

**PREA AUDIT REPORT    INTERIM    FINAL**

**COMMUNITY CONFINEMENT FACILITIES**



<b>Auditor Information</b>			
<b>Auditor name: Noelda Martinez</b>			
<b>Address:</b> 804 E. Hutchinson St. Beeville, TX 78102			
<b>Email:</b> <a href="mailto:martinezauditingervices@yahoo.com">martinezauditingervices@yahoo.com</a>			
<b>Telephone number:</b> (210) 790-7402			
<b>Date of facility visit:</b> February 1 & 2, 2017			
<b>Facility Information</b>			
<b>Facility name: Liberty Lodge Inc.</b>			
<b>Facility physical address:</b> 160 FM 2507 Alice, Texas78332			
<b>Facility mailing address:</b> (if different from above)			
<b>Facility telephone number: (361) 664-7555</b>			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> XPrivate for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> XCommunity treatment center Other	<input type="checkbox"/> Community-based	<input type="checkbox"/>
	<input type="checkbox"/> Halfway house confinement	<input type="checkbox"/> facility center	<input type="checkbox"/> Mental
	<input type="checkbox"/> Alcohol or drug rehabilitation health facility		
<b>Name of facility's Chief Executive Officer:</b> Yolanda Perez, LDCD, AAC			
<b>Number of staff assigned to the facility in the last 12 months:</b> 19			
<b>Designed facility capacity:</b> 50			
<b>Current population of facility:</b> 43			
<b>Facility security levels/inmate custody levels:</b> minimum			
<b>Age range of the population:</b> 18 to 65			
<b>Name of PREA Compliance Manager:</b> Patricia Perez		<b>Title:</b> Accountant/Admin	
<b>Email address:</b> patricia.libertylodgetx@yahoo.com		<b>Telephone number:</b> (361) 664-7555	
<b>Agency Information</b>			
<b>Name of agency:</b> Liberty Lodge Inc			
<b>Governing authority or parent agency:</b> (if applicable)			
<b>Physical address:</b> 160 FM 2507 Alice, TX 78332			
<b>Mailing address:</b> (if different from above)			
<b>Telephone number:</b> (361) 664-7555			

<b>Agency Chief Executive Officer</b>		
<b>Name: Yolanda Perez</b>	<b>Title: Executive Director</b>	
<b>Email address: Yolanda.libertytx@yahoo.com</b>	<b>Telephone number:</b>	<b>361-664-7555</b>
<b>Agency-Wide PREA Coordinator</b>		
<b>Name: N/A</b>	<b>Title:</b>	
<b>Email address:</b>	<b>Telephone number:</b>	

## AUDIT FINDINGS

### NARRATIVE

The PREA on-site audit of Liberty Lodge Inc., Community Confinement Center was conducted on February 1 & 2, 2017 by the DOJ Certified PREA Auditor, Noelda Martinez. Liberty Lodge Community Confinement Center is located on 160 FM 2507 in Alice, Texas 78332. The PREA Compliance Audit Instrument Checklist of policies/procedures and other documents and the PREA Audit: Auditor Compliance Tool for Community Confinement Facilities was utilized in the review process for each standard.

The Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance for each PREA standard. Questions during this review period were answered by the Facility Director, PREA Compliance Manager and agency's PREA Coordinator. For each standard; staff and client interviews, observations, and review of documentation provided-verified that practices are consistent with facility policies and procedures.

On February 1, 2017, an introduction meeting was held with the Agency's PREA Coordinator, PREA Manager, and on-site monitor. A tour of the facility's inner and outer perimeters was conducted. During the tour, the auditor observed the schematics of the building, location of cameras, staff and client population including shower/toilet areas. The placement of PREA posters and advocacy crises center telephone information was observed. The shower areas allow clients to shower separately and shower stalls have plastic curtains for additional privacy and overall safety. Toilets are single stalls with partial solid doors for privacy. There were a few issues noted during the facility tour. The facility has done a great job of providing a safe environment for the client population they serve. Gender announcements were made every single time the opposite gender entered the male housing area.

Prior to the on-site visit, the required documentation was submitted for review by the facility PREA coordinator to reflect compliance for each standard. The following documents were reviewed to demonstrate compliance: 1) Pre-Audit Questionnaire; Agency's policy and procedure; client's educational materials; employee training, organizational charts, staffing plans; including client files. During the pre-audit review process, several questions were raised and they were all discussed by email and via telephone with the agency's PREA Coordinator and PREA Compliance Manager. During the tour and on-site visit, staff and clients were informally questioned about their overall knowledge of the agency's zero-tolerance policy and method of reporting.

Following the tour, the auditor debriefed with the Agency's PREA Coordinator and the facility PREA Manager. The auditor began the review process of client files and information. A total of twenty-five (25) clients, twelve from each housing unit were formally interviewed. Of the random twenty-five (25) client interviews; two (2) were non-English speaking clients; there were no transgender, intersex, gay or bisexual clients during the audit. All the clients interviewed acknowledged receiving PREA training with written

information during the intake process. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and could articulate during the interview methods of reporting allegations of sexual abuse and sexual harassment available to them. There were no clients in the past 12 months which reported sexual abuse or sexual harassment.

A total of ten (10) staff members were interviewed during the audit. (1) Head of Agency, (1) SANE Nurse, (1) PREA coordinator, (4) random staff (Direct Care Technicians/Cook/Counselors/Direct Care Technician-Shift Supervisor/Counselor Interim/Accountant), (2) intake staff, and (1) specialized staff. Several interviewed staff had multiple roles and were asked multiple questions as related to their responsibilities. Staff interviewed were all knowledgeable of detecting, preventing, responding and reporting sexual abuse and sexual harassment allegations. There is no SAFE or SANE staff at the facility. Clients in need of SAFE or SANE are transported to the Doctor Regional Hospital located at 3315 S. Alameda St, Corpus Christi, Texas 78411.

The Facility Director and PREA Compliance Manager are trained investigators. In the 12 months preceding the audit, Liberty Lodge Community Confinement Center reported zero (0) incidents of sexual abuse and sexual harassment for the audit cycle of February 2016 to February 2017.

While the auditor was onsite, the facility was given the opportunity to provide supporting documentation to demonstrate compliance with two standards. PREA Signage in both English and Spanish that were not posted in the housing areas and Third Party reporting. Both deficiencies were corrected immediately onsite bringing standards 115. 211 & 115.245 into compliance with no further action required.

After the on-site audit, an exit meeting was held to discuss the audit findings with the Agency Director, PREA Manager, PREA Coordinator and TDCJ on-site monitor. During the exit meeting, the facility was informed of the process that would follow the onsite visit and responsibility to publicly post the report. The team was complimented on their ongoing cooperation prior to the audit, during the audit on-site audit and their willingness to achieve PREA compliance as a team.

Overall, the facility appeared to be well facilitated in a safe and secure manner. The Liberty Lodge facility embodied seasoned qualified staff to include retired teachers and counselors. The level of respect displayed amongst the client and staff reflects the overall mission of the facility. Staff members exhibited knowledge of the PREA Standards and clients felt safe with no complaints regarding staff or other clients. The clients expressed a high level of gratitude towards the staff and praised their level of commitment and respect.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Liberty Lodge Inc., Treatment Facility is located on 160 to Farm Market Road 2507 in Alice, TX 78332. Liberty Lodge is a privately held company categorized as a treatment facility established in 2005 with the leadership of Executive Director/Program Director/CFO Yolanda Perez. The program houses 50 clients and the average length of stay for clients at the facility is approximately 30 to 90 days. The Community Confinement is made up of one building: Main building includes housing for clients, main control room for the facility, administrative offices, a kitchen and dining hall, intake offices, laundry room, bathrooms and an outside recreation area.

The facility has a total of four (4) cameras located on the outside of the facility. One camera is positioned in the front outside area and the second camera is in the back outside area covering the recreation yard. The other two cameras are located on the sides covering the perimeter. The facility is one building with two male housing units housing approximately 25 clients in each unit. There is one parking lot containing about 10 parking spaces for employees and visitors and no perimeter fence. The facility does not utilize the services of contractors and has no religious volunteers.

The Direct Care Technicians (DCT) conduct continuous ongoing 24-hour security inspections in both housing units to prevent and deter inappropriate behavior; promoting zero-tolerance of sexual abuse. The staffing ratio is 1:20 during the day and a 1:50 ratio at night. The facility population was 44 with three Direct care technicians assigned during the day shift and night shift exceeding the client staffing ratio requirement. Fencing is not present around the facility. Clients can work in the surrounding approved areas with prior eligibility and a pass determined by the Counselor and the treatment team. Eligible clients must meet all criteria's including treatment goals, objectives, personal obligations, chores, house responsibilities, and financial obligations. The approved passes are as follows: 1<sup>st</sup> pass-4 hours and must be off orientation; 2<sup>nd</sup> pass-6 hours; 3<sup>rd</sup> pass-8 hours; 4<sup>th</sup> pass-12 hours; 5<sup>th</sup> pass-24 hours (must have a full-time job); 6<sup>th</sup> pass-48 hours (must have a full-time job). Clients are not allowed to smoke cigarettes in the facility or on the ground itself due to the Smoking Ban. Some of the programs offered at this facility are Physical exercise, social interaction, voluntary bible study, chores, structure meetings, PM development, AM development, life skills, level groups, step studies, CD education, cognitive intervention, PREA classes, AA meetings, anger management, relapse prevention, process group, encounter group, peer support group, and team-building. As a transitional and rehabilitation goals are achieved, clients earn the privilege of decreased structure and increased responsibilities.

Mission Statement: It is the Mission of Liberty Lodge residential treatment facility to provide the education, life skills, and relapse prevention skills that will enable our clients to succeed as individuals in society. We are committed to support and promote cognitive behavioral change and an understanding of the 12-step fellowship to ground our clients to a substance-free and crime-free lifestyle, thereby, maintaining a safe residential treatment experience while at this facility.

## SUMMARY OF AUDIT FINDINGS

During the on-site audit, five (5) PREA standards did not meet the requirements due to the following reasons. Each standard was corrected no later than February 20, 2017 making all thirty-eight (38) standards in compliance and one (1) standard that was not applicable for the facility.

[X]115.215 Limits to Cross Gender viewing and Searches.

Clients have the right to shower and have adequate privacy; the shower curtains were a tan color with no visibility from the mid-shoulders up posing a security risk for a sexual abuse. The five (5) shower curtains were ordered on February 9, 2017 with a visible portion providing adequate privacy for the client and prevention of sexual abuse. The facility replaced the five (5) shower curtains on February 21, 2017. No further action was required.

[X] 115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

During the facility tour the PREA signage was not posted in the required areas including the two (2) housing areas and laundry room. The PREA signs were posted in both English and Spanish immediately on February 1, 2017. No further action is required.

[X] 115.254 Third Party Reporting.

The facility did not have a method to publicly distribute information on how to report sexual abuse and sexual harassment. Third Party Reporting Notice was posted in the designated areas for reporting methods immediately on February 1, 2017. No further Action was Required.

[X]115.217 (f) Hiring and Promotion Decisions.

The agency has implemented the Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation and shall be signed by every employee. The facility is required provide a copy for each employee within the next 30 days. The facility provided the auditor with (6) PREA Disclosures on Feb. 2, 2017. The remaining thirteen (13) Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluations were submitted to the auditor on February 20, 2017. No further action was required.

[X] 115.241 (f) Screening for Risk of Sexual Victimization and abusiveness.

The facility is required to conduct a reassessment for risk of victimization or abusiveness based on any additional, relevant information received by the facility since the intake screening within a set time not to exceed 30 days from the client's  
A sample reviewed determined that the reassessment forms were conducted within a few days. The facility is required to retrain all counselors on the 30-day reassessment to include a documentation. B. Martin, LCDC conducted the reassessment training for all five (5) counselors on February 2, 2017 to include documentation provided to the auditor. No further action was required.

The facility met the requirements for thirty-eight (38) standards and one (1) not applicable after updating all additional information no later than February 20, 2017. This should be considered the final report meeting all PREA Standards.

**Number of standards exceeded: 0**

**Number of standards met: 38**

**Number of standards not met: 0**

**Number of standards not applicable: 1**

**Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge Treatment Center implemented a zero-tolerance located in the Liberty Lodge PREA policy AM—4.3 Prevention Planning-Community Confinement. Liberty Lodge has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining Liberty Lodge’s approach in preventing, detecting, and responding to such conduct. In addition to the PREA Coordinator there is a designated PREA Compliance Manager at the facility who oversees compliance to zero-tolerance. The Coordinator and Manager stated during the interview that they both had sufficient time to conduct PREA related duties and responsibilities. Zero Tolerance signage were posted in both English and Spanish throughout the facility, information in the client handbook, and PREA meetings held to include interviews with staff and clients.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- XNot Applicable**

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This standard is not applicable for Liberty Lodge Inc Treatment Center which is directly operated by Liberty Lodge. Liberty Lodge does not contract with other facilities for the confinement of its clients. Based on documentation provided as well as interview of the Facility Director, this standard is not applicable.

### Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement)
- XMeets Standard (substantial compliance; complies in relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge has a developed staffing plan that provides for adequate levels of staffing and monitoring to protect clients against sexual abuse. In calculating adequate staffing levels and determining the need for monitoring, the following considerations; physical layout of the facility, composition of the client population, prevalence of substantiated and unsubstantiated incidents of sexual abuse and justification of all deviations from the staffing plan. The facility has four (4) surveillance cameras designated outside the facility covering the perimeter and recreation yard. Additionally, the security staff conducts continuous client rounds for safety and security. The on-site audit included an examination of client access to phones, staffing rosters, and housing assignments. The facility makes its best efforts to comply with the approved PREA Staffing plan. In the past 12 months, there were no deviations made to the staffing plan. Per policy, facility management and mid-level staff conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. The Liberty Lodge is compliant with the standard.

### Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge PREA policy prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or by a medical practitioner. Liberty Lodge does not exceed 50 clients. Additionally, the policy prohibits searching or physically examining a transgender or intersex client for the sole purpose of determining the client’s genital status. In the past 12 months, the facility has not conducted any cross-gender pat down or strip searches or cross-gender visual body cavity searches. Staff reported that clients can shower, dress and use the toilet privately without being viewed by staff of the opposite gender. During the tour, female staff announced their presence verbally when entering all male housing areas. Interviewed clients also stated that staff announced their presence when opposite gender staff entered the housing units and bathrooms. In addition to general training provided to all employees,

staff received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex clients. In the past 12 months, there were no transgender or intersex clients housed at the facility. The facility does not permit strip searches. The agency has policies and procedures in place that enable clients to shower, perform bodily functions and change clothing without staff viewing their buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter client housing and restroom areas. This practice was observed on-site and clients/staff interviewed confirmed the practice is being followed. Liberty Lodge is compliant with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge takes appropriate steps to ensure clients with disabilities and clients with limited English Proficiency have an opportunity to participate in and benefit from the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Client handbooks, PREA posters and handouts are written in English and Spanish. Liberty Lodge utilizes the Language Line Solutions 1-800-752-6069 for interpreter services to address any language required to assist clients. Necessary steps will be taken to ensure effective communication with clients who are a deaf or hard of hearing, providing access to interpreters who can interpret effectively, effectively, accurately, and impartially, both receptively expressively, using any necessary specialized vocabulary. In addition, Liberty Lodge will ensure that written materials are provided in formats or through methods that ensure effective communication with clients with disabilities, including clients who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Liberty Lodge will not rely on client interpreters, client readers, or other types of client assistants. Staff interviewed were aware that client’s interpreters or assistants are not utilized in dealing with PREA related manner. The auditor interviewed a sample of clients that were non-English speaking. In the past 12 months, client interpreters have not been utilized. The Liberty Lodge is compliant with this standard.

**Standard 115.217 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action**

**recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Liberty Lodge policy prohibits the hiring, promoting or enlisting services of contractors who have engaged in sexual abuse in an institutional setting, convicted or attempted to engage in sexual activity in the community or have been civilly or administratively adjudicated to have engaged in sexual activity in the community. The facility implemented a new hire Prison Rape Elimination Act (PREA) Disclosure and Authorization Form Annual Performance Evaluation. 19 employee files were reviewed on February 2, 2017 and eight disclosures were pending. The facility was given 30 days to complete the disclosures forms and submit to the auditor. The eight disclosures forms were completed and provided on February 20, 2017. Liberty Lodge is compliant with this standard.

**Standard 115.218 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement)
- XMeets Standard (substantial compliance; complies in relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge policy addresses the requirements of this standard. Liberty Lodge has four (4) surveillance cameras outside of the facility. There have been no modifications/expansions to the facility. The facility is compliant with this standard.

**Standard 115.221 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge is responsible for investigating allegations of sexual abuse and follows a uniformed evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Doctor’s Regional Hospital 3315 Alameda St. Corpus Christi, TX 78411 is responsible for the collection of forensic evidence.

An interview was conducted with the SANE nurse addressing and understanding all proper procedures and protocols. Liberty Lodge offers victim of sexual abuse access to forensic medical examinations whether onsite or an outside facility without financial cost, where evidentiary or medically appropriate. Liberty Lodge provides a victim of sexual abuse with a victim advocate services from a community based organization. National and Local Rape Crises Services-RAINN (800) 656-4673 or [www.rainn.org](http://www.rainn.org). The online hotline provides live, secure, anonymous crisis support for victims of sexual assault, their friends, and families over RAINN's website. The hotline is free of charge and is available 24 hours per day, 7 days per week. The Rape Crisis Center of San Antonio serves children, women, and men 24-hour hotline @ 210.349.7273. No SANE/SAFE exams were conducted in the past 12 months. The Liberty Lodge is compliant with this standard

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge policy ensures administrative and criminal investigations are completed for all allegations of sexual abuse or sexual harassment. Liberty Lodge policy ensures all allegations of sexual abuse or sexual harassment are referred to the local law enforcement for criminal investigations, unless the allegation does not involve potentially criminal behavior, Liberty Lodge will conduct administrative investigations and shall document all referrals. Staff must complete an incident report and an EAC report and fax them to (936) 437-8996. There have been zero (0) allegations of sexual abuse or sexual harassment in the past 12 months. There have been no allegations in the past 12 months therefore none resulted in administrative or criminal investigation. Liberty Lodge is complaint with this standard.

**Standard 115.231 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge addresses this standard with policy AM-4.5 Training and Education-Community Confinement (Prison Rape Elimination Act). Liberty Lodge has a zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting and response to policies and procedures; client rights to be free from sexual abuse and sexual harassment; the right of client and employees to be free from retaliation for reporting sexual abuse; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect the signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with clients; how to communicate effectively and professionally with clients, including gay, bisexual, transgender and intersex, or gender non-conforming clients; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All new employees are required to receive training relative to their duties and PREA responsibilities. All current staff will be trained with refresher training every two years

to ensure their daily responsibilities of zero tolerance, sexual abuse and sexual harassment. In years in which an employee does not receive refresher training; Liberty Lodge will provide refresher information on current sexual abuse and sexual harassment policies. Liberty Lodge documents through employee signature that employees understand the training they have received. Liberty Lodge is compliant with this standard.

#### **Standard 115.232 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement)
- XMeets Standard (substantial compliance; complies in relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge policy addresses this standard. All volunteers/contractors who have contact with clients shall receive training on their responsibilities under Liberty Lodge’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers/contractors who have contact with the clients will be notified of Liberty Lodge’s zero-tolerance policy regarding sexual abuse and sexual harassment to include the reporting of such incidents. Liberty Lodge will maintain documentation confirming that volunteers/contractors understand the training they have received. Liberty Lodge is in compliant with this standard.

#### **Standard 115.233 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge policy addresses the requirements of this standard. During the intake process, clients receive information verbally and in writing (client handbook & pamphlet in English/Spanish) explaining Liberty Lodge’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. Liberty Lodge provides client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as clients who have limited reading skills. Liberty Lodge maintains documentation of client participation in these educational sessions to include continuous key information readily available or visible to clients through posters, client handbooks, or other written formats. Language line assistance

is available for clients who have difficulty communicating. Liberty Lodge has facility interpreters for Spanish speaking clients available as needed. There is a process in place to assist clients with learning disabilities and other impairments. Staff and clients interviewed and a review of policy to include documentation verify compliance with this standard.

**Standard 115.234 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds)
- XMeets Standard (substantial compliance; relevant review period)**
- Does Not Meet Standard (requires corrective

**Auditor discussion, including 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.**

Liberty Lodge policy ensures all allegations of sexual abuse or sexual harassment are referred to the local law enforcement for criminal investigations, unless the allegation does not involve potentially criminal behavior, Liberty Lodge will conduct administrative investigations and shall document all referrals. The facility has two specialized trained investigators to conduct administrative investigations on the facility. The two specialized investigators trained to conduct administrative investigations were knowledgeable concerning their responsibilities under the PREA standards. Liberty Lodge is compliant with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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Liberty Lodge policy addresses this standard. There is no medical staff onsite and forensic medical examinations for sexual abuse victims are conducted at Doctor Regional Hospital on 3315 Alameda St. in Corpus Christi, TX 78411 by a trained Sexual Assault Nurse Examiner (SANE). Liberty Lodge is compliant with this standard.

#### Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge policy AM-4.6 Screening for Risk of Victimization and Abusiveness requires all clients to be assessed during the intake screening and upon transfer to another facility for their risk of being sexually abused by other clients or sexually abusive toward other clients. The Intake Screening for Risk of Sexual Victimization and Abusiveness is completed within 72 hours of arrival to the facility. A PREA 30-day reassessment is conducted within and not to exceed 30 days of the client's arrival at Liberty Lodge for referrals, request, incidents of sexual abuse, or receipt of additional information that bears on the client's risks of sexual victimization or abuse. The risk assessment and reassessment is conducted using the facility objective screening instrument. 115.241 (f) Screening for Risk of Sexual Victimization and abusiveness. The facility is required to conduct a reassessment for risk of victimization or abusiveness based on any additional, relevant information received by the facility since the intake screening within a set time not to exceed 30 days from the client's arrival. A sample reviewed determined that the reassessment forms were conducted within a few days not meeting the 30-day criteria. The facility is required to retrain all counselors on the 30-day reassessment to include a documentation. B. Martin, LCDC conducted the reassessment training for all five (5) counselors on February 2, 2017 to include documentation provided to the auditor. No further action was required. Liberty Lodge is compliant with this standard.

#### Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating clients at high risk of being sexually victimized from clients with those at high risk of being sexually abusive. The screening tool is also utilized in making individual determinations on the safety of each client, transgender or intersex in making housing or programming assignments. Liberty Lodge will consider on a case-to-case basis whether a placement would ensure the residents health and safety and whether the placement would present management or security problems. Liberty Lodge prohibits disciplining

clients for refusing to answer the questions. The client's own perception of transgender or intersex with respect of his or her own safety will be given serious consideration. Transgender and intersex clients will be given the opportunity to shower separately from other clients. Liberty Lodge does not place gay, bisexual, transgender or intersex clients in dedicated units or wings solely based on such identification. Liberty Lodge did not have any transgender or intersex clients during the audit cycle. Liberty Lodge is in compliant with this standard.

#### **Standard 115.251 Resident reporting**

- Exceeds Standard (substantially exceeds)
- XMeets Standard (substantial compliance; relevant review period)**
- Does Not Meet Standard (requires corrective

**Auditor discussion, including 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.**

Liberty Lodge provides multiple internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. PREA posters, PREA handouts and client handbooks (in English/Spanish) outline the mandates of the standard and observed throughout the facility during the tour. A review of the documentation and staff/client interviews indicated that there are multiple ways (in writing, verbally, anonymously, privately and from a third party) for clients and staff to report. There have been no reports of sexual abuse or sexual harassment in the past 12 months. Liberty Lodge is in complaint with this standard.

#### **Standard 115.252 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge written policy is compliant with this standard. Clients may file a grievance concerning allegations of sexual abuse or sexual harassment that would immediately result in an administrative or criminal investigation. All response and reporting time limits concerning the grievance process are written in the Liberty Lodge PREA policy. Based on the policy and handbook, clients are not required to use the informal and formal grievance process and can submit a grievance alleging sexual abuse or sexual harassment without

submitting it to the staff member who is the subject of the complaint. There have been no grievances filed regarding a PREA allegation in the past 12 months. Staff and client interviews, policy and handbook review proved to be compliant with this standard.

#### **Standard 115.253 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

The clients of Liberty Lodge are provided with access to outside victim advocates for emotional support services related to sexual abuse. The following hotlines are provided: (361) 881-8451 & (361) 664-8598; RAINN 1-800-656-4673; Rape Crisis Center hotline (210) 349-7273. Upon arrival to the facility during intake, counselors provide the clients with a PREA brochure and handbook with appropriate telephone numbers and mailing addresses. Victim Advocacy information is posted and available by the phones and main dining area. Liberty Lodge notifies clients 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. There have been no reported allegations of sexual abuse and sexual harassment in the past 12 months. Staff and client interviews and documentation reviewed support compliance with this standard.

#### **Standard 115.254 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy addresses third-party reporting procedures. During the tour, the auditor did not observe the third-party notifications posted throughout the facility that addresses the requirements of this standard. The facility did not have a method to publicly distribute information on how to report sexual abuse and sexual harassment. The facility immediately implemented a corrective action by obtaining

and placing a Third-Party Reporting Notice in the designated areas for reporting methods on February 1, 2017. No further Action was Required. Liberty Lodge is compliant with this standard.

#### **Standard 115.261 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds)
- XMeets Standard (substantial compliance; relevant review period)**
- Does Not Meet Standard (requires corrective

**Auditor discussion, including 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.**

Liberty Lodge policy AM-4.7 Official Response following a Client report addresses this standard and requires that relevant information is maintained in a confidential manner. Interviews with staff confirmed their knowledge and awareness of how to immediately report allegations of sexual abuse, harassment or neglect relevant to PREA Standards. Staff interviews determined that staff understand their duties and responsibilities of reporting sexual abuse and sexual harassment. There have been no reported allegations of sexual abuse or sexual harassment in the past 12 months. A review of policy and random staff interviews support compliance with this standard.

#### **Standard 115.262 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy addresses the requirement of this standard. Staff interviewed were knowledgeable of their responsibilities regarding clients who may be at imminent risk of being sexually abused or sexually harassed. Random sample of staff interviews determined that immediate action would be taken for clients with a substantial risk of imminent danger. The following steps were provided by staff: immediately act to protect the client, separate both victim/predator to safety, secure the crime scene and protect any possible evidence and report the incident to a supervisor immediately. In the past 12 months, there have been no incidents where the facility determined a client was subject to substantial risk of imminent sexual abuse. A review of the policy, staff and client interviews support compliance with this standard.

### Standard 115.263 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement)
- XMeets Standard (substantial compliance; complies in relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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.**

Liberty Lodge policy addresses this standard. Per policy, upon receiving an allegation that a client was sexually abused while confined at another facility, Liberty Lodge staff receiving the allegation shall notify the head of Liberty Lodge or designee/Administrative Assistant. The head of Liberty Lodge or designee notifies the TDCJ Contract Monitor, the appropriate office of the facility where the alleged abuse occurred, and law enforcement if the abuse occurred in jail. Liberty Lodge policy ensures all allegations of sexual abuse or sexual harassment are referred to the local law enforcement for criminal investigations, unless the allegation does not involve potentially criminal behavior, Liberty Lodge will conduct administrative investigations and shall document all referrals. Notifications will be made no later than 72 hours after receiving the allegation and all will be documented and an investigation will be initiated. During the past 12 months, there were no allegations reported of sexual abuse or sexual harassment that occurred at another facility. Interviews with staff, clients, and policy review support compliance with this standard.

### Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy addresses this standard. Staff interviewed were knowledgeable regarding their first responder duties and responsibilities as they relate to allegations of sexual abuse or sexual harassment. Staff understood how to immediately act to protect the client by separating the victim/predator, securing the crime scene for the protection of evidence, and reporting all allegations to their supervisor. Liberty Lodge has a written response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical, investigators and facility leadership.

There have been no allegations of sexual abuse or sexual harassment in the past 12 months. Interviews with staff and policy review support compliance with the standard.

**Standard 115.265 Coordinated response**

- Exceeds Standard (substantially exceeds)
- XMeets Standard (substantial compliance; relevant review period)**
- Does Not Meet Standard (requires corrective)

**Auditor discussion, including 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.**

Liberty Lodge policy addresses a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical staff, investigators, and facility leadership. There have been no allegations of sexual abuse or sexual harassment in the past 12 months. Interviews with staff and clients, policy and documentation review support compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

The policy addresses Liberty Lodge nor any other governmental entity responsible for collective bargaining on Liberty Lodge’s behalf shall enter or renew any collective bargaining agreement or other agreement that limits Liberty Lodge’s ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this standard will restrict the entering or renewal of agreements that govern the conduct of disciplinary process or whether a no-contact assignment that is imposed pending the outcome of an investigation will be expunged from or retained in the staff members personnel file following a determination that the allegation of sexual abuses is not substantiated. Liberty Lodge is compliant with this standard.

**Standard 115.267 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement)
- XMeets Standard (substantial compliance; complies in relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including 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.**

Liberty Lodge policy prohibits any type of retaliation to any staff member or client who has reported sexual abuse or sexual harassment or who has cooperated with such investigations. The agency PREA Coordinator and the facility PREA Compliance Manager are responsible for monitoring all possibilities of retaliation and at a minimum, conduct and document checks with clients who have been victimized or reported victimization for at least 90 days following an allegation. There have been no cases of retaliation discovered or reported in the past 12 months. An interview with the assigned retaliation monitoring personal, policy and documentation review support compliance with this standard.

**Standard 115.271 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy AM-4.8 Investigations addresses this standard. Liberty Lodge only conducts administrative investigations of allegations of sexual harassment in a prompt and thorough manner; and objectively for all allegations, including third-party and anonymous reports. When sexual abuse is alleged by the client, Liberty Lodge contacts the TDCJ contract monitor and Emergency Action Center (EAC), *and local law enforcement agency*. Liberty Lodge policy ensures all allegations of sexual abuse or sexual harassment are referred to the local law enforcement for criminal investigations, unless the allegation does not involve potentially criminal behavior, Liberty Lodge will conduct administrative investigations and shall document all referrals. There have been zero (0) allegations of sexual abuse or sexual harassment to warrant investigations. Interviews with staff, clients; policy and documentation review support compliance with this standard.



**Standard 115.272 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge policy addresses the evidence standard that requires "a preponderance of the evidence" when determining whether allegations of sexual abuse or sexual harassment are substantiated. During the past 12 months, there have been zero (0) allegations of sexual abuse or sexual harassment reported. Interviews with staff and a review of policy supports compliance with this standard.

**Standard 115.273 Reporting to residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy addresses this standard. Liberty Lodge will notify the client as to whether the allegations were substantiated, unsubstantiated, or unfounded. During the past 12 months, there have been no administrative or criminal investigations for PREA incidents. Policy review and interviews with staff confirm a practice that demonstrates compliance.

**Standard 115.276 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge AM-4.9 Discipline describe the required procedures necessary to support compliance with this standard. During the past 12 months, there were no staff that have been disciplined, terminated (or resigned prior to termination), or reported to law enforcement/licensing boards for violating the agency sexual abuse or sexual harassment policies. Policy review and interviews with staff supports compliance with this standard.

**Standard 115.277 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy complies with all required actions and reporting regarding volunteers and contractors as it relates to this standard. In the past 12 month, there have not been any volunteers/contractors accused of sexual abuse or sexual harassment of a client. Policy review and staff interviews support the practice that demonstrates compliance.

**Standard 115.278 Disciplinary sanctions for residents**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge policy addresses this standard. Clients shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client on client sexual abuse or following a criminal finding of guilt for client on client sexual abuse. Liberty Lodge does not discipline clients for making reports in “good faith” which may be found later to be unsubstantiated or unfounded. During the past 12 months, there have been zero (0) reports of client-on-client sexual abuse. Policy review, staff and client interviews support the practice that demonstrates compliance.

**Standard 115.282 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- X Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy addresses this standard. In the past 12 months, there were zero (0) clients that needed access to emergency medical and mental health treatment pursuant to the PREA standard, if needed. The client would be sent to Doctor Regional Hospital in Corpus Christi, TX and may be referred to the hospital and MHMR where required services would be provided. Policy review and interviews with staff support compliance with the standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge policy addresses this standard. In the past 12 months, there have been zero (0) victims of sexual abuse. The client would be sent to Doctor Regional Hospital in Corpus Christi, TX and may be referred to the hospital and MHMR where required services would be provided. Policy review showed provision for the services required by this standard.

**Standard 115.286 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy addresses this standard. During the past 12 months, there have been no administrative and or/criminal investigations of alleged sexual abuse reported. Interview with staff confirm that at the end of an investigation of sexual abuse, a committee would review all allegations other than those determined to be unfounded. Any issues of concern identified during the review would be addressed, resolved and documented. Liberty Lodge is compliant with this standard.

**Standard 115.287 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material with the standard for relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge policy addresses this standard. In the past 12 months, there have been zero (0) allegations of sexual abuse. A review of policy, documentation and an interview with the PREA Coordinator confirmed compliance with this standard.

**Standard 115.288 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**
- Does Not Meet Standard (requires corrective action)

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

Liberty Lodge policy addresses this standard. The agency PREA Coordinator and the facility PREA Compliance Manager collect the data to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, and to identify problem areas to take corrective action measures. An annual report will be prepared at the end of the year by the Head Administrator. An interview with the agency administrator determined compliance with this standard.

**Standard 115.289 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- XMeets Standard (substantial compliance; complies in all material ways with the standard for relevant review period)**
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-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.**

Liberty Lodge policy addresses this standard. An annual report of disclosable data will be prepared and approved by the Agency Administrator. Staff interview determined that data will be retained in a secure file for over ten years. The annual report has not been submitted at this time. PREA Coordinator and Agency Administrator interview confirmed compliance with this standard.

## **AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Noelda Martinez

3-24-2017

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Auditor Signature

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Date