburg Transitional Center PAQ states the agency policy prohibits use of 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. 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 was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.216 (c), states, "The agency shall not rely 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."

Based on interviews conducted with staff and residents, as well as documentation and practices reviewed during the onsite review, the facility demonstrates practices that exceed the requirements of this standard. The facility has implemented multiple methods to ensure residents with limited English proficiency or cognitive limitations fully understand PREA education and reporting options. Staff routinely provide PREA education in Spanish, read educational materials directly to residents when necessary, and meet with cognitively delayed resident's multiple times to confirm comprehension. The availability of bilingual staff, combined with the use of language line services when needed, ensures residents have meaningful access to PREA information and reporting mechanisms. These proactive efforts to ensure understanding among vulnerable populations demonstrate a commitment to accessibility and education that exceeds the minimum requirements of this standard.

115.217	Hiring and promotion decisions
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Post Audit: CSG Memorandum, RE: 115.217, received 3.13.2026</li> </ol> <p>Interviews:</p>

## 1. Bookkeeper / Human Resource Representative

The interview with the Human Resource Representative demonstrated criminal background checks and administrative adjudication questions are completed before applicant is interviewed. The representative stated criminal background checks are completed every five years; however, upon further discussion with the Program Director it was found that background checks are completed annually by the Texas Department of Criminal Justice (TDCJ) who has a system in place providing them with information on any employee who may have been arrested. If an employee is flagged in the TDCJ system, the facility is then notified of the information. She stated all hires are approved by the Texas Department of Criminal Justice, who also considers past incidents of sexual harassment, and she completes and requests institutional reference checks for applicable applicants or past employees. The Human Resource representative, being fairly new to her position, was not aware criminal background checks and administrative adjudication questions were required to be answered during the promotion process.

### Site Observation:

Utilizing the PREA Community Confinement Documentation Review Employee File/ Records template, 15 employee files reviewed demonstrated each had background checks completed upon hire. Each employee had completed documented administrative adjudication questions and institutional reference checks for applicable employees through the Texas Department of Criminal Justice. During the onsite review, the Facility Director provided the Human Resource Representative with a directive stating, "effective immediately, a criminal history background check and administrative adjudication questions must be redone during the promotion process."

### Corrective Action Plan:

- Provide appropriate facility personnel with documented education on this provision
- Appropriate facility personnel shall provide a memorandum with a sustainable action plan identifying which facility position will ensure all requirements of §115.317 (f) are met and maintained. The memorandum should be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard.
- Upload the documentation to this provision in the online audit system.

Post audit, the facility provided a memorandum from the Facility Director with the following action plan. "The Edinburg Transition Center will conduct the required background checks for all employees who reach each five-year service milestone

with the facility. Employees who complete 5, 10, 15, 20 years and every subsequent five-year increment will be required to undergo an additional background check and complete administrative adjudication process. In addition, any employee who has previously worked at a PREA-compliant facility will have an Institutional Reference Check sent to their previous employer.”

(a) The Edinburg Transitional Center PAQ states agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (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.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.217 (a), states, “The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any Edinburg Transition Center who may have contact with residents, 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. “

(b) The Edinburg Transitional Center PAQ states agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.217 (b), states, “The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any Edinburg Transition Center, who may have contact with residents.”

(c) The Edinburg Transitional Center PAQ states the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks was six.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.217 (c), states, "Before hiring new employees who may have contact with residents, the agency shall:

1. Perform a criminal background records check; and
2. 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. "

(d) The Edinburg Transitional Center PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. 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 was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.217 (d), states, "The agency shall also perform a criminal background record check before enlisting the services of any Edinburg Transition Center who may have contact with residents."

(e) The Edinburg Transitional Center PAQ states agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.217 (e), states, "The agency shall either conduct criminal background records checks at least every five years of current employees and Edinburg Transition

	<p>Centers who may have contact with residents or have in place a system for otherwise capturing such information for current employees.”</p> <p>(f) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 20, section 115.217 (f), states, “The agency shall also 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 and in any interviews or written self- evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”</p> <p>(g) The Edinburg Transitional Center PAQ agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 21, section 115.217 (g), states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”</p> <p>(h) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 21, section 115.217 (h), states, “Unless prohibited by law, the agency shall 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.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. Facility Cameras Photograph</li> </ol>

Interviews:

1. Facility Director

The interview with the Facility Director demonstrated that the facility maintains active oversight of its video monitoring system and prioritizes the prompt repair of any malfunctioning cameras. The Facility Director reported that cameras are rarely inoperable and stated that when issues are identified, repair requests are submitted immediately and typically resolved within 24 hours. The Facility Director further explained that the camera system is routinely monitored to ensure adequate coverage of key operational areas and that maintaining a fully functioning camera system is considered an important component of the facility's overall safety and supervision practices.

Site Observation:

During the onsite review, the camera monitoring system was reviewed in the Chief of Security's office. At the time of the review, all but one camera was operable; however, a work order had already been submitted for repair. The Facility Director confirmed that repairs are typically completed within 24 hours of identifying a malfunction. Cameras were also reviewed throughout the facility, including dormitories, hallways, the monitor station, building entrance, classroom, kitchen, and exterior grounds. The cameras were observed to provide clear visibility with updated technology capable of effectively monitoring resident movement and staff activity throughout the facility.

(a) The Edinburg Transitional Center PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. The PAQ states, "The Edinburg Transitional Center has made no revisions or additions to the facility."

(a) The Edinburg Transitional Center PAQ states the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit. The PAQ states, "The Edinburg Transitional Center updated their video monitoring system in April 2024."

The facility provided photographic documentation of all camera coverage. The photographs demonstrated that cameras provide clear visual images and include 360-degree fisheye cameras. The documentation further included images of both interior and exterior areas of the facility, demonstrating comprehensive camera

	<p>coverage.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Memorandum of Understanding, Women Together, dated 8.12.2025</li> <li>4. Law Enforcement Memorandum Email Communication, dated 1.14.2026</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Licensed Vocational Nurse (LVN) - Contractor</li> </ol> <p>Interviews with residents demonstrated that none reported having made an allegation of sexual abuse or having required a forensic medical examination while residing at the facility.</p> <p>The interview with the Licensed Vocational Nurse (LVN) demonstrated that the facility has established procedures to follow in the event of an incident of sexual abuse. The LVN reported that when such incidents occur, victims are transported to either Edinburg Regional Hospital or the South Texas Health System to receive a forensic medical examination and appropriate medical care.</p> <p>Site Observation:</p> <p>The facility reported that there have been no incidents requiring a forensic medical examination within the past 12 months. Based on the information obtained through</p>

interviews and documentation reviewed during the onsite review, the facility maintains procedures to ensure residents would have timely access to forensic medical services if such services were required.

(a) The Edinburg Transitional Center PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Edinburg Police Department would conduct sexual abuse investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 21, section 115.221 (a), states, "To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions."

(b) The Edinburg Transitional Center PAQ states the protocol being developmentally appropriate for is not applicable for youth as the facility does not house youthful offenders. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

(c) The Edinburg Transitional Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is zero. The facility utilizes the Doctors Hospital at Renaissance for forensic exams.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 21, section 115.221 (c), states, "The agency shall offer all victims of sexual abuse 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. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.”

(d) The Edinburg Transitional Center PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 21, section 115.221 (d), states, “The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043 g (b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit if the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.”

The facility provided a memorandum of understanding from the Women Together (Rape Crisis Center). The memorandum does not appear to have an expiration date and is signed and dated by the advocate representative and ETC Facility Administrator.

(e) The Edinburg Transitional Center PAQ states if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 21, section (e), states, “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.”

(f) The Edinburg Transitional Center PAQ states if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 21, section (f), states, “To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.”

The facility provided an email communication between the Edinburg Police Department Chief of Police and the Facility Director. In the email communication the Chief of Police states, “The agreement on file does not have an expiration date. The form was signed by our current Chief of Police and your SAFT Representative is active.”

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.222	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Administrative Incident Review</li> </ol> <p>Interviews:</p>

1. Monitors
2. Shift Supervisors
3. Chief of Security / Investigator

Interviews with facility personnel demonstrated that staff clearly understand their responsibility to report all allegations of sexual harassment or sexual abuse. Staff consistently stated that upon receiving or becoming aware of an allegation, they would immediately notify the Chief of Security or the Facility Director in accordance with the facility's reporting procedures.

The interview with the facility Investigator demonstrated that investigative actions begin immediately upon receipt of an allegation of sexual harassment or sexual abuse. The Investigator reported that all allegations are taken seriously and that investigative procedures are initiated without delay to ensure appropriate documentation, evidence preservation, and coordination with outside authorities when necessary.

Site Observation:

During the onsite review, the facility reported receiving one allegation of sexual abuse within the past 12 months. Documentation reviewed demonstrated that law enforcement responded to the allegation. Due to the high mental health needs of the resident involved, law enforcement declined to pursue the case and instead transported the resident to a mental health facility for further evaluation and care. The information reviewed during the onsite review demonstrated that the facility appropriately reported the allegation and coordinated with responding authorities in accordance with established procedures.

(a) The Edinburg Transitional Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had one allegation of sexual abuse and sexual harassment that were received.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 22, section 115.222 (a), states, "The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment."

The facility provided an Administrative Incident Review of the one allegation that occurred in the past 12 months. The review includes a detailed summary of the

	<p>event, employee action or inaction, corrective action taken, attachments and signature of the Administrative Supervisor.</p> <p>(b/c) The Edinburg Transitional Center PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PAQ states, <a href="https://www.correctionalsolutionsgroup.com/copy-of-reporting-prison-rape">https://www.correctionalsolutionsgroup.com/copy-of-reporting-prison-rape</a></p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 22, section 115.222 (b) (c), state,</p> <p>(b) “The agency shall have in place a policy 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. The agency shall publish such a policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.</p> <p>(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. PREA Pt 1: Course Overview</li> </ol>

4. Edinburg Transition Center Pre-Service Training Document, dated 2025

5. Edinburg Transition Center In-Service Training Document, dated 2025

Interviews:

1. Monitors

2. Shift Supervisors

Interviews with Monitors and Shift Supervisors demonstrated that staff receive PREA education prior to having access to residents and continue to receive ongoing PREA-related training throughout their employment. Staff reported that PREA expectations and responsibilities are reinforced during monthly staff meetings and annually through the agency's Relias training database. Staff also demonstrated that they carry first responder cards as part of their daily uniform/badge system, which serve as a quick reference for appropriate response protocols when responding to allegations of sexual abuse or sexual harassment.

Site Observation:

Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template and review of the facility training records demonstrated that 15 of 15 employee training files contained documentation verifying annual PREA training was completed in 2025 and refresher training in 2026.

(a) The Edinburg Transitional Center PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 22-23, section 115.231 (a), states, "The agency shall train all employees who may have contact with residents 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. Residents' right to be free from sexual abuse and sexual harassment;
4. The right of residents 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 residents;
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”

The facility provided an Edinburg Transition Center In-Service Training document demonstrating the following topics are trained.

- Multiple & Special Needs – Mental Health Offenders
  - o Overview of Sex Offender Supervision
  - o Supervising People with Mental Illness in Correctional Facilities
- Sexual Harassment
  - o Harassment in the Workplace
  - o Sexual Harassment for Employees
- Count
  - o Conducting Population Counts
- Offender Rights
  - o Offender Rights Part 4: Religion, Communication and Searches
- Ethics in Corrections
  - o Professional Ethics in Corrections
- PREA
  - o PREA: An introduction and Overview
  - o PREA: Dynamics of Sexual Abuse in Correctional Systems
  - o PREA: Reporting Obligations and Retaliation Protections
- TDCJ Training Videos

- o Offender Pat Search
- o Contraband Control & Pat Search Procedures
- o Safe Prisons PREA in Texas
- Cross Gender and Transgender Pat Search

The in-service training document has an area for the staff member and Facility Director signature and date.

The facility provided an Edinburg Transition Center Pre-Service Training document demonstrating the following topics are trained.

- Sexual Harassment
  - o Harassment in the Workplace
  - o Sexual Harassment for Employees
- Offender Rights
  - o Offender Rights Part 4: Communication, and Searches
- PREA
  - o PREA: An introduction and Overview
  - o PREA: Dynamics of Sexual Abuse in Correctional Systems
  - o PREA: Reporting Obligations and Retaliation Protections
- TDCJ Training Videos
  - o Offender Pat Search
  - o Safe Prisons PREA in Texas
- Cross Gender and Transgender Pat Search

The pre-service training document has an area for the staff member and Facility Director signature and date.

(b) The Edinburg Transitional Center PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. The facility has both gender

Residents, and all staff are trained to work with each gender.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 22-23, section 115.231 (b), states, "Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa."

(c) The Edinburg Transitional Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 22-23, section 115.231 (c), states, "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 shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies."

(d) The Edinburg Transitional Center PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 22-23, section 115.231 (d), states, "The agency shall document, through employee signature or electronic verification, that employees understand the training they have received."

The facility provided in-service and pre-service training documents, each providing an area for staff signature and date and testament to understanding the training they have received.

Based on documentation reviewed, observations made during the onsite review, and interviews conducted with staff, the facility demonstrates practices that exceed the requirements of this standard. In addition to ensuring all staff receive required

	<p>PREA training prior to having contact with residents and annually thereafter, the facility reinforces PREA responsibilities through multiple ongoing mechanisms. These include regular discussion of PREA expectations during monthly staff meetings, use of the Relias training database to provide structured annual training, and the requirement that staff carry first responder reference cards as part of their daily uniform/badge system. These layered approaches ensure that staff maintain continuous awareness of their responsibilities in responding to allegations of sexual abuse and sexual harassment, demonstrating a proactive commitment to staff preparedness that exceeds the minimum requirements of this standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Prison Rape Elimination Act (PREA) Notice to Contractors/Volunteers, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Quality Assurance Compliance Officer - Contractor</li> <li>2. Licensed Vocational Nurse - Contractor</li> </ol> <p>Interviews with two facility contractors demonstrated that contractors receive training on the agency’s zero tolerance policy regarding sexual abuse and sexual harassment. Both contractors reported completing this training annually and demonstrated an understanding of their responsibilities related to PREA compliance. During the interviews, both contractors were able to describe appropriate reporting procedures and stated that they would immediately notify supervisory staff if they became aware of an allegation or incident involving sexual harassment or sexual abuse.</p> <p>Site Observation: Utilization of the PREA Audit Community Confinement Documentation Review Employee File/Records Review template demonstrated that both contractors had completed training on the agency’s zero tolerance policy on an annual basis. Documentation reviewed during the onsite review confirmed that contractors</p>

receive training consistent with facility expectations and that records of such training are maintained by the facility.

(a) The Edinburg Transitional Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is six.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 23, section 115.232 (a), states, "The agency shall ensure that all volunteers and Edinburg Transition Centers 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."

The facility provided a Prison Rape Elimination Act (PREA) Notice to Contractors/Volunteers, demonstrating the following is trained.

- The Prison Rape Elimination Act
- Correctional Solutions Group Zero Tolerance Policy
- Definitions
- Contractor/Volunteer Requirements
- Reporting Sexual Abuse/Sexual Harassment

The Notice includes an attestation of acknowledgment and understanding and is signed and dated by the contractor or volunteer and staff member.

(b) The Edinburg Transitional Center PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

	<p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 23, section 115.232 (b), states, “The level and type of training provided to volunteers and Edinburg Transition Centers shall be based on the services they provide and level of contact they have with residents, but all volunteers and Edinburg Transition Centers who have contact with residents shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”</p> <p>(c) The Edinburg Transitional Center PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Correctional Solutions Group LLC Prison Rape Elimination Act Zero Tolerance Acknowledgment for Offenders, not dated</li> <li>4. CSG QR Codes Posting</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Case Manager</li> </ol> <p>Interviews with residents demonstrated that residents possess a clear understanding of PREA, their rights, and the available reporting mechanisms. Residents reported awareness of multiple reporting options, including internal and</p>

external reporting methods. Residents described being able to submit reports through QR codes posted in their dormitories, which provide direct access to their Case Managers and third-party reporting information available on the agency website. Residents also reported that they could submit reports through the grievance process, contact the Ombudsman Office, report directly to a staff member or trusted community member, submit an I-60 form, or report concerns to one of the facility monitors.

The interview with the Case Manager demonstrated that each resident receives PREA education through review of the No Means No brochure, which includes information regarding the agency's zero tolerance policy, resident rights, and internal and external reporting options for sexual harassment and sexual abuse.

Site Observation:

Utilizing the PREA Audit - Community Confinement Facilities Documentation Review - Resident Files/Records template demonstrated that 15 of the 16 residents interviewed had been in the program for less than 12 months. Documentation reviewed confirmed that all residents received PREA education on the day of admission or the following day upon entering the facility.

(a) The Edinburg Transitional Center PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or 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 number of residents admitted during the past 12 months who were given this information at intake was 400.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 23, section 115.233 (a), states, "During the intake process, residents shall receive information explaining the agency's zero- tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents."

The facility provided a Correctional Solutions Group LLC Prison Rape Elimination Act Zero Tolerance Acknowledgment for Offenders. This acknowledgment speaks to the agency zero tolerance for sexual harassment and sexual abuse, how to report abuse or harassment and offender rights to be free from sexual abuse, sexual harassment

and retaliation.

(b) The Edinburg Transitional Center PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was 384. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was 384.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 23, section 115.233 (b), states, "The agency shall provide refresher information whenever a resident is transferred to a different facility."

(c) The Edinburg Transitional Center PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 23, section 115.233 (c), states, "The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills."

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 19-20, section 115.216 (a), states, "The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration a service, program, or activity, or in undue financial and administrative burdens, as those

	<p>terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.”</p> <p>(d) The Edinburg Transitional Center PAQ states the agency maintains documentation of resident participation in PREA education sessions. Practice documentation can be found in provision (a) of this standard.</p> <p>(e) The Edinburg Transitional Center PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>The facility provided a posting containing a CSG QR code that, when accessed using a resident cell phone, allows users to view program information. The information available includes the agency’s zero-tolerance policy, youth rights, and internal and external reporting options.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. PREA: Investigation Protocols Curriculum, dated 2013</li> <li>4. Relias Certificates of Completion</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Chief of Security / Investigator</li> </ol> <p>The interview with the facility Investigator demonstrated that the Investigator has</p>

completed specialized training for conducting investigations involving allegations of sexual abuse and sexual harassment. The Investigator reported completing this training through the Relias Learning Management System and demonstrated familiarity with investigative responsibilities related to PREA allegations, including evidence collection, documentation, and coordination with facility leadership and external authorities when appropriate.

Site Observation:

During the pre-audit phase, training records for the Investigator were uploaded to the Online Audit System for review. Documentation reviewed confirmed that the Investigator successfully completed the required specialized training for investigators responsible for conducting administrative investigations involving sexual abuse and sexual harassment allegations. The training records verified that the facility maintains documentation of the Investigator's completion of the required PREA investigative training.

(a) The Edinburg Transitional Center PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 24, section 115.234 (a), states, "In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings."

(b) 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 provided a PREA: Investigation Protocols Curriculum. The curriculum includes the following training objectives.

Section 1: Introduction

Section 2: PREA Investigations and the Standards

Section 3: Unique Nature of Sexual Abuse Investigations

Section 4: General Investigative Considerations

	<p>Section 5: Investigative Protocols</p> <p>Section 6: Conclusion</p> <p>(b) The Edinburg Transitional Center PAQ states the agency maintains documentation showing that investigators have completed the required training. Documentation is maintained by the PREA Coordinator. The number of investigators currently employed who have completed the required training is two.</p> <p>The facility provided two Relias PREA Investigator Certificates demonstrating that both designated investigators have successfully completed specialized training in conducting sexual abuse and sexual harassment investigations. The training curriculum includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and preservation, and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution. Interviews with facility leadership confirmed that only trained investigators are assigned to conduct PREA-related investigations.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<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>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Medical and Mental Health Training Course Overview</li> <li>4. Medical and Mental Health Training Certificate</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Licensed Vocational Nurse (LVN) - Contractor</li> </ol> <p>The interview with the Licensed Vocational Nurse (LVN) demonstrated that the nurse</p>

has completed specialized training for medical and mental health personnel related to responding to incidents of sexual abuse and sexual harassment. The LVN demonstrated awareness of her responsibilities related to medical response, documentation, and coordination with facility staff when responding to allegations involving residents.

Site Observation:

During the pre-audit phase, training records for the nurse were uploaded to the Online Audit System for review. Documentation reviewed confirmed that the nurse successfully completed the required specialized training for medical and mental health staff. The documentation verified that the facility maintains records demonstrating completion of the required PREA training for medical personnel responsible for providing care to residents.

(a) The Edinburg Transitional Center PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is one.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 23, section 115.235 a., states, "The agency shall ensure that all full- and part-time 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."

(b) The Edinburg Transitional Center PAQ states agency medical staff at this facility do not conduct forensic medical exams. The PAQ states, "Residents are referred to Edinburg Regional Hospital and local law enforcement."

(c) The Edinburg Transitional Center PAQ states the agency maintains documentation showing that medical and mental health practitioners have

	<p>completed the required training.</p> <p>The facility provided a Medical and Mental Health Training Course Overview. The course overview includes the following learning objectives.</p> <ol style="list-style-type: none"> <li>1. How to recognize signs of sexual abuse and sexual harassment</li> <li>2. How to preservice physical evidence of sexual abuse</li> <li>3. How to respond effectively and professionally when communicating with alleged victims of sexual abuse and sexual harassment</li> <li>4. The methods for reporting suspected sexual abuse or sexual harassment</li> <li>5. The facility's response protocol in situations of suspected sexual abuse or sexual harassment.</li> </ol> <p>The facility provided a Medical and Mental Health Training Certificate demonstrating the facilities one medical provider has completed the required training.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. CSG Edinburg Transitional Center PREA Risk Assessment Form, not dated</li> <li>4. Edinburg Reassessment Form, not dated</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> </ol>

2. Targeted Residents

3. Case Manager

Interviews with random and targeted residents demonstrated that residents recalled being asked screening questions during the intake process designed to assess potential risk factors related to sexual abuse or sexual victimization. Residents reported that these questions included inquiries regarding their criminal history, prior sexual victimization, how they identify sexually, and whether they had concerns about being sexually abused while residing at the facility.

The interview with the Case Manager demonstrated that a risk assessment is completed for every resident admitted into the facility. The Case Manager reported that the screening is conducted on the day of admission in a one-on-one setting within her office to ensure privacy and confidentiality. During this process, case managers assess a variety of factors including past victimization, how the resident identifies, current and prior offenses, age, fears related to safety, prior convictions, and whether those convictions involved violent behavior. The Case Manager also reported that each resident is reassessed within 30 days of admission to ensure housing and supervision decisions remain appropriate based on any additional information obtained after intake.

Site Observation:

Utilization of the PREA Community Confinement Documentation Review Resident File/Records Review template demonstrated that 16 of the 20 residents reviewed had been in the facility for 12 months or less. Of those 16 residents, documentation confirmed that risk screenings were completed within the required 72-hour time frame following admission and that reassessments were conducted within 30 days of intake in accordance with facility procedures.

(a) The Edinburg Transitional Center PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 24, section 115.241 (a), states, "All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents."

(b) The Edinburg Transitional Center PAQ states the agency policy requires that

residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (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 was 400.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 24, section 115.241 (b), states, "Intake screening shall ordinarily take place within 72 hours of arrival at the facility."

(c-e) The Edinburg Transitional Center PAQ states the risk assessment is conducted using an objective screening instrument.

The facility provided a CSG Edinburg Transitional Center PREA Risk Assessment form, demonstrating the following is documented.

Resident Name / REG# / Case Manager / Date of Arrival / Staff Entered / Facility

Date of Intake Assessment

Date of Reassessment (30 Days after Intake Assessment):

Risk of Sexual Victimization Factors

1. Has the Resident previously experienced sexual victimization?
2. Is the Resident under 21 years of age or over 65 years of age?
3. Is the Residents height less than 5'6" and weight less than 140 lbs?
4. Is this the Residents first incarceration that has lasted longer than 30 days?
5. Is the Residents criminal history exclusively non-violent?
6. Does the Resident have prior convictions for sex offenses against an adult or child?
7. Is the Resident perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
8. Does the Resident have a mental, physical, or developmental disability?

9. Does the Resident perceive himself/herself as vulnerable?

Risk of Sexual Predator Factors

1. Does the Resident have a history of institutional predatory sexual behavior with the past 10 years.

2. Does the Resident have a history of prior sexual abuse (regardless of conviction)?

3. Does the Resident have a history of convictions for violent offenses within the past 10 years.

4. Has the Resident committed acts of violence within an institution during the past 10 years

5. Has the Resident committed an act of sexual behavior while incarcerated within the last 10 years (no evidence of coercion or force)?

The risk assessment has scoring instruction at the bottom of the form. If the Resident is a Known Victim or Known Predator, housing considerations are needed.

(e) The Edinburg Transitional Center PAQ states the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 384. The facility assessment form is also utilized for the 30 day reassessment.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 25, section (f), states, "Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening."

(f) The Edinburg Transitional Center PAQ states the policy requires that a resident's risk level be reassessed when warranted due to a referral, request,

	<p>incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 25, section (g), states, “A resident’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 resident’s risk of sexual victimization or abusiveness.”</p> <p>(g) The Edinburg Transitional Center PAQ states the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident’s own perception of vulnerability.</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 25, section (h), states, “Residents 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) of this section.”</p> <p>(h) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 25, section (i), states, “The agency shall implement 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.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:
	1. Edinburg Transitional Center PAQ

2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023

Interviews:

1. Targeted Residents
2. Kitchen Manager
3. Case Manager
4. Facility Director

Interviews with three residents identified as vulnerable, two residents who identified as gay, and two residents who identified as bisexual demonstrated that residents felt comfortable in their assigned dormitories. Each resident interviewed reported that they had not experienced issues with their dorm placement and stated they were treated respectfully by both staff and other residents. Residents also reported that staff had asked whether they had concerns related to their housing placement or how they identified, indicating that staff remain attentive to resident safety and respectful treatment.

An informal interview with the Kitchen Manager demonstrated that she is informed of resident risk levels when residents are assigned to work within the kitchen. The Kitchen Manager reported that the administrative team maintains strong communication regarding resident assignments and safety considerations when residents are placed in work assignments within the facility.

The interview with the Case Manager demonstrated that completed risk assessments are maintained in a secure location within the Case Management office. The Case Manager reported that access to these assessments is restricted and limited to the Case Manager, the Chief of Security, and the Facility Director in order to protect the confidentiality of sensitive resident information.

Site Observation:

During the onsite tour, staff explained the facility's housing assignments and the factors considered when placing residents in dormitories. Dorm 1 was observed to house residents with behavioral or medical needs and includes bottom bunks for residents with mobility or medical accommodations.

Dorm 5 is designated for elderly and vulnerable residents. Dorms 3 and 4 house residents who work off-site, and Dorm 2 is designated for female residents. Staff also reported that both the Kitchen Manager and Maintenance staff supervise resident workers assigned to those areas. These work assignments are approved

through the Parole Board, and both departments are informed of the resident's risk level to ensure appropriate supervision and placement decisions are made.

(a) The Edinburg Transitional Center PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 25, section 115.242 (a), states, "The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive."

(b) The Edinburg Transitional Center PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident. The PAQ states, "The Edinburg Transitional Center will make housing, bed, and program assignments on a case by case. The goal is to separate housing for those residents with a high risk of being sexually victimized from those with a high risk of being sexually abusive."

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 25, section (b) states, "The agency shall make individualized determinations about how to ensure the safety of each resident."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.251	Resident reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:  1. Edinburg Transitional Center PAQ

2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023
3. No Means No Posting
4. Residential Reentry Center (RRC) Resident Handbook, dated 4.1.2024
5. Staff Handbook Acknowledgment

Interviews:

1. Random Residents
2. Targeted Residents
3. Monitors

Interviews with residents demonstrated that residents are aware of multiple internal and external reporting options available to them for reporting sexual harassment or sexual abuse. Residents stated that they could report concerns by notifying a trusted staff member, speaking with a trusted adult in the community, reporting directly to a facility monitor, completing a grievance form, or contacting the Ombudsman Office.

Interviews with staff demonstrated that staff understand their responsibility to accept reports of sexual harassment or sexual abuse through multiple reporting methods. Staff reported that they would accept allegations made verbally, through written reports with or without the resident's name, or through third-party reports made on behalf of a resident.

Site Observation:

During the onsite tour, contact information for the Texas Ombudsman Office, the Agency PREA Coordinator, and the local advocacy organization was observed posted near resident telephones. During the tour, the auditor utilized a resident telephone to contact the Ombudsman Office to verify the functionality of the reporting mechanism. The call was answered after two rings. After proper introductions and explanation of the purpose of the call, the Ombudsman representative explained that when the office receives a complaint alleging sexual harassment or sexual abuse, the call is documented, the facility is contacted to initiate an investigation, and follow-up communication occurs to ensure the investigation is completed as required.

(a) The Edinburg Transitional Center PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to

agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26, section 115.251 (a), states, "The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. "

The facility provided a No Means No posting with the following information.

- Right to Report
- How to Report - internal and external reporting options with contact information.
- Victim Support Services with physical address and phone contact information.

The facility provided a Residential Reentry Center (RRC) Resident Handbook demonstrating the following information is readily available.

- PREA History
- Zero Tolerance Policy
- Resident on Resident Sexual Abuse
- Staff/Contractor/Volunteer Sexual Abuse definition
- Sexual Harassment Definition
- Voyeurism Definition
- Opposite Gender Announcements
- Resident Guidelines for Reducing Risk of Victimization
- Internal and External Reporting and Contact Information
- Confidentiality
- Investigation Process / Victim Notification
- Disciplinary Action for False Reporting

· Resident Rights to be Free from Retaliation

(b) The Edinburg Transitional Center PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The PAQ states, "The Edinburg Transition Center has 1 verbal report of sexual assault and sexual harassment since day 1 operation."

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26, section 115.251 (b), states, "The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request."

(c) The Edinburg Transitional Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26, section (c), states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports."

The facility provided a Staff Handbook Acknowledgment where employees affirm acknowledgment of the following information.

- o Undue Familiarity
- o Sexual Misconduct
- o Sexual Abuse
- o Sexual contact
- o Reporting Allegations of Sexual Misconduct (encouraged to report to any department)
- o Investigation of Allegations of Sexual Misconduct
- o Disciplinary Actions

Employees attest to reading and acknowledging the Correctional Solutions Group, Sexual Misconduct Policy through signature and date.

	<p>(d) The Edinburg Transitional Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26, section 115.251 (d), states, "The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents."</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Residential Reentry Center (RRC) Resident Handbook, dated 4.1.2024</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. PREA Coordinator</li> <li>4. Facility Director</li> </ol> <p>Interviews with residents demonstrated that residents are aware they can report sexual harassment or sexual abuse through the grievance process and that such reports may be submitted anonymously using grievance forms available within the housing units.</p>

The interview with the PREA Coordinator demonstrated that the facility initiates an investigation upon receipt of a grievance alleging sexual harassment or sexual abuse, ensuring that PREA-related allegations received through the grievance process are addressed promptly and appropriately.

The interview with the Facility Director demonstrated that grievance boxes are checked during every shift, each day of the week, to ensure timely review of resident concerns and reports.

Site Observation:

During the tour, grievance forms were observed in resident dormitories and grievance boxes were observed in the hallways outside of resident dorms, providing residents with accessible opportunities to submit grievances.

(a) The Edinburg Transitional Center PAQ states the agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse.

The facility provided pages from the Residential Reentry Center (RRC) Resident Handbook demonstrating pages 7-9 include in-depth grievance procedures to include the following information.

- Grievance Procedures
- The four types of grievances
- Filing grievances at any time
- Placement of grievances
- Grievance guidelines
- Step 1 grievances
- Dissatisfaction with Step 1 grievances
- Emergency grievances and grievance timelines

(b) The Edinburg Transitional Center PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26, section 115.252 (b), states,

1. "The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
2. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
3. The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.
4. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. "

(c) The Edinburg Transitional Center PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26, section 115.252 (c), states, "The agency shall ensure that—

1. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
2. Such grievance is not referred to a staff member who is the subject of the complaint."

(d) The Edinburg Transitional Center PAQ states the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse was zero. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26, section 115.252 (d), states,

1. “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 residents 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 resident 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 resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. “

(e) The Edinburg Transitional Center PAQ states agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure require that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. 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 was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 26-27, section 115.252 (e), states,

1. “Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
2. 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.
3. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident’s decision.”

(f) The Edinburg Transitional Center PAQ states the agency has a policy and

established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 27, section 115.252 (f), states, “

1. “The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
2. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, 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 resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.”

(g) The Edinburg Transitional Center PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident 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 was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 27, section 115.252 (g), states, “The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.”

Based on documentation reviewed, observations made during the onsite review, and interviews conducted with both staff and residents, the facility demonstrates practices that exceed the requirements of this standard. Residents demonstrated a

	<p>clear awareness of their ability to report sexual harassment or sexual abuse through the grievance process, including the option to submit reports anonymously. In addition to making grievance forms readily accessible within dormitories, the facility checks grievance boxes during every shift, each day of the week, ensuring grievances are reviewed promptly and potential PREA-related concerns are addressed without delay. These practices demonstrate a proactive approach to encouraging reporting and ensuring timely review of resident concerns, exceeding the minimum requirements of the standard.</p>
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115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. Memorandum of Understanding, Women Together, dated 8.12.2025</li> <li>4. No Means No Posting</li> <li>5. Post Audit: Photos of Revised No Means No Postings</li> <li>6. Post Audit: Photos of Revised Dorm Phone Postings</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Facility Director</li> </ol> <p>Interviews with residents demonstrated that most residents were aware of the services provided by the local advocacy agency. Residents reported that they could access outside support services if needed. Of the residents interviewed who were not previously aware of the available advocacy services, the information was explained to them during the interview process, and one resident accepted the offer to receive mental health services related to past victimization.</p> <p>The interview with the Facility Director demonstrated that residents are able to</p>

contact the advocacy agency through the telephones located in the dormitories or through their personal cellular phones when permitted.

Site Observation:

During the facility tour, postings containing information for the outside victim advocacy agency were observed on the No Means No informational postings and on postings located near resident telephones in both the male and female dormitories. During the onsite review, the auditor attempted to contact the advocacy agency using the phone number listed on the postings. It was identified that the posted number did not successfully connect when dialed from resident telephones or the auditor's cellular phone. In response to this discovery, the facility immediately revised the dormitory postings to include the direct phone number for the advocacy agency rather than the previously listed 800 number, ensuring residents have accurate contact information to access outside victim support services.

(a) The Edinburg Transitional Center PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 27, section 115.253 (a), states, "The facility shall 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, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible."

The facility provided a No Means No posting with the Women Together Advocate address and toll-free telephone number.

(b) The Edinburg Transitional Center PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

	<p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 27, section 115.253 (b), states, “The facility shall 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.”</p> <p>(c) The Edinburg Transitional Center PAQ states the agency, or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.</p> <p>The facility provided a memorandum of understanding from the Women Together (Rape Crisis Center). The memorandum does not appear to have an expiration date and is signed and dated by the advocate representative and ETC Facility Administrator.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. No Means No Posting</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Monitors</li> <li>4. Shift Supervisors</li> </ol>

5. PREA Coordinator

6. Facility Director

Interviews with residents demonstrated that residents are aware they may report allegations of sexual harassment or sexual abuse through a trusted adult in the community, the PREA Coordinator or the Ombudsman. Residents stated they understood that reports could be made through individuals outside of the facility who could then notify the agency on their behalf.

Interviews with personnel demonstrated that staff understand their responsibility to accept and respond to reports of sexual harassment or sexual abuse received through third parties. Staff consistently reported that they would accept any type of report, including those submitted by family members, community members, or other individuals acting on behalf of a resident, and would immediately notify supervisory staff in accordance with facility reporting procedures.

Site Observation:

During the facility tour, postings containing information regarding third-party reporting were observed in the entrance area of the facility and within each resident dormitory. These postings provide information to residents and visitors regarding how allegations of sexual harassment or sexual abuse may be reported through external individuals or community members, ensuring that residents have multiple avenues available to report concerns.

(a) The Edinburg Transitional Center PAQ states the agency, or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 27, section 115.254 (a), states, "The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident."

The facility provided a No Means No posting with third party reporting options to include the following:

- Reporting to any staff, volunteer, contractor, or medical or mental health staff.

	<ul style="list-style-type: none"> <li>· Report to the PREA Coordinator or PREA Compliance Manager <ul style="list-style-type: none"> <li>o Corporate PREA Manager 405.474.9233</li> <li>o <a href="http://www.csgprograms.com">www.csgprograms.com</a></li> </ul> </li> <li>· Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 939.437.5570</li> <li>· You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.</li> </ul> <p>On 1.29.2026 at 3:24 MST, the Auditor placed a telephone call to 939.437.5570, the PREA Ombudsman’s Office. The call was answered within two rings. After proper introductions and explanation of the purpose of the call, the operator stated that the PREA Ombudsman’s Office would initiate an investigation, notify the appropriate unit of the third-party notification, and ensure that medical assistance had been offered and/or initiated as appropriate.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Targeted Residents</li> <li>3. Monitors</li> <li>4. Shift Supervisors</li> </ol>

5. PREA Coordinator

6. Facility Director

Interviews with personnel and residents demonstrated that both staff and residents understand the importance of immediately reporting all allegations of sexual abuse and sexual harassment. Staff interviewed during the onsite review consistently reported that any allegation or suspicion of sexual abuse or sexual harassment must be reported without delay to supervisory personnel in accordance with facility policy. Residents similarly reported awareness that concerns related to sexual abuse or sexual harassment should be reported immediately to staff or through available reporting mechanisms.

Site Observation:

Documentation reviewed during the onsite review demonstrated that the facility received one allegation of sexual abuse within the past 12 months. Information reviewed indicated that staff responded immediately when the resident raised his voice to report the allegation. The response demonstrated staff awareness of reporting responsibilities and their obligation to take immediate action when a potential allegation of sexual abuse is raised.

(a) The Edinburg Transitional Center PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 27, section 115.261 (a), states, "The agency shall 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; 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."

(b) The Edinburg Transitional Center PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report

to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.261 (b), states, "Apart from reporting to designated supervisors or officials, 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 decisions."

(c) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.261 (c), states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services."

(d) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.261 (d), states, "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 shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws."

(e) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, states, "The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.262	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:  1. Edinburg Transitional Center PAQ

2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023

Interviews:

1. Monitors
2. Shift Supervisors
3. PREA Coordinator
4. Facility Director

Interviews with facility personnel demonstrated that staff understand their responsibility to treat all allegations of sexual abuse and sexual harassment seriously, regardless of how the allegation is reported. Staff consistently stated that any allegation received verbally, in writing, anonymously, or through a third party would be immediately reported to supervisory staff and local law enforcement when appropriate.

Personnel interviewed were able to clearly articulate the steps they would take upon receiving an allegation, including separating involved individuals, preserving potential evidence, and immediately notifying the Chief of Security or the Facility Director. Staff demonstrated awareness of the importance of protecting the integrity of an investigation and ensuring allegations are reported and addressed without delay.

(a) The Edinburg Transitional Center PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was one. The PAQ states, "The Edinburg Transition Center (ETC) has (1) report of resident reporting any risk of imminent sexual abuse in the past 3 years.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.262 (a), states, "When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 544 378">Document Review:</p> <ol data-bbox="280 412 1394 517" style="list-style-type: none"> <li data-bbox="280 412 810 445">1. Edinburg Transitional Center PAQ</li> <li data-bbox="280 483 1394 517">2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol> <p data-bbox="280 629 437 663">Interviews:</p> <ol data-bbox="280 696 564 730" style="list-style-type: none"> <li data-bbox="280 696 564 730">1. Facility Director</li> </ol> <p data-bbox="280 775 1437 1133">The interview with the Facility Director demonstrated that the Facility Director is aware of the requirement to notify the head of a facility when an allegation is received indicating that a resident was sexually abused while confined at another facility. The Facility Director stated that if such an allegation were received, he would notify the head of the facility where the alleged abuse occurred within 72 hours, in accordance with agency policy and PREA requirements. The Facility Director further demonstrated an understanding of the importance of timely communication between facilities to ensure that allegations are appropriately addressed and investigated.</p> <p data-bbox="280 1245 1461 1491">(a) The Edinburg Transitional Center PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.</p> <p data-bbox="280 1603 1445 1805">CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.263 (a), states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred."</p> <p data-bbox="280 1917 1461 2029">(b) The Edinburg Transitional Center PAQ states agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p>

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.263 (b), states, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation."

(c) The Edinburg Transitional Center PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.263 (c), states, "The agency shall document that it has provided such notification."

(d) The Edinburg Transitional Center PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.263 (d), states, "The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.264	Staff first responder duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:  <ol style="list-style-type: none"><li>1. Edinburg Transitional Center PAQ</li><li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li></ol>

Interviews:

1. Monitors
2. Shift Supervisors

Interviews with Monitors and Shift Supervisors demonstrated that staff clearly understand their responsibilities as first responders when an allegation of sexual abuse is reported. Staff were able to describe the immediate actions they would take to ensure the safety of the resident and preserve potential evidence.

Personnel interviewed articulated the importance of securing and preserving the area where the alleged incident may have occurred and separating the alleged victim and aggressor to prevent further contact. Staff also reported that they would ensure that neither party changes clothing, eats, drinks, or engages in any activities that could compromise potential evidence until appropriate investigative personnel arrive and provide further direction. Staff demonstrated an understanding of the need to maintain the integrity of the scene and promptly notify supervisory staff in accordance with facility procedures.

(a) The Edinburg Transitional Center PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser 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, zero allegations occurred where an inmate was sexually abused was one.

Of these allegations, the number of times the first security staff member to respond

to the report separated the alleged victim and abuser was one.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.264 (a), states, "Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

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."

(b) The Edinburg Transitional Center PAQ states the facility's policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. 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 was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 28, section 115.264 (b), states, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Document Review:

1. Edinburg Transitional Center PAQ
2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023
3. Edinburg Transition Center Sexual Harassment, Sexual Activity, & Sexual Abuse Emergency Action Plan, not dated

Interviews:

1. Facility Director

The interview with the Facility Director demonstrated that the facility maintains written policies and procedures outlining the coordinated response to allegations of sexual abuse and sexual harassment. The Facility Director reported that these procedures are followed when responding to incidents and that staff are trained to adhere to the established response protocols to ensure allegations are handled promptly, appropriately, and in accordance with PREA requirements.

Site Observation:

During the onsite tour, laminated PREA policies, including the facility's coordinated response procedures, were observed posted in various staff offices and at the Monitor station. The placement of these materials provides staff with immediate access to response procedures, reinforcing the facility's expectations for responding to allegations of sexual abuse or sexual harassment.

(a) The Edinburg Transitional Center PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 29, section 115.265 states, "The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership."

	<p>The facility provided an Edinburg Transition Center Sexual Harassment, Sexual Activity, &amp; Sexual Abuse Emergency Action Plan. The action plan includes the following information.</p> <ul style="list-style-type: none"> <li>· Order of Responsibility</li> <li>· Command Post</li> <li>· Lines of Authority During Emergencies</li> <li>· Preparedness</li> <li>· Sexual Activity, Sexual Harassment, Sexual Abuse</li> <li>· Staff Responsibilities</li> <li>· Responsibilities When Sexual Activity is Observed</li> <li>· Responsibilities When Sexual Abuse Is In Progress</li> <li>· Responsibilities for Evidence Protocol – Medical</li> <li>· Responsibilities for Involving Mental Health Professionals</li> <li>· Responsibilities When Allegation of Sexual Abuse Is Reported</li> <li>· Responsibilities for Confidentiality of Information</li> <li>· Required Reporting to Company and Customer Entities</li> <li>· Deactivation Phase</li> <li>· Posting</li> </ul> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol>

	<p>Interviews:</p> <p>1. Facility Director</p> <p>The interview with the Facility Director demonstrated that the agency has not entered into any collective bargaining agreements. The Facility Director reported that no collective bargaining agreements exist that would limit or otherwise restrict the facility’s ability to remove an alleged staff member from contact with residents pending the outcome of an investigation involving allegations of sexual abuse or sexual harassment. Based on information obtained during the onsite review, the agency maintains full administrative authority to take appropriate actions related to staff assignments and supervision when allegations are reported.</p> <p>(a) The Edinburg Transitional Center PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The PAQ states, “The Edinburg Transition Center has no collective bargaining agreement.”</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 29, section 115.266, states, “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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <p>1. Edinburg Transitional Center PAQ</p>

2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023

Interviews:

1. Chief of Security

The interview with the Chief of Security demonstrated that retaliation monitoring begins upon receipt of an allegation of sexual abuse. The Chief of Security stated that once an allegation is reported, retaliation monitoring procedures are introduced to the alleged victim to ensure they understand the protections in place. The Chief of Security further reported that monitoring efforts include reviewing any changes in dormitory placement and monitoring disciplinary reports to identify any potential retaliatory behavior.

The interview with the Case Manager demonstrated that follow-up check-ins are documented with residents at 30-, 60-, and 90-day intervals, and monitoring may continue longer if circumstances warrant additional oversight. The Case Manager reported that these follow-ups are intended to ensure the resident does not experience retaliation and that any concerns are addressed promptly.

Site Observation:

Although the facility experienced one allegation of sexual abuse within the past 12 months, the resident involved was transported to a mental health facility on the night the allegation was reported due to significant mental health needs. At the time of the onsite review, the resident remained at the mental health facility.

(a) The Edinburg Transitional Center PAQ states the agency has 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. The Facility Director is the designated staff completing retaliation monitoring.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 29, section 115.2667 (a), states, "The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation."

(b) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 29, section 115.2667 (b), states, "The agency shall 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."

(c) The Edinburg Transitional Center PAQ states the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 29, section 115.2667 (c), states, "For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident 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."

(d) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 29, section 115.2667 (d), states, "In the case of residents, such monitoring shall also include periodic status checks."

(e) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 29, section 115.2667 (e), states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 412 1394 591" style="list-style-type: none"> <li data-bbox="280 412 810 448">1. Edinburg Transitional Center PAQ</li> <li data-bbox="280 483 1394 519">2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li data-bbox="280 555 1158 591">3. CSG PREA Investigational Summary Report, dated 2.2017</li> </ol> <p data-bbox="280 698 437 734">Interviews:</p> <ol data-bbox="280 770 775 806" style="list-style-type: none"> <li data-bbox="280 770 775 806">1. Chief of Security / Investigator</li> </ol> <p data-bbox="280 842 1436 1173">The interview with the Investigator demonstrated that the facility conducts administrative investigations for all allegations of sexual harassment and sexual abuse once the Facility Director determines the allegation meets the criteria for a PREA investigation. The Investigator explained that the investigative process includes interviewing each individual involved in the allegation separately, reviewing written statements, evaluating potential policy violations, examining available evidence, and preparing a comprehensive investigative report summarizing the findings.</p> <p data-bbox="280 1281 1474 1523">The interview with the PREA Coordinator demonstrated that the facility maintains communication with the external criminal investigator, typically local law enforcement, when allegations involve potential criminal conduct. The PREA Coordinator stated that the facility Investigator maintains ongoing contact with the external investigator to ensure coordination of investigative activities and to remain informed of any developments related to the criminal investigation.</p> <p data-bbox="280 1630 526 1666">Site Observation:</p> <p data-bbox="280 1680 1468 1921">The facility provided documentation for one sexual abuse investigation completed within the past 12 months. The investigation was reviewed during the onsite review and was found to be completed promptly and thoroughly. The investigative file included a summary of interviews, documentation of the investigative process, and a credibility assessment that demonstrated triangulation of statements, evidence reviewed, and the findings reached during the investigation.</p> <p data-bbox="280 2029 1417 2065">(a) The Edinburg Transitional Center PAQ states the agency/facility has a policy</p>

related to criminal and administrative agency investigations.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (a), states, "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."

(b) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (b), states, "Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234."

(b) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (c), states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any 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 PAQ states, "No sexual abuse investigations conducted by outside agency for fiscal years 2024, 2025, and 2026."

The facility provided a CSG PREA Investigational Summary Report to demonstrate the following is documented.

- Resident Name / Admission Date
- Investigation Start Date / Investigation Conclusion Date
- Investigation Staff
- Report completed by
- Report Distribution
- Relevant PREA Standard
- Allegation
- Definitions
- Summary of Investigation
- Conclusion

- Conclusion definitions
- Notations
- Resident access to confidential outside support services
- Offering mental health care for sexual abuse victims
- Informing residents victims of sexual abuse of the investigation findings
- Sexual Abuse Incident Review
- Attached Supporting Documentation
- Regional Director / Assistant Director for Operations, PDF comments
- Signatures and date of Warden / ADO and Private Facilities Director

(d) This provision is not applicable as the facility does not conduct criminal investigations.

(e) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (e), states, "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 resident or staff. No agency shall require a resident 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."

(f) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section (f), states, "Administrative investigations:

1. 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.

(g) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (g), states, "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."

(h) The Edinburg Transitional Center PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (h), states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution."

(l) The Edinburg Transitional Center PAQ states the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (i), states, "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."

(j) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (j), states, "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."

(k) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (k), states, "Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements."

(l) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 30, section 115.271 (l), states, "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."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 544 378">Document Review:</p> <ol data-bbox="280 412 1394 517" style="list-style-type: none"> <li data-bbox="280 412 810 445">1. Edinburg Transitional Center PAQ</li> <li data-bbox="280 483 1394 517">2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol> <p data-bbox="280 629 437 663">Interviews:</p> <ol data-bbox="280 696 775 730" style="list-style-type: none"> <li data-bbox="280 696 775 730">1. Chief of Security / Investigator</li> </ol> <p data-bbox="280 775 1469 1055">The interview with the Investigator demonstrated that the facility applies the preponderance of evidence standard when determining the outcome of investigations involving allegations of sexual abuse or sexual harassment. The Investigator stated that all allegations are evaluated based on the evidence collected during the investigative process and that findings are determined as substantiated, unsubstantiated, or unfounded using the preponderance of evidence standard.</p> <p data-bbox="280 1167 1461 1323">The Investigator further explained that investigative conclusions are based on the review of statements, available evidence, and the credibility of individuals involved in the allegation. This process ensures that investigative findings are reached through an objective review of the information gathered during the investigation.</p> <p data-bbox="280 1435 1390 1592">(a) The Edinburg Transitional Center PAQ Bureau states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="280 1704 1445 1861">CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, states, “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p data-bbox="280 1973 1422 2051">Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> </ol> <p>Interviews with the Facility Director demonstrated that the Facility Director or the facility Investigator is responsible for notifying residents of the outcome of sexual abuse investigations, provided the resident remains in the program. The Facility Director explained that residents are informed of the investigative findings once the investigation has been completed and the outcome has been determined.</p> <p>Site Observation:</p> <p>Although the facility experienced one allegation of sexual abuse within the past 12 months in which the resident was transported to a higher level of care, documentation reviewed during the onsite review demonstrated that the resident was notified of the outcome of the investigation. This documentation confirmed that the facility follows procedures to ensure residents are informed of investigative outcomes when applicable.</p> <p>(a) The Edinburg Transitional Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was one. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was one.</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, section</p>

115.273 (a), states, "Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."

(b) The Edinburg Transitional Center PAQ states an outside entity conducts such investigations; the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, section 115.273 (b), states, "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident."

(c) The Edinburg Transitional Center PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, section 115.273 (c), states, "Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
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.

(d) The Edinburg Transitional Center PAQ states following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, section 115.273 (d), states, “Following a resident’s allegation that he or she has been sexually abused by another resident, 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.”

(e) The Edinburg Transitional Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been zero notifications to an inmate, pursuant to this standard.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, section 115.273 (e), states, “All such notifications or attempted notifications shall be documented.”

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.276	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review: <ol style="list-style-type: none"><li>1. Edinburg Transitional Center PAQ</li><li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li></ol>

Interviews:

1. Facility Director

The interview with the Facility Director demonstrated that the facility has not had any staff disciplined for violations of the agency's sexual abuse or sexual harassment policies within the past 12 months. The Facility Director reported that the agency maintains a zero-tolerance approach to sexual abuse and sexual harassment and takes allegations involving staff misconduct seriously.

The Facility Director further stated that if a staff member were found to have violated agency policies related to sexual harassment or sexual abuse, the staff member would be terminated from employment and the incident would be reported to the appropriate licensing or regulatory agencies, as applicable.

(a) The Edinburg Transitional Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PAQ states, "The Edinburg Transition Center has (0) cases of termination, resignation, or other sanctions against staff for violating agency sexual abuse or sexual harassment policies for the past 3 years."

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, section 115.276 (a), states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."

(b) The Edinburg Transitional Center PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 31, section 115.276 (b), states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse."

(c) The Edinburg Transitional Center PAQ states the disciplinary sanctions for

violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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 there have been zero staff requiring discipline for sexual abuse or sexual harassment.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.276 (c), states, “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than 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.”

(d) The Edinburg Transitional Center PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.276 (d), states, “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.”

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:  1. Edinburg Transitional Center PAQ

2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023

Interviews:

1. Facility Director

The interview with the Facility Director demonstrated that the facility has not had any volunteers or contractors subject to disciplinary action for violations of the agency's sexual abuse or sexual harassment policies within the past 12 months. The Facility Director reported that the agency maintains a zero-tolerance approach to sexual abuse and sexual harassment and applies the same expectations to volunteers and contractors who work within the facility.

The Facility Director further stated that if a volunteer or contractor were found to have violated agency policies related to sexual harassment or sexual abuse, the individual would be prohibited from returning to the facility and the incident would be reported to the appropriate licensing or regulatory agencies, as applicable.

(a) The Edinburg Transitional Center PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero. The PAQ states, "The Edinburg Transition Center has (0) cases of sexual abuse of residents by contractors or volunteers for the past 3 years."

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.277 (a), states, "Any Edinburg Transition Center 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.

(b) The Edinburg Transitional Center PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with Inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.277 (b), states, "The facility shall 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 an Edinburg Transition Center or volunteer."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

**115.278 Disciplinary sanctions for residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Document Review:

1. Edinburg Transitional Center PAQ
2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023

Interviews:

1. Facility Director

The interview with the Facility Director demonstrated that residents who are found to have knowingly made a false allegation of sexual abuse or sexual harassment may be subject to disciplinary action. The Facility Director reported that in such cases, the resident would typically be removed from the facility and transferred to a more secure placement. The Facility Director also stated that incidents involving false reports may be referred to law enforcement when appropriate.

(a) The Edinburg Transitional Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was one. In the past 12 months, the number of criminal findings guilty of resident-on-resident sexual abuse that have occurred at the facility was zero. The PAQ states, "The Edinburg Transition Center has (0)

disciplinary actions dealing with resident for sexual conduct with staff.”

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.278 (a), states, “Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.”

(b) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.278 (b), states, “Sanctions shall be 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.”

(c) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.278 (c), states, “The disciplinary process shall 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.”

(d) The Edinburg Transitional Center PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.278 (d), states, “If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.”

(d) The Edinburg Transitional Center PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.278 (e), states, “The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.”

(e) Edinburg Transitional Center PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section 115.278 (f), states, "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 enough to substantiate the allegation."

(f) Edinburg Transitional Center PAQ states the agency prohibits all sexual activity between residents.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 32, section (g), states, "An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.282	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:  <ol style="list-style-type: none"><li>1. Edinburg Transitional Center PAQ</li><li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li></ol> Interviews:

1. Licensed Vocational Nurse - Contractor

The interview with the Licensed Vocational Nurse (LVN) demonstrated that residents who are victims of sexual abuse would receive immediate medical attention. The LVN reported that in the event of an incident involving sexual abuse, residents would be transported without delay to Edinburg Regional Hospital to receive emergency medical services and any necessary medical evaluation or treatment. The LVN further explained that the facility follows established procedures to ensure residents receive timely access to appropriate medical care following the receipt of an allegation of sexual abuse.

(a) The Edinburg Transitional Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The facility would always refer out to local mental health or the emergency room for medical and mental health emergency situations.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.282 (a), states, "Resident victims of sexual abuse shall 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."

(b) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.282 (b), states, "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners."

(c) The Edinburg Transitional Center PAQ states, resident victims of sexual abuse while incarcerated are 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.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.282 (c), states, "Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally

	<p>accepted standards of care, where medically appropriate.”</p> <p>(d) The Edinburg Transitional Center PAQ states, treatment services are provided to every 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>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.282 (d), states, “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.”</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Licensed Vocational Nurse - Contractor</li> </ol> <p>The interview with the Licensed Vocational Nurse (LVN) demonstrated that victims of sexual abuse would be offered ongoing medical and mental health services in accordance with hospital recommendations and agency protocols. The LVN reported that following any initial medical evaluation or treatment, residents would be referred for appropriate follow-up care to address both physical and mental health needs resulting from the incident. The LVN explained that these services would be coordinated through the facility in accordance with established procedures to ensure residents have continued access to necessary medical and mental health support.</p>

(a) The Edinburg Transitional Center PAQ states the facility does 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.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.283 (a), states, "The facility shall 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."

(b) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.283 (b), states, "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."

(c) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.283 (c), states, "The facility shall provide such victims with medical and mental health services consistent with the community level of care."

(d) The Edinburg Transitional Center PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.283 (d), states, "Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests."

(c) The Edinburg Transitional Center PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.283 (e), states, "If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

(f) The Edinburg Transitional Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, section 115.283 (f), states, "Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate."

(g) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, states, 115.283 (g), states, "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."

(h) This Edinburg Transitional Center PAQ states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33, states, 115.283 (h), states, "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."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.286	Sexual abuse incident reviews
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Document Review:  1. Edinburg Transitional Center PAQ

2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023

3. Texas Department of Criminal Justice Administrative Incident Review

Interviews:

1. Facility Director

The Facility Director articulated his review of all sexual abuse investigations stating each are completed with the Facility Director, Chief of Security, Bookkeeper, Case Manager, Parole Officer, and administrative personnel. The team will review all details of the investigation, camera footage, staff placement, completed rounds and group dynamics immediately following the close of each investigation.

In addition, the Facility Director stated the administrative teams meets weekly to discuss incident information to ensure recommendations are implemented and sustained.

Site Observation:

Review of investigation files demonstrated that one of the two facility investigations had a sexual abuse incident review completed within 30 days of the close of the investigation.

(a) The Edinburg Transitional Center PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been one criminal and or administrative investigations of alleged sexual abuse completed at the facility.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 33-34, section 115.286 (a), states, "The facility 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."

The facility provided a Texas Department of Criminal Justice Administrative Incident Review report demonstrating the following information is documented.

· Incident Number

- Location
- Date
- To
- THRU
- Subject
- Persons Involved
- Alleged Victim(s)
- Alleged Assailant(s)
- Summary
- Employee Action or Inaction
- Corrective Action Taken
- Attachments
- Administrative Review Names and Dates

(b) The Edinburg Transitional Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative 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 were one.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.286 (b), states, “Such review shall ordinarily occur within 30 days of the conclusion of the investigation.”

(c) The Edinburg Transitional Center PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.286 (c), states, “The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.”

(d) The Edinburg Transitional Center PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.286 (d), states, "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 facility head and PREA compliance manager.

(e) The Edinburg Transitional Center PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.286 (e), states, "The facility shall implement the recommendations for improvement or shall document its reasons for not doing so."

Based on interviews conducted during the onsite review, the facility demonstrates practices that exceed the requirements of this standard. In addition to completing required incident reviews, the facility conducts comprehensive multidisciplinary reviews of sexual abuse investigations involving multiple members of the administrative team. These reviews include examination of operational factors such

	<p>as camera coverage, staff deployment, completed rounds, and resident dynamics. The facility also holds weekly administrative meetings to monitor incidents and ensure that recommendations resulting from investigative reviews are implemented and maintained. This ongoing administrative oversight demonstrates a proactive approach to incident review and operational improvement that exceeds the minimum requirements of the standard.</p>
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> <li>3. CSG PREA Annual Report, dated 1.21.2024</li> </ol> <p>(a) The Edinburg Transitional Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.287 (a), states, “The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.”</p> <ol style="list-style-type: none"> <li>1. The facility provided a CSG PREA 2024 Statistical Report. The report captures the following data. <ul style="list-style-type: none"> <li>· Identification of problem areas.</li> <li>· Corrective action taken on an ongoing basis; and because of incident investigations.</li> <li>· A comparison of the current year’s data and corrective action with those from prior years.</li> <li>· A comparison of the current year’s data and corrective actions with those from prior years.</li> </ul> </li> </ol>

- Provide an assessment of the agency's progress in addressing sexual abuse.
2. PREA Annual Report - 2024 Incident Data - for each of the agency's four facilities.
- Sexual Harassment Resident on Resident
  - Staff Sexual Harassment
  - Sexual Abuse-Resident on Resident Nonconsensual Sexual Acts
  - Sexual Abuse Resident on Resident Abuse Sexual Contact
  - Staff Sexual Misconduct

The annual report is signed and dated by the Chief Operating Officer.

(b) The Edinburg Transitional Center PAQ states the agency aggregates the incident-based sexual abuse at least annually.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.287 (b), states, "The agency shall aggregate the incident-based sexual abuse data at least annually. "

(c) The Edinburg Transitional Center PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.287 (c), states, "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."

(d) The Edinburg Transitional Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.287 (d), states, "The agency shall maintain, review, and collect data as needed from all available incident- based documents including reports, investigation files, and sexual abuse incident reviews."

(e) The Edinburg Transitional Center PAQ states the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.287 (e), states, "The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents."

(f) The Edinburg Transitional Center PAQ states the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 34, section 115.287 (f), states, "Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.288	Data review for corrective action
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Document Review:  1. Edinburg Transitional Center PAQ  (a) The Edinburg Transitional Center PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the

effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

(b) The Edinburg Transitional Center PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. The annual report compares data from the years 2020, 2021 and 2022. The annual report provides progress in addressing sexual abuse.

(c) The Edinburg Transitional Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website at <https://www.correctionalsolutionsgroup.com/contact>. Annual reports are approved by the agency Chief Operating Officer.

(d) The Edinburg Transitional Center PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.289	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Document Review:</p> <ol style="list-style-type: none"> <li>1. Edinburg Transitional Center PAQ</li> <li>2. CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, dated 4.2023</li> </ol> <p>(a) The Edinburg Transitional Center PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p>

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 35, section 115.289 (a) states, "The agency shall ensure that data collected pursuant to § 115.287 are securely retained."

(b) The Edinburg Transitional Center PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website at <https://www.correctionalsolutionsgroup.com/contact>

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 35, section 115.289 (b), states, "The agency shall 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."

(c) The Edinburg Transitional Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Compliance can be found in provision (b) of this standard.

CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 35, section 115.289 (c), states, "Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers."

(d) CSG Policy Number 6-B-1 Prison Rape Elimination Act Policy, page 35, section 115.287 (d), states, "The agency shall 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."

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once.</p> <p>(b) This is the fifth audit cycle for Edinburg Transitional Center and the first year of the audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(n) Residents are permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(b) The agency has final audit reports published on its agency website.</p> <p>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator 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?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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 adopt and 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.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</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.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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	na

	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.)	
	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.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</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 inmates.)	yes
	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 inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
	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
	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
	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
	Does the agency take appropriate steps to ensure that residents	yes

	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?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident	yes

	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?	
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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 any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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	yes

	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.)	
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs 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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

<b>(b)</b>		
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	

	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233</b>	<b>Resident education</b>	

<b>(c)</b>		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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

	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 and to whom to report allegations or suspicions 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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	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 for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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

<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
	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
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242</b>	<b>Use of screening information</b>	

<b>(d)</b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.242 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
<b>115.251 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
<b>115.252</b>	<b>Exhaustion of administrative remedies</b>	

<b>(d)</b>		
	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
	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 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
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	exempt from this standard.)	
	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
	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
	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
	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
	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
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	

	<p>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?</p>	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	<p>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?</p>	yes
	<p>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?</p>	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	<p>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?</p>	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	<p>Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?</p>	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	<p>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?</p>	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	<p>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?</p>	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</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	yes

	actions that could destroy physical evidence, and then notify security staff?	
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	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?	
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	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
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency 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
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
	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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	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
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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
	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
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276</b>	<b>Disciplinary sanctions for staff</b>	

<b>(b)</b>		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</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

<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	yes

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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	yes

	facility?	
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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.)	na

<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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	yes

	and security of a facility?	
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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, there has never been a Final Audit Report issued.)	yes