

PREA Facility Audit Report: Final

Name of Facility: Cheyenne Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/24/2024

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"/>
Auditor Full Name as Signed: Karen d. Murray	Date of Signature: 07/24/2024

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	06/18/2024
End Date of On-Site Audit:	06/19/2024

FACILITY INFORMATION	
Facility name:	Cheyenne Center
Facility physical address:	10525 Eastex Freeway, Houston, Texas - 77093
Facility mailing address:	

Primary Contact

Name:	Latascha Newton
Email Address:	Lnewton@cheyennecenter.com
Telephone Number:	73-691-4898

Facility Director	
Name:	Catherine Santos
Email Address:	Cssantos@cheyennecenter.com
Telephone Number:	713-691-4898

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	298
Current population of facility:	171
Average daily population for the past 12 months:	220
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 +
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with	89

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
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Name of agency:	Cheyenne Center, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	10525 Eastex Freeway, Houston, Texas - 77093
Mailing Address:	
Telephone number:	713-691-4898

Agency Chief Executive Officer Information:	
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Name:	Catherine Santos
Email Address:	cssantos@cheyennecenter.com
Telephone Number:	7136914898

Agency-Wide PREA Coordinator Information			
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Name:	Latascha Newton	Email Address:	lnewton@cheyennecenter.com
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Facility AUDIT FINDINGS	
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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:

4

- 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

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-18
2. End date of the onsite portion of the audit:	2024-06-19

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:	Houston Area Women's Shelter Texas Ombudsman Office

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	298
15. Average daily population for the past 12 months:	160
16. Number of inmate/resident/detainee housing units:	67
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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	142
38. 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:	1
39. 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:	0
40. 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:	0
41. 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:	0
42. 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:	0
43. 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:	1

<p>44. 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:</p>	<p>0</p>
<p>45. 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:</p>	<p>0</p>
<p>46. 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:</p>	<p>0</p>
<p>47. 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:</p>	<p>0</p>
<p>48. 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):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. 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:</p>	<p>89</p>
<p>50. 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:</p>	<p>0</p>

<p>51. 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:</p>	<p>1</p>
<p>52. 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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>24</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</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 type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Upon arrival to the facility the Auditor was provided with a client roster. Due to the facility only have two targeted clients, both were chosen for interviews and the auditor then chose 24 random names from 24 of the 67 housing units. (Rooms as each have a single exit and entry door.)</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<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>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. 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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>After review of the client roster, interviews with specialized staff and a tour of the facility, this targeted category of client did not appear to reside in the facility during the onsite review.</p>
<p>62. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>After review of the client roster, interviews with specialized staff and a tour of the facility, this targeted category of client did not appear to reside in the facility during the onsite review.</p>
<p>63. 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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>After review of the client roster, interviews with specialized staff and a tour of the facility, this targeted category of client did not appear to reside in the facility during the onsite review.</p>
<p>64. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>After review of the client roster, interviews with specialized staff and a tour of the facility, this targeted category of client did not appear to reside in the facility during the onsite review.</p>
<p>65. 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:</p>	<p>1</p>

<p>66. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>After review of the client roster, interviews with specialized staff and a tour of the facility, this targeted category of client did not appear to reside in the facility during the onsite review.</p>
<p>67. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>After review of the client roster, interviews with specialized staff and a tour of the facility, this targeted category of client did not appear to reside in the facility during the onsite review.</p>

<p>68. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>After review of the client roster, client files, interviews with specialized staff and a tour of the facility, this targeted category of client did not appear to reside in the facility during the onsite review.</p>
<p>69. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. 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).</p>	<p>The facility does not utilize segregated housing at this facility.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All Technical Assistants scheduled to work during the onsite review, for each of the facility two 12-hour shifts, were interviewed.</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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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)

80. 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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	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.

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

Yes

No

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

85. 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

86. 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

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</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>90. 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?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</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.

92. 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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. 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
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility did not receive a sexual abuse allegation in the past 12 months.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility did not receive a sexual harassment allegation in the past 12 months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</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>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</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>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</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>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. 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

116. 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

121. 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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. Cheyenne Center Organizational Chart, dated 2.6.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Clients 2. Targeted Clients 3. Tech Assistants

4. Technical Assistant Supervisor
5. Chief Compliance Officer / PREA Coordinator
6. Chief Operating Officer
7. Chief Executive Officer

Through interviews with clients and personnel it is evident that this facility interweaves requirements of PREA throughout their daily protocols. Both clients and staff could speak to facility PREA practices and protocols being used as is described in the agency's PREA policies. The PREA Coordinator could attest to having the required time to institute and implement PREA protocols.

Formal and informal interviews with clients yielded the following unsolicited comments:

- Very respectful staff, they treat us well
- Staff check on me often to makes sure I'm okay
- Postings in the meeting room are always available
- Feel very safe, never heard of anyone being abused here
- I don't have to worry about my safety so I can focus on my program and rehabilitation
- This is a pretty good program

Onsite Observation:

The facility is a refurbished hotel. Each room has two bunk beds, four dressers and a private bathroom with a full door at the entrance and shower curtain for the bath. Staff offices are situated in between client dorms to provide a break in a long stretch of rooms and provide the opportunity to place vulnerable populations close to staff offices.

PREA audit notices were observed to have been posted in the entry of the facility where all clients, staff and visitors enter. Zero Tolerance postings with the agency policy, reporting, third party and advocacy information were observed throughout the facility.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 7, section 115.211 (a), states, "The agency mandates a zero-tolerance policy towards all forms of sexual abuse and sexual harassment. The following describes the agency's approach to preventing, detecting, and responding to such conduct. See the agency's sexual assault action plan. 1) Implementation of the overall PREA program for all Cheyenne Center, Inc.'s facilities is primarily the responsibility of the agency PREA Coordinator. The PREA Manager/Coordinator is responsible for ensuring agency PREA policies are being followed and reported. Additional responsibilities include informing the agency's PREA Coordinator of any high-risk clients, ensure all clients receive PREA training, ensure all staff receive ongoing PREA training, and finally to ensure assessment screenings are completed on clients within 72 hours, within 30 days, and when new information is learned or the client is involved in a PREA incident. 2) The agency PREA Coordinator will regularly review staffing plans and PREA policies to adjust where necessary (at least annually). The Coordinator will also conduct incident reviews of all PREA incidents."

(b) The Cheyenne Center, Inc., PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PAQ states the Chief Compliance Officer serves as the agency PREA Coordinator.

PREA Community Confinement Standards Policy, page 7, section 115.211 (b), states, "The agency designates Latascha Newton, as the agency wide PREA Coordinator. The coordinator shall have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. Specifically, the job duties related to the role of PREA coordinator will be priority over others."

The facility provided a Cheyenne Center Organizational Chart demonstrating the Chief Compliance Officer also serves as the PREA Coordinator and reports directly to the Chief Executive Officer.

	<p>Through reviews of the facility PREA practices in place, file review, clients overwhelming response to feeling safe in the program and being able to focus on treatment as opposed to their safety, the facility exceeds standard requirements.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Chief Executive Officer <p>The interview with the Chief Executive Officer demonstrated the agency is not responsible for collective bargaining.</p> <p>(a) The Cheyenne Center, Inc., PAQ states agency does not contract with private agencies for confinement services of their residents.</p> <p>Through such reviews, the facility meets standard requirements.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. Cheyenne Center, Inc., PREA Staffing Plan, dated 1.25.2023

Interviews:

1. Random Clients
2. Targeted Clients
3. Tech Assistants
4. Tech Assistant Supervisor

Interviews with clients demonstrated staff take extra care when entering dorms to knock, announce, and wait a few seconds before entering to ensure each are dressed and ready for staff and guests to enter.

Interviews with Tech Assistants and Technical Assistant Supervisor demonstrated 'head counts' are completed multiple times a day throughout their shift.

Site Observation:

During the tour cross gender announcements were made every time staff entered each dorm, head counts were witnessed and interactive supervision with Tech Assistants and Administration was constant.

(a) The Cheyenne Center, Inc., 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 220. 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 240.

PREA Community Confinement Standards Policy, page 7-8, section 115.213 (a) 1-4, states, "For each facility, the agency has developed a staffing plan that provides for adequate levels of staffing and video monitoring, to protect clients against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the agency has taken the following in consideration:

1. The physical layout of each facility;
 2. The composition of the client population;
 3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- and

4. Any other relevant factors.”

The facility provided a Cheyenne Center, Inc., PREA Staffing Plan. The staffing plan speaks to the following components.

- Client demographics
- Client Ratios
- Rounds and video surveillance
- Deviations
- Any judicial findings of inadequacy
- Any findings from Federal investigative agencies
- Any findings of inadequacy from internal or external oversight bodies
- Components of the facility’s physical plant
- The composition of the inmate population
- The number and placement of supervisor staff
- Institution programs occurring on a particular shift
- Any applicable state or local laws, regulations, or standards
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse
- Any other relevant factors.

The staffing plan is approved by the PREA Coordinator, Chief Operating Officer, and the Chief Executive Officer on 1.25.2023.

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

PREA Community Confinement Standards Policy, page 8, section 115.213 (b), states, “In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The agency PREA coordinator must be notified, along with the facility’s point person.”

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 8, section 115.213 (c) 1-4, "Once each year with the assistance of the agency PREA coordinator, the facility will assess, determine, and document whether adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The facility's deployment of video monitoring systems and other monitoring technologies;
4. The resources the facility has available to commit to ensure adequate staffing levels."

Through interviews demonstrating client privacy is respected and the facility completes unannounced and daily rounds, which are not a requirement of a community confinement center, the facility exceeds the standard requirements.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. Offender Pat Search and Contraband Control & Pat Search Procedures Staff Training Acknowledgement, not dated 4. Females Must Knock Flyer 5. Post Audit: Cheyenne Center In-Service Documentation for Facility Personnel,

dated 7.3.2024

6. Post Audit: Cheyenne Center Memorandum for PREA Compliance, dated 7.11.2024

Interviews:

1. Random Clients
2. Targeted Clients
3. Tech Assistants
4. Chief Compliance Officer / PREA Coordinator / Investigator

Interviews with clients demonstrated the facility has a respectable process in place for searches and urinalysis testing. 100% of clients interviewed stated searches and urinalyses were completed by same sex staff and all stated those processes were conducted respectfully.

Random interviews with staff demonstrated all pat searches are completed by male staff because the facility houses male clients.

The interview with the PREA Coordinator demonstrated pat searches are conducted with one male staff and one client.

Site Observation:

During the tour the search area was observed to be in a small room from the dining area, in view of a camera; however, the client steps into an area out of line of sight of the camera and removes shoes,

Action Plan:

- Appropriate facility staff to complete documented, acknowledgement of understanding education regarding the requirements of provision 115.215.
- Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will monitor continued quality assurance with each element of §115.215. Memorandum must be dated, addressed to DOJ PREA Auditor, author name and provision number. (Re: 115.215 (a)).
- Upload all documentation to provision 115.215 (a) in the PAQ.

Post audit the facility provided in-service documentation demonstrating 66 facility personnel were educated on the components of §115.215.

Post audit the facility provided a memorandum from the PREA Coordinator/Manager, addressed to the PREA Auditor, stating, "Facility has designated female staff members who are comfortable with conducting pat searches for clients who requests opposite gender based on gender identity. PREA Manager will update the staff list and conduct training quarterly.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 8, section 115.215 (a), states, "Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening)."

(b) The Cheyenne Center, Inc., 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. The facility population is comprised of male clients, only.

PREA Community Confinement Standards Policy, page 8, section 115.215 (b), states, "Facilities will not restrict female clients' access to regularly available programming or 10 other outside opportunities in order to comply with this provision. The agency requires at least one female on duty at all times for facilities with female clients. Male staff shall not pat down female clients."

(a) The Cheyenne Center, Inc., PAQ states the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

PREA Community Confinement Standards Policy, page 8, section 115.215 (c), states, "The agency will document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat down searches of female clients. If a strip search or cross gender pat down of a female client is conducted with advanced permission, the program director will immediately notify the agency PREA coordinator."

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 8, section 115.215 (d), states, "Clients have the right to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine "room checks." Staff of the opposite gender must knock and announce their presence when entering an area where clients are likely to be showering, performing bodily functions, or changing clothing. This includes client bedrooms. Specifically, staff should knock, then state "female/male on the floor," then enter the room."

The facility provided a Females Must Knock and Announce posting in English and Spanish which appears to be posted on Client dorm doors.

(e) The Cheyenne Center, Inc., PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months was zero.

PREA Community Confinement Standards Policy, page 8, section 115.215 (e), states, "Staff shall not search or physically examine a transgender or intersex client for the sole purpose of determining the client's genital status. If the client's genital status is unknown, it may be determined during conversations with the client, by reviewing

	<p>medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.”</p> <p>(f) The Cheyenne Center, Inc., PAQ states 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p> <p>PREA Community Confinement Standards Policy, page 8, section 115.215 (f), states, “The agency will train staff in how to conduct cross gender pat down searches and searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs. This training must occur prior to the staff member conducting pat downs on clients. Refresher training will be given annually. The PREA Coordinator is responsible for ensuring proper training is occurring.”</p> <p>The facility provided an Offender Pat Search and Contraband Control & Pat Search Procedures Staff Training Acknowledgement demonstrating staff acknowledge the following through their signature. “I have viewed the Offender Pat Search and Contraband Control & Pat Search Procedures Staff Training Videos. I’m aware of Cheyenne Center, Inc.’s and TDCJ’s requirements regarding pat searches, reporting and procedures.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. Interpreting Services Quote, dated 3.1.2022

Interviews:

1. Chief Compliance Officer / PREA Coordinator

Interviews with specialized staff demonstrated there were no targeted clients in the category during the onsite review.

The interview with the PREA Coordinator demonstrated she provides a PREA class each Thursday as part of the orientation into the program. New and existing clients are welcome to attend the class as many times as they wish. The PREA Coordinator explained clients are provided with this education in their first language and if they have any type of limitation, which would be determined during the admission process, they would be provided with a one-on-one class with her. During the orientation PREA class the agency zero tolerance policy is defined, in detail, how to report and who to report information, required reporting and reporting in good faith, the role of the PREA investigator, and client rights are provided. Once clients have had an opportunity to ask questions, each then signs participation in the education received.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 9, section 115.216 (a), states, "The agency has taken appropriate steps to ensure that clients with disabilities (including clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, the language line (800-873-9865) can be accessed 24/7 and offers translation of multiple languages to English, via the phone. The agency, not the client, will be responsible for any associated costs. A list of employees with specialized training in languages and sign language has also been created as another resource. If a staff member is not available, the agency has several local for hire interpreters available. In addition, the agency has ensured that written materials are provided in formats, such as Spanish, or through methods that ensure effective communication with clients with disabilities, including clients who have intellectual disabilities, limited reading skills, or who are blind or have low vision."

The facility provided an Interpreter Service Quote signed by a Cheyenne Center Representative and the Empowered Hands LLC., Executive Director on

3.1.2022

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 9, section 115.216 (b), states, "The agency will take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary."

(c) The Cheyenne Center, Inc., 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. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. 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.

PREA Community Confinement Standards Policy, page 9, section 115.216 (c), states, "The agency will not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first response duties, or the investigation of the client's allegations. The agency PREA Coordinator must be notified within 24 hours if a client is used as an interpreter, reader, or other type of resident assistant. The PREA Coordinator will keep a log of incidents."

Through reviews of the facility weekly PREA class, one on one PREA classes for cognitively delayed clients and clients being able to attend PREA class weekly, the facility exceeds the standard requirements.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 545 376">Document Review:</p> <ol data-bbox="280 412 1257 519" style="list-style-type: none"> <li data-bbox="280 412 734 448">1. Cheyenne Center, Inc. PAQ <li data-bbox="280 483 1257 519">2. PREA Community Confinement Standards Policy, dated 11.2020 <p data-bbox="280 627 437 663">Interviews:</p> <ol data-bbox="280 698 849 734" style="list-style-type: none"> <li data-bbox="280 698 849 734">1. Human Resource / Payroll Manager <p data-bbox="280 770 1452 1182">Interviews with the Human Resource Manager demonstrated criminal background checks and administrative adjudication questions are completed during the interview and hiring processes; however, the facility had not practiced review of administrative adjudication questions during the promotion process. The Human Resource Manager stated criminal background checks are completed every five years for all employees and contractors. The Human Resource Manager completes institutional reference checks for applicable employees and responds to such requests from PREA compliant facilities. The Human Resource Manager stated personnel file audits are completed three to four times per year to ensure ongoing records compliance.</p> <p data-bbox="280 1290 526 1326">Site Observation:</p> <p data-bbox="280 1361 1468 1603">Utilizing the PREA Community Confinement Documentation Review Employee File/ Records template, 18 employee files reviewed demonstrated 18 of 18 employees had background checks completed upon hire and within five years, thereafter. Each employee has completed documented administrative adjudication questions and institutional reference checks for applicable employees. The facility did not have personnel promoted in the past 12 months.</p> <p data-bbox="280 1711 539 1747">Recommendation:</p> <p data-bbox="280 1783 1442 1863">Ensure Administrative Adjudication questions are completed through an interview and or documented in the process for promoted employees.</p> <p data-bbox="280 1971 1458 2087">(a) The Cheyenne Center, Inc., 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</p>

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.

PREA Community Confinement Standards Policy, page 10, section 115.217 (a) 1-3, states, "The agency will not hire or promote anyone who may have contact with clients, and shall not enlist the services of any contractor who may have contact with clients, who—

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section."

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 10, section 115.217 (b), states, "The agency will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients."

(c) The Cheyenne Center, Inc., 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 24.

PREA Community Confinement Standards Policy, page 10, section 115.217 (c), states, "Consistent with Federal, State, and local law, will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse."

(d) The Cheyenne Center, Inc., 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 24.

PREA Community Confinement Standards Policy, page 11, section 115.217 (d), states, "The agency will also perform a criminal background record check before enlisting the services of any contractor who may have contact with clients."

(e) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 11, section 115.217 (e), states, "The agency will conduct criminal background records checks at least every five years for current employees and contractors who may have direct contact with clients."

(f) PREA Community Confinement Standards Policy, page 11, section 115.217 (f), states, "The agency will also ask all applicants and employees who may have contact with clients, 12 directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Employees must report any arrest, citation without an arrest for a misdemeanor or felony, or citation without arrest for a serious violation (such as driving under the influence, alcohol intoxication, public intoxication), within 24 hours to their supervisor."

	<p>(g) The Cheyenne Center, Inc., PAQ agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>PREA Community Confinement Standards Policy, page 11, section 115.217 (g), states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for immediate termination.”</p> <p>(h) PREA Community Confinement Standards Policy, page 11, section 115.217 (h), states, “Unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee, upon receiving a request from an institutional employer for whom such employee has applied to work.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Chief Compliance Officer / PREA Coordinator <p>An informal interview with the PREA Coordinator demonstrated there are no cameras in the interior of the facility; however, cameras are present on the exterior of the building.</p> <p>Site Observation:</p> <p>During the tour cameras were observed on the exterior of the campus which at one time was a hotel. Client dorms consist of rooms where two bunkbeds, four dressers and a private bath are available with the exit door to the exterior of the building.</p>

Staff offices were observed to be located between client rooms at a ratio with nearly one office to every three client room/dorm. Each dorm and office have a large window to the exterior of the building, each equipped with blinds. Client dorm blinds are mandated to be up for security purposes and staff blinds are mandated to be up when clients are present in offices. During the tour many staff office blinds were down due to extreme heat and or when staff were not present. In a few areas of the facility doors were found to be unlocked when not in use.

Recommendation:

Doors are locked when not in use and blinds on client and staff office windows are up to ensure staff can see inside to ensure the safety of staff and clients.

(a) The Cheyenne Center, Inc., PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.

(a) The Cheyenne Center, Inc., PAQ states the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit.

Through such reviews, the facility meets standard requirements.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. Memorandum of Understanding, Houston Area Women’s Center, dated 4.21.2017 4. Harris Health System, Lyndon B. Johnson Hospital SANE/SAFE MOU Attempt, dated 3.19.2024

5. Houston Police Department MOU Attempt, dated 4.1.2024

Interviews:

1. Random Clients
2. Targeted Clients
3. Registered Nurse
4. Chief Executive Officer

Interviews with clients demonstrated none had made a report of sexual abuse or had a need for a forensic medical examination.

The interview with the Registered Nurse demonstrated the facility had a protocol she followed for all incidents of sexual abuse to include sending victims to the Ben Taub, LBJ and Hermann Memorial MC hospitals for forensic exams.

The interview with the Chief Executive Officer demonstrated the facility has a good relationship with the Houston Police Department who also are on the facility Advisory Board.

Site Observation:

The facility has not experienced a need for a forensic medical examination in the past 12 months.

(a) The Cheyenne Center, Inc., 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 Houston Police Department would conduct sexual abuse investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

PREA Community Confinement Standards Policy, page 10, section 115.221 (a), states, "When a sexual abuse incident occurs and physical evidence is involved, staff must follow the agency's evidence protocol. The preferred method of dealing with evidence is to secure the area by keeping staff and clients out. For example, if

an incident occurs in a bedroom, the room should be blocked off and no one allowed access. Probation and Parole or the local law enforcement agency handling the investigation will immediately be contacted to secure and take the evidence into their custody. However, if circumstances do not allow for proper securing of the scene, or if law enforcement is not available to respond in a timely manner, staff must secure the evidence in evidence bags. Each facility has been provided evidence bags that must remain in the front office. Staff should use gloves when placing evidence into the bags. Evidence bags should be immediately sealed and the chain of custody on the front of the bag must be filled out. The PREA Investigator is responsible for securing the evidence until it can be turned over to law enforcement. At no time should staff take evidence home, leave it unsecured in a common area, or destroy it.”

(b) The Cheyenne Center, Inc., PAQ states the protocol being developmentally appropriate for is not applicable for youth as the facility does not house youthful residents. 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.

PREA Community Confinement Standards Policy, page 11, section 115.221 (b), states, “The agency will offer all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. Ben Taub, LBJ and Hermann Memorial MC hospitals have several SANE nurses on staff that can handle these types of examinations at the request of law enforcement. If SAFEs or SANEs are not available, the examination can be performed by other qualified medical practitioners. The agency PREA coordinator will coordinate these efforts with the law enforcement agency handling the investigation.”

(c) The Cheyenne Center, Inc., 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 number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero.

PREA Community Confinement Standards Policy, page 11, section 115.221 (c), states, "The agency will attempt to make available to the victim, a victim advocate from a rape crisis center. Referrals will be made to the Houston Area Women's Center and/or Montrose Counseling Center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available a qualified staff member from a community-based organization or a qualified agency staff member."

The facility provided a SAFE/SANE MOU attempt communicated via fax to the SANE/SAFE Supervisor of the Harris Health System, Lyndon B. Johnson Hospital via fax on 3.19.2024. to date a response has not been received.

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 11, section 115.221 (d), 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."

The facility provided a Memorandum of Understanding between Cheyenne Center, Inc., and the Houston Area Women's Center. The memorandum appears to be current and is signed and dated by the Cheyenne Center Inc., CEO and the President and CEO of the Houston Area Women's Center.

(e) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 11, section 115.221 (e), states, "To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency will request that the investigating agency

	<p>follow the requirements of paragraphs (a) through (d) of this section.”</p> <p>(f) The Cheyenne Center, Inc., 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.</p> <p>The facility provided a MOU attempt to the Houston Police Department via email communication on 4.1.2024. To date, a response has not been received.</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Tech Assistants 2. Technical Assistant Supervisor 3. Chief Compliance Officer / PREA Coordinator / Investigator <p>Interviews with all personnel demonstrated each would contact their Supervisor, PREA Coordinator, Chief Operating Officer and the Chief Executive Officer of all allegations of sexual harassment and sexual abuse.</p> <p>The interview with the Investigator demonstrated an investigation would begin immediately upon receipt of an allegation of sexual harassment or sexual abuse.</p>

On Site Review:

The facility has not experienced a sexual harassment or sexual abuse allegation in the past 12 months.

(a) The Cheyenne Center, Inc., 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 zero allegations of sexual abuse and sexual harassment that were received.

PREA Community Confinement Standards Policy, page 11, section (a), states, "The agency will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment through an institution/action plan. This plan is reviewed annually with existing staff, upon hire of new staff and a copy must remain in the front office of each facility."

(b/c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 11, section (b-c), state,

b. "The agency will refer to probation & parole, Texas Department of Criminal Justice, and/or local law enforcement to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All referrals will be documented in the incident file. The agency has published the PREA policy on its website.

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."

Through such reviews, the facility meets standard requirements.

115.231 Employee training

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020
3. Cheyenne Center, Inc. PREA Training PowerPoint, dated 2017
4. PREA Resource Center Monthly Refresher Trainings
5. Employee PREA Training Acknowledgment Form, not dated

Interviews:

1. Tech Assistants
2. Technical Assistant Supervisor

Interviews with Tech Assistants and the Technical Assistant Supervisor demonstrated each were aware of and received initial and annual PREA training through in person policy review trainings and PREA videos. In addition, personnel were able to demonstrate PREA education is delivered twice annually through Blue Bason, the inhouse learning management system, and in person with the PREA Coordinator.

Site Observation:

Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template and the facility training spreadsheet demonstrated, 18 of 18 employee training files demonstrate annual training had been completed in 2023 and refresher training in 2024.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 11-12, section (a) 1-10, state, "The agency trains all employees who may have contact with clients on:

1. Its zero-tolerance policy for sexual abuse and sexual harassment;
2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

3. Clients' right to be free from sexual abuse and sexual harassment;
4. The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with clients;
9. How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

The facility provided a Cheyenne Center, Inc. PREA Training PowerPoint. The PowerPoint includes the following training objectives.

- The Prison Rape Elimination Act: Overview of the Law and Your Role
- Agency Zero-Tolerance Policy
- Staffing
- Classification
- Cross-gender supervision
- First Responder
- Training
- Client Rights, Retaliation, Reporting
- Sexual Abuse in Confinement
- Sexual Harassment
- Reporting
- Retaliation
- Code of Silence
- Preventing and Detection of Sexual Abuse and Sexual Harassment
- Gender non-conforming

- Dynamics of Sexual Abuse and Sexual Harassment in Confinement
- Environmental differences
- Reporting challenges
- Vulnerable Populations
- Reasons that the abuse occurred
- Gender differences
- Imbalance of power (staff/client)
- Investigative process
- Psychological Signs of Sexual Abuse
- Trauma
- First Responder Steps
- Coordinated Response
- Medical and Mental Health Practitioners
- Investigators
- Mandatory Reporters
- Professional Boundaries
- Effective and Professional Communication with Clients
- Gender and Sexual Orientation

(b) The Cheyenne Center, Inc., 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 only male clients at this facility.

PREA Community Confinement Standards Policy, page 12, section 115.231 (b), states, "Such training shall be tailored to the gender of the clients at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male clients to a facility that houses only female clients, or vice versa."

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 12, 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 will provide each employee with refresher training every year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures."

The facility provided monthly PREA refresher training for each month of the year, January through December. Training includes the following topics.

- January: PREA Basics – Dynamics of Sexual Abuse in Detention – Detecting Signs of Sexual Abuse
- February: Handling Disclosures of Abuse – Responding to Victimized Incarcerated Individuals
- March: Professional Communication and Boundaries – Appropriate Interactions – Compromised Professionalism
- April: Inmate Privacy – Pat and Safety Searches
- May: Ways Incarcerated Individuals Can Report
- June: Helping Inmates Who Primarily Speak Another Language
- July: Duty to Report: Knowledge, Suspicion, or Information
- August: First Responder Duties
- September: Encouraging Inmates to Report Sexual Abuse
- November: Investigations
- December: Zero Tolerance Policy

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 12, section 115.231 (d), states, "The agency will document, through employee signature on a training form that employees understand the training they have received."

The facility provided an Employee PREA Training Acknowledgment form. Employees acknowledge they have received and understand the following training they have received through signature and date.

- Cheyenne Center, Inc.'s Zero Tolerance policy on sexual harassment and sexual abuse
- Definition of Sexual Harassment and Sexual Abuse
- Responsibilities under agency sexual abuse/harassment prevention, detection, reporting, and response policies and procedures
- Employee and Client right to be free from retaliation from reporting sexual abuse/harassment
- The dynamics of sexual abuse/harassment in confinement
- The common reactions of sexual abuse and sexual harassment
- How to detect and respond to signs of threatened and actual sexual abuse/harassment
- How to avoid inappropriate relationships with clients
- How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, intersex, transgender or gender nonconforming clients
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- Cheyenne Center, Inc.'s commitment to investigate every allegation of sexual abuse/harassment
- Ways to preserve potential evidence in sexual assault cases
- Cheyenne Center, Inc.'s policy on not using client interpreters for PREA investigation
- The role of a PREA First Responder
- Treatment and Counseling services available for victims of sexual assault
- Opposite Gender must announce when entering a room
- Consequences of Reporting in Bad Faith

Through such reviews of personnel files demonstrating PREA education is delivered twice annually, the facility exceeds standard requirements.

115.232 Volunteer and contractor training

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020
3. Cheyenne Center, Inc. PREA Training PowerPoint, dated 2017
4. Cheyenne Center, Inc. Contractor and Volunteer Acknowledgment Form, not dated

Interviews:

1. Contract Registered Nurse - BSN

The interview with the facility contractor demonstrated he did not recall training he had completed to be 'specialized'; however, through conversation the Registered Nurse was very aware of his responsibilities to report, how to speak with victims, and evidence collection, if necessary. The Registered Nurse was very excited to be able to work with the clients, have the opportunity to share medical information and hopefully have a positive impact on those he serves.

Site Observation:

Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated the contractor had completed training on the agency zero tolerance policy as well as specialized training for medical and mental health personnel.

(a) The Cheyenne Center, Inc., 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 one.

PREA Community Confinement Standards Policy, page 12, section 115.232 (a), states, "The agency will ensure that all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteer applications must be forwarded to the main office prior to the volunteer starting to ensure that training has been conducted."

The facility provided the Cheyenne Center Inc., PREA Training PowerPoint as is described in §115.231.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 12, section 115.232 (b), states, "The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with clients, but all volunteers and contractors who have contact with clients are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents."

(c) The Cheyenne Center, Inc., PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

PREA Community Confinement Standards Policy, page 12, section 115.232 (c), states, "The agency maintains documentation confirming that volunteers, interns and contractors understand the training they have received. Signed training forms must be sent to the agency PREA coordinator upon completion of training to be kept on file."

	<p>The facility provided a Cheyenne Center, Inc's Contractor and Volunteer Acknowledgment form. Through signature, volunteers and contractors acknowledge training by attesting to the following, "Your signature confirms that you received the required PREA orientation and understand the information on this acknowledgement form. Further, you agree that ignorance of the policies of Cheyenne Center, Inc. is not a defense for violating PREA policies."</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. Cheyenne Center TDCJ Client Handbook, dated 1.30.2024 4. Client PREA Orientation Acknowledgement Form, not dated 5. Zero Tolerance For Sexual Abuse and Sexual Harassment Handbook Insert, dated 1.30.2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Clients 2. Targeted Clients 3. Chief Compliance Officer / PREA Coordinator <p>Interviews with clients demonstrated each were aware of their knowledge of PREA and the agency's zero tolerance policy, their rights, internal and external reporting, and advocacy offerings. Clients were aware they could report through the grievance process or to the Texas Board of Criminal Justice PREA Ombudsman Office. Clients also stated they each attended a PREA class within one week of admission and were allowed to attend the PREA class each Thursday, as many times as they pleased. Clients stated the PREA Coordinator did a good job breaking down the PREA</p>

education and made sure they understood the information provided to them.

The interview with the PREA Coordinator demonstrated she provides a PREA class each Thursday as part of the orientation into the program. New and existing clients are welcome to attend the class as many times as they wish. The PREA Coordinator explained clients are provided with this education in their first language and if they have any type of limitation, which would be determined during the admission process, they would be provided with a one-on-one class with her. During the orientation PREA class the agency zero tolerance policy is defined, in detail, how to report and who to report information, required reporting and reporting in good faith, the role of the PREA investigator, and client rights are provided. Once clients have had an opportunity to ask questions, each then signs participation in the education received.

Site Observation:

Utilizing the PREA Audit - Community Confinement Facilities Documentation Review - Resident Files/Records template demonstrated 26 of 26 clients interviewed have been in the program under 12 months and all had received PREA education during the orientation process.

(a) The Cheyenne Center, Inc., 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 1680.

PREA Community Confinement Standards Policy, page 12-13, section 115.233 (a), states, "During the intake process, clients must receive information explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The client must sign the intake form stating that he or she understands."

(b) The Cheyenne Center, Inc., 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 zero.

PREA Community Confinement Standards Policy, page 13, section 115.233 (b), states, "The agency will provide refresher information whenever a client is transferred to a different facility. This is part of the intake process that will occur within 72 hours of arrival."

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 13, section 115.233 (c), states, "The agency will provide client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as clients who have limited reading skills. Facilities will keep copies of PREA material in Spanish."

The facility provided a Cheyenne Center TDCJ Client Handbook. Pages 69-73 speak to the agency zero tolerance policy, client rights to be free from sexual harassment and sexual abuse and internal and external reporting options to include names, phone numbers and addresses in which clients can write a letter and the option to complete a grievance.

(d) The Cheyenne Center, Inc., PAQ states the agency maintains documentation of resident participation in PREA education sessions.

PREA Community Confinement Standards Policy, page 13, section 115.233 (d), states, "The agency maintains documentation of client participation in these education sessions. Every month, each facility will review the PREA policy with all clients during a group meeting. Each client must sign an attendance form and that form will be sent to the agency PREA coordinator to keep on file. This refresher is in addition to the information clients receive upon intake and/or transfer."

The facility provided a Client PREA Orientation Acknowledgement form, demonstrated clients have been educated on the following.

- Cheyenne Center, Inc.'s ZERO TOLERANCE policy on sexual harassment and sexual abuse
- Definition of Sexual Harassment and Sexual Abuse
- Client's right to be free from retaliation from reporting sexual abuse/harassment
- The dynamics of sexual abuse/harassment in confinement
- Cheyenne Center, Inc.'s commitment to investigate every allegation of sexual abuse/harassment
- Treatment and Counseling services available for victims of sexual assault
- Opposite Gender must announce when entering a room
- Consequences of Reporting in Bad Faith
- This orientation included viewing the Inmate Education Video from the PREA Resource Center website.

(e) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 13, section 115.233 (e), states, "In addition to providing PREA education, the agency ensures that key information is continuously and readily available or visible to clients through posters and facility handbooks. PREA posters with contact phone numbers must be displayed near the pay telephones. At least one poster will be displayed on each level of the facility. The PREA policy will be displayed in a common area at all times in English and Spanish."

The facility provided a Zero Tolerance For Sexual Abuse and Sexual Harassment Handbook Insert with information regarding the following.

- Right to Report
- How to Report - Internal and external phone numbers and addresses
- Victim Support Services - Internal and external phone number and address

Through such reviews of interviews with clients, specialized staff and file review demonstrated the in depth and ongoing availability of PREA education to clients, the

facility exceeds standard requirements.

115.234 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020
3. American Jail Association - Searching for the Truth: Conducting Sexual Abuse Investigations In Confinement for PRA Training Program Certificates, dated 6.24-25.2015

Interviews:

1. Chief Compliance Officer / PREA Coordinator / Investigator

The interview with the Investigator demonstrated she completed training and in-person class with the American Jail Association. The Investigator stated the training included interviewing techniques, Miranda and Garrity use, which is not used at this facility, evidence preservation/collection, outcomes and report writing.

Site Observation:

During the pre-audit phase training records for the Investigator were uploaded to the online audit system.

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

PREA Community Confinement Standards Policy, page 13, section 115.234 (a), states, "In addition to the general training provided to all employees pursuant to § 115.231, the agency ensures that its investigators have received training in conducting such investigations. The PREA Coordinator/Investigator(s) have been sent to the Department of Corrections investigator trainings and are certified investigators."

(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.

PREA Community Confinement Standards Policy, page 13, section 115.234 (b), states, "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."

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 13, section 115.234 (c), states, "The agency PREA coordinator maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations."

The facility provided two American Jail Association - Searching for the Truth: Conducting Sexual Abuse Investigations In Confinement for PREA Training Program certificates demonstrating the facility investigators have completed the required specialized for investigators.

Through such reviews the facility meets standard requirements.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Cheyenne Center, Inc. PAQ

2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Contract Registered Nurse - BSN

The interview with the facility contractor demonstrated he did not recall training he had completed to be 'specialized'; however, through conversation the Registered Nurse was very aware of his responsibilities to report, how to speak with victims, and evidence collection, if necessary.

Site Observation:

During the pre-audit phase training records for the Registered Nurse were uploaded to the online audit system.

(a) The Cheyenne Center, Inc., PAQ states the agency does not have a policy related to the training of medical and mental health practitioners who work regularly in its facilities.

PREA Community Confinement Standards Policy, page 13, section j115.235 (a), states, "At this time the agency does not directly employ medical or mental health staff. However, if in the future those specialty positions are created, the agency will ensure that all medical and mental health care practitioners who work regularly in its facilities have been trained in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."

Through such reviews, the facility meets the standard requirements.

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020
3. PREA Risk Assessment Tool, not dated

Interviews:

1. Random Clients
2. Targeted Clients
3. Admission Counselor

Interviews with random and targeted clients demonstrated risk screening questions had been asked during the intake process to include questions regarding their criminal history, prior sexual victimization, how each identified sexually and if they had concerns of being sexually abused while at the facility.

The interview with the Admission Counselor demonstrated risk assessments are completed for HHC clients on the day of admission and TDCJ clients the following morning. During the risk screening the Admission Counselor is assessing mental and physical health, medications, violent acts, domestic violence, if they are required to register as a sexual offender, if sexual offenses include sexual abuse has occurred with an adult or a child. The Admission Counselor stated the risk screening is scored determining client risk level and she contacts the PREA Coordinator when a client flags as a victim or aggressor to ensure proper placement throughout the programmatic day. The Admission Counselor stated reassessments are completed within 25-30 days of admission and if warranted for any other reason. Due to the program being 90 days, twice annual reassessments are not completed for transgender and intersex clients.

Site Observation:

Utilization of the PREA Community Confinement Documentation Review Resident File / Records Review template demonstrated 26 of 26 clients have been in the facility for 12 months or less. Of those 26 clients, 24 files were reviewed demonstrating risk screenings were completed within the 72-hour time frame and again within 30 days of admission.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 14, section 115.241 (a) states, "All clients will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other clients or sexually abusive toward other clients."

(b) The Cheyenne Center, Inc., 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 1680.

PREA Community Confinement Standards Policy, page 14, section 115.241 (b) states, "Intake screenings shall take place within 72 hours of arrival at the facility. If a client is not assessed within this period, the agency PREA coordinator and Chief Operating Officer must immediately be notified with an explanation and plan."

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

PREA Community Confinement Standards Policy, page 14, section 115.241 (c) states, "Such assessments shall be conducted using the approved screening instrument."

The facility provided a PREA Risk Screening Tool. The tool assesses the following information.

- Name / Admission/Intake Date / Screening Date
- Initial Assessment (check box) completed within 24 hours of arrival.
- 30-Day Reassessment (check box) completed within 30 days of initial assessment)

· Assessment Review (check box) reassessment due to additional information received while at facility.)

Risk of Victimization:

1. Do you have any mental, physical, or developmental disabilities?
2. Are you YOUNGER than 21-years or OLDER than 65-years?
3. Do you feel that you have a slight physical stature or build?
4. Does your criminal history include violent acts against another?
5. Do you have any prior convictions of sexual abuse against a child or adult?
6. Have you ever previously experienced sexual victimization?
7. Do you identify as gay, lesbian, bisexual, transgender, or gender nonconforming?
8. Do you perceive yourself as being vulnerable to sexual victimization?

Risk of Aggression:

1. Do you have any prior allegations, convictions, or committed acts of sexual abuse towards another person...while incarcerated or otherwise?
2. Do you have any prior convictions for a violent offense?
3. Do you have any history of violence within an institutional setting?

The risk screening tool has a scoring system for questions answered resulting in low, medium, or high risk for victimization and or aggression. The risk screening is signed and dated by both the client and staff completing the form.

(e) The Cheyenne Center, Inc., 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 1680.

PREA Community Confinement Standards Policy, page 14, section 115.241 (f) states, " Within 30 days from the client's arrival at the facility, the facility will reassess the client's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening."

(f) The Cheyenne Center, Inc., PAQ states the policy requires that a resident's risk level 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.

PREA Community Confinement Standards Policy, page 14, section 115.241 (g) states, " A client's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness."

(g) The Cheyenne Center, Inc., 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 residents own perception of vulnerability.

PREA Community Confinement Standards Policy, page 14, section 115.241 (h) states, " Clients may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9)."

(h) PREA Community Confinement Standards Policy, page 15, section 115.241 (i) states, " The agency has implemented controls on the dissemination within the facility of responses to questions asked in order to ensure that sensitive information is not exploited to the client's detriment by staff or other clients. Staff should not discuss the results of an assessment with anyone but their supervisor.

Through such reviews, the facility meets standard requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Targeted Clients
2. Chief Compliance Officer / PREA Coordinator

Interviews with one gay, and one physically disabled client demonstrated each were comfortable in their dorms and asked if they had concerns about sexual victimization while in the program. The gay client also stated the staff and the PREA Coordinator check in on him often to ensure he is doing okay in the program.

The interview with the PREA Coordinator demonstrated vulnerable and or aggressive clients are placed in dorms near the staff offices to provide added supervision.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 15, section 1165.242 (a), states, "The agency will use information from the risk screening required by § 115.241 to inform staff and if necessary other departments within Cheyenne Center, Inc., with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive. At any time, a high-risk client is identified, the Chief Operating Officer must notify the agency's PREA coordinator. High risk clients will be discreetly identified on the room check form, so staff are aware when they conduct their hourly room checks. Each individual high-risk client will be reviewed to determine where to assign them. In most facilities, high risk clients will be assigned bedrooms on the first floor near the staff office. In some cases, high risk clients will be transferred to another facility to avoid possible conflicts. At no time will staff disclose to any client another client's risk level."

(b) The Cheyenne Center, Inc., PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident.

PREA Community Confinement Standards Policy, page 15, section 1165.242 (b), states, "The agency shall make individualized determinations about how to ensure the safety of each client. These decisions must be made with the input of the Chief Operating Officer and PREA coordinator. High risk clients will be immediately placed in a high-risk room. If no room is available or there is a conflict, an alternative room will be assigned. At times, it may be determined to transfer the client to another facility for their safety."

(c-f) The Cheyenne Center, Inc., PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

PREA Community Confinement Standards Policy, page 15, section 1165.242 (c-f), state,

c. "In deciding whether to assign a transgender or intersex client to a facility for male or female clients, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems. At no time should a transgender client be assigned a room without first being reviewed by the PREA coordinator.

d. A transgender or intersex client's own view with respect to his or her own safety shall be given serious consideration.

e. Transgender and intersex clients shall be given the opportunity to shower separately from other clients.

f. The agency shall not place lesbian, gay, bisexual, transgender, or intersex clients in dedicated facilities or bedrooms solely on the basis of such identification or status, unless such placement is in a dedicated facility or bedroom is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such clients."

Through such reviews, the facility meets standard requirements.

115.251	Resident reporting
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 544 376">Document Review:</p> <ol data-bbox="280 412 1404 918" style="list-style-type: none"> <li data-bbox="280 412 734 448">1. Cheyenne Center, Inc. PAQ <li data-bbox="280 483 1254 519">2. PREA Community Confinement Standards Policy, dated 11.2020 <li data-bbox="280 555 1166 591">3. Cheyenne Center TDCJ Client Handbook, dated 1.30.2024 <li data-bbox="280 627 671 663">4. Zero Tolerance Posting <li data-bbox="280 698 1369 734">5. Post Audit: Cheyenne Center In-Service Documentation, dated 7.3.2024 <li data-bbox="280 770 1402 842">6. Post Audit: Cheyenne Center In-Service Documentation for Facility Clients, dated 7.1.2024 <li data-bbox="280 878 1214 913">7. Post Audit: Cheyenne Center Memorandum, dated 7.11.2024 <p data-bbox="280 1025 437 1061">Interviews:</p> <ol data-bbox="280 1097 580 1276" style="list-style-type: none"> <li data-bbox="280 1097 580 1133">1. Random Clients <li data-bbox="280 1169 580 1205">2. Targeted Clients <li data-bbox="280 1240 568 1276">3. Tech Assistants <p data-bbox="280 1312 1461 1599">Interviews with staff and clients demonstrated the external reporting entity is Houston Area Women’s Center; however, postings demonstrate the Texas Board of Criminal Justice PREA Ombudsman Office. is the external reporting entity by way of a hotline. Dialing the hotline from Client phones demonstrated a code is needed demonstrating the call would not be anonymous. At this time the Center made the decision to provide the TBCJ Ombudsman office address as the primary contact information. Facility postings were updated to reflect this change.</p> <p data-bbox="280 1711 526 1747">Site Observation:</p> <p data-bbox="280 1783 1445 1899">During the tour Zero Tolerance posting with information on how to report, victim services, agency zero tolerance policy and client rights were observed throughout the building.</p> <p data-bbox="280 2011 450 2047">Action Plan:</p>

- Appropriate facility staff to complete documented, acknowledgement of understanding education regarding the external reporting entity being the Texas Board of Criminal Justice PREA Ombudsman Office.
- Facility Clients to complete documented, acknowledgement of understanding education regarding the external reporting entity being the Texas Board of Criminal Justice PREA Ombudsman Office.
- Appropriate facility personnel to provide a memorandum with a sustainable action plan stating which facility position will monitor continued quality assurance with each element of §115.251(b). Memorandum must be dated, addressed to DOJ PREA Auditor, author name and provision number. (Re: 115.251 (b)).
- Upload all documentation to provision 115.251 (b) in the PAQ.

Post audit the facility provided in-service documentation demonstrating 66 facility personnel were educated on the components of §115.251.

Post audit the facility provided documentation demonstrating 167 clients have been informed their external reporting agency is the Texas Board of Criminal Justice PREA Ombudsman Office., by mail.

Post audit the facility provided a Cheyenne Center memorandum from the PREA Manager (Coordinator), addressed to the PREA Auditor, stating “Facility updated the method of reporting from calling to mailing the Texas Board of Criminal Justice PREA Ombudsman Office. In addition, all facility postings and notifications forms were updated. PREA Manager will ensure continued compliance by inspecting signs/postings.”

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 15-16, section 115.251 (a), states, “The agency provides multiple internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These include verbally in person to any staff person, in writing to any staff person, the main office or DOC,

OR via the 800 number to a third party. The 800 number can be found on each floor of the facility and next to pay phones. Clients are free to report to any staff person and can do so anonymously.”

The facility provided a Client Handbook with a Texas Board of Criminal Justice PREA Ombudsman Office. flyer insert on page 69. The flyer demonstrates the flyer has both the telephone and address information to this outside of agency reporting option.

The facility provided a Zero Tolerance posting containing the following reporting information.

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

- Write to the Texas Board of Criminal Justice PREA Ombudsman Office at PO Box 99, Huntsville, TX 77342-0099.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance.
- Report to the PREA coordinator or PREA compliance manager (Ms. Newton)
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (713) 691-4898 or (936) 437-5570.
- You also can submit a report on someone’s behalf, or someone at the facility can report for you using the ways listed here.

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 16, section 115.251 (b), states, “The agency also informs clients of at least one way to report abuse or harassment to Texas Department of Criminal Justice, which is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. Clients can call the 800-number established specifically for PREA reports or they can contact any official within TBCJ. Both numbers are found throughout the facility, posted at all times.”

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 16, section 115.251 (c), states, "Staff will accept reports made verbally, in writing, anonymously, and from third parties and shall immediately document any verbal reports and report to a supervisor. Staff must then follow the agency's action plan to begin the reporting and investigation process (within two hours)."

(d) The Cheyenne Center, Inc., PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

PREA Community Confinement Standards Policy, page 16, section 115.251 (d), states, "The agency provides a method for staff to privately report sexual abuse and sexual harassment of clients. Staff may report to the Chief Operating Officer or the PREA coordinator verbally, in writing or by email. They may also use the 800 numbers provided by TDCJ."

Through such reviews, the facility meets standard requirements.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 1464 983 1503">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1543 564 1581">Auditor Discussion</p> <p data-bbox="280 1621 544 1655">Document Review:</p> <ol data-bbox="280 1688 1257 1798" style="list-style-type: none"><li data-bbox="280 1688 735 1727">1. Cheyenne Center, Inc. PAQ<li data-bbox="280 1760 1257 1798">2. PREA Community Confinement Standards Policy, dated 11.2020 <p data-bbox="280 1906 437 1939">Interviews:</p> <ol data-bbox="280 1973 580 2083" style="list-style-type: none"><li data-bbox="280 1973 580 2011">1. Random Clients<li data-bbox="280 2045 580 2083">2. Targeted Clients

3. Chief Compliance Officer / PREA Coordinator

Interviews with clients demonstrated an awareness of the grievance procedures and understood they could complete a grievance when reporting sexual harassment and or sexual abuse. Clients stated they could obtain grievances in the 'big meeting room' where they meet and have daily access. Clients made several comments regarding feeling safe talking with staff and reporting any concern and none had a need to file a PREA-related grievance.

The interview with the PREA Coordinator demonstrated the facility will begin an investigation upon receipt of a grievance pertaining to PREA and the grievance box were checked seven days per week.

Site Observation:

During the tour grievance forms and the grievance box was observed in the large meeting room. The facility has not had a PREA related grievance in the past 12 months

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

PREA Community Confinement Standards Policy, page 16 section 115.252 (a), states, "The agency has administrative procedures to address client grievances. However, grievances involving sexual abuse will not follow this procedure. In those situations, staff should accept the client's grievance and immediately contact a supervisor to begin the investigation. A grievance related to sexual abuse or harassment must be followed using this policy, NOT the general grievance policy.

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 16 section 115.252 (b) 1-4, states,

1. "The agency does not impose a time limit on when a client may submit a grievance regarding an allegation of sexual abuse.

2. The agency does not apply time limits on any portion of a grievance, even if it does not allege an incident of sexual abuse.

3. The agency prohibits the use of the grievance process to attempt to resolve with staff an alleged incident of sexual abuse. Any allegation of sexual abuse must be reported directly to the PREA Coordinator immediately. The grievance process is never to be used to address PREA related allegations. However, if a client uses a grievance form to report sexual abuse or harassment, staff must accept it as an alternative method of reporting abuse and immediately follow the agency's action plan.

4. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a client on the ground that the applicable statute of limitations has expired."

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 16 section 115.252 (c) 1-2, states, "The agency shall ensure that - (1) a client who alleges sexual abuse may submit a grievance or complaint without submitting it to a staff member who is the subject of the complaint (2) Such grievance is not referred to a staff member who is the subject of the complaint

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 16-17 section 115.252 (d) 1-4, 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

clients in preparing any administrative appeal. 17 | Page

3. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the client in writing of any such extension and provide a date by which a decision will be made. 4. At any level of the administrative process, including the final level, if the client does not receive a response within the time allotted for reply, including any properly noticed extension, the client may consider the absence of a response to be a denial at that level.”

(e) The Cheyenne Center, Inc., 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 requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the residents’ 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 decision to decline was zero.

PREA Community Confinement Standards Policy, page 17 section 115.252 (e) 1-3, states,

1. “Third parties, including fellow clients, staff members, family members, attorneys, and outside advocates, shall be permitted to assist clients in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of clients.
2. If a third-party file such a request on behalf of a client, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
3. If the client declines to have the request processed on his or her behalf, the agency shall document the client’s decision.”

(f) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 17 section 115.252 (f) 1-2, state,

1. "The agency has established procedures for the filing of an emergency grievance or complaint alleging that a client is subject to a substantial risk of imminent sexual abuse. In these situations, the C.O.O. and PREA coordinator should be notified immediately. Clients will not have to go through the normal written grievance policy which could take several days.

2. After receiving an emergency grievance/complaint alleging a client is subject to a substantial risk of imminent sexual abuse, the agency will immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the C.O.O. and agency PREA coordinator. The agency PREA coordinator shall provide an initial response within 48 hours and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the client is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance/complaint."

(g) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 17 section 115.252 (g), states, "The agency may discipline a client for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the client filed the grievance in bad faith."

Through such reviews, the facility meets standard requirements.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020
3. Memorandum of Understanding, Houston Area Women’s Center, dated 4.21.2017
4. Cheyenne Center TDCJ Client Handbook, dated 1.30.2024

Interviews:

1. Random Clients
2. Targeted Clients
3. Chief Compliance Officer / PREA Coordinator

Interviews with clients demonstrated each were aware of the Zero Tolerance postings throughout the facility providing them information regarding advocacy services and advocate information had been provided to them through orientation during the delivery of PREA education.

The interview with the PREA Coordinator demonstrated clients could contact the advocacy agency through phones in the phone room and any time a client may request to contact an advocate.

Site Observation:

During the tour, Zero Tolerance postings with advocate phone and address information were observed throughout the facility. During the tour, the advocate was contacted by using a client phone. After proper introductions and the reason for the call the advocate shared, they would meet victims at the hospital for emotional support during a forensic exam with ongoing services through phone calls providing information on sexual abuse awareness. The advocate shared each receive formal training and each are certified in online classes.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 17, section 115.253 (a), states, "The agency provides clients with access to outside victim advocates for emotional support services related to sexual abuse by giving clients mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local victim advocacy or rape crisis organization, and by enabling reasonable communication between clients and these organizations, in as confidential a manner as possible. Primarily, the agency will use Houston Area Women's Center or Montrose Counseling Center for these services since we have a memo of understanding and routinely utilize their mental health services. Counselors will make a referral as soon as it is determined that their services would be beneficial. Clients are given all related appointment time, date and contact information. Clients will fill out a release of information with the referral agency so we can follow-up and aid in the recommendations given to the client."

The facility provided a Cheyenne Center TDCJ Client Handbook. Page 74 of the client handbook provides a Zero Tolerance insert with the Houston Area Women's Center physical address and phone number.

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 18, section 115.253 (b), states, "The facility will inform clients prior to giving them access to Houston Area Women's Center or Montrose Counseling Center, of the extent to which such communications will be monitored, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

(c) The Cheyenne Center, Inc., 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>PREA Community Confinement Standards Policy, page 18, section 115.253 (c), states, “The agency has entered into a memorandum of understanding with Houston Area Women’s Center, and we routinely refer to Montrose Counseling Center, both which are able to provide clients with confidential emotional support services related to sexual abuse. The agency will maintain copies of any agreements.”</p> <p>The facility provided a Memorandum of Understanding between the Cheyenne Center, Inc., and the Houston Area Women’s Center. The memorandum appears to be current and is signed and dated by the Cheyenne Center, Inc., CEO and the President and CEO of the Houston Area Women’s Center.</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Clients 2. Targeted Clients 3. Tech Assistants 4. Technical Assistant Supervisor 5. Chief Compliance Officer / PREA Coordinator <p>Interviews with clients demonstrated they were aware they could report through a trusted adult in the community.</p> <p>Interviews with personnel demonstrated each would accept any type of report</p>

regarding allegations received through a third party; however, there was some confusion that taking an outside call would result in a HIPAA violation.

Site Observation:

During the tour Zero Tolerance Postings were observed throughout the facility which included contact information for third party reporting.

Recommendation:

Explain to employees that accepting 3rd party calls is not a HIPAA violation.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 18, section 115.254, stating, "The agency has established a method to receive third-party reports of sexual abuse and sexual harassment. The PREA policy can be found on the agency's website, along with contact information for the agency PREA coordinator. Anyone from the community can submit information on the website or they can call the administrative office. Furthermore, all staff and contractors have been instructed to take all third-party reports of sexual abuse and relay the information to the agency PREA coordinator for investigation."

On 2.10.2024 at 9:17 am MST, an email was sent to lnewton@cheyennecenter.com when accessing the agency web page at PREA|Cheyenne Center. The email did not yield a response; however, throughout the pre-audit process many other emails were responded to by the PREA Coordinator for who the email address belongs to.

Through such reviews, the facility meets standard requirements.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Random Clients
2. Targeted Clients
3. Tech Assistants
4. Technical Assistant Supervisor
5. Chief Compliance Officer / PREA Coordinator

Interviews with the personnel and clients demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment.

On Site Observation:

The facility has not experienced a sexual harassment or sexual abuse investigation in the past 12 months.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 18, section 115.261 (a), states, "The agency requires all staff to report immediately and per agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against clients or staff who reported such an incident; and any staff

neglect or violation of responsibilities that may have contributed to an incident or retaliation. Reporting any of these incidents must be done immediately, even if after hours or on holidays. Reporting must be by phone call if after hours, not email and not text message.”

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 18, section 115.261 (b), states, “Apart from reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decision. This includes revealing details of the incidents to other staff members not directly involved with the incident.”

(c) PREA Community Confinement Standards Policy, page 18, section 115.261 (c), states, “Unless precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) and to inform clients of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”

(d) PREA Community Confinement Standards Policy, page 18, 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 will report the allegation to the designated State or local services agency under applicable mandatory reporting laws.”

(e) PREA Community Confinement Standards Policy, page 18, section 115.261 (e), states, “Chief Operating Officer will report all allegations of sexual abuse and harassment, including third party and anonymous reports, to the agency PREA coordinator.”

Through such reviews, the facility meets standard requirements.

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Tech Assistants 2. Technical Assistant Supervisor 3. Chief Compliance Officer / PREA Coordinator 4. Chief Operating Officer / Program Director <p>Interviews with facility personnel demonstrated knowledge of any type of allegation, regardless of how reported is taken seriously and immediately reported to supervisory staff and local law enforcement. Staff clearly articulated separating, preserving and reporting all allegations to the Chief Operating Officer.</p> <p>(a) The Cheyenne Center, Inc., 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 zero.</p> <p>PREA Community Confinement Standards Policy, page 19, section 115.242, states, "When the agency learns that a client is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the client. The C.O.O. shall immediately notify the agency PREA Coordinator of the risk. Depending on the situation, the client may be moved to a different bedroom."</p> <p>Through such reviews the facility meets standard requirements.</p>

115.263	Reporting to other confinement facilities
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Chief Operating Officer

The interview with the Chief Operating Officer demonstrated she was aware upon receiving an allegation that a client was sexually abused while confined at another facility, she had the responsibility to notify the head of the facility where the allegation occurred within 72 hours.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 19, section 115.263 (a), states, "Upon receiving an allegation that a client was sexually abused while confined at another facility, the C.O.O. of the facility that received the allegation shall immediately notify the agency PREA Coordinator, who will in turn notify the appropriate office of the agency where the alleged abuse occurred."

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 19, section 115.263 (b), states, "Such notification to the other facility shall be provided by the agency PREA Coordinator as soon as possible, but no later than 72 hours after receiving the allegation."

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

PREA Community Confinement Standards Policy, page 19, section 115.263 (c), states, "The agency PREA Coordinator will document that notification was made."

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 19, section 115.263 (d), states, "Any agency employee that receives such notification from an outside agency shall ensure that the allegation is investigated in accordance with these standards. They must also immediately notify the agency PREA Coordinator."

Through such reviews, the facility meets the standard requirements.

115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none">1. Cheyenne Center, Inc. PAQ2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none">1. Tech Assistants2. Technical Assistant Supervisor <p>Interviews with Tech Assistants and the Technical Assistant Supervisor demonstrated each were aware of their first responder responsibilities and spoke to preserving</p>

evidence in the area where the allegation may have occurred, the separation of victims and aggressors, ensuring neither changed clothes, smoked, ate, or drank to ensure evidence was preserved.

(a) The Cheyenne Center, Inc., 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 zero.

PREA Community Confinement Standards Policy, page 19, section 115.264 (a) 1-4, states, "Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

	<p>changing clothes, urinating, defecating, smoking, drinking, or eating.”</p> <p>(b) The Cheyenne Center, Inc., 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.</p> <p>PREA Community Confinement Standards Policy, page 19, section 115.264 (b), states, “The responder is required to request that the alleged victim not take any actions that could destroy physical evidence and notify the PREA Coordinator immediately.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. Cheyenne Center, Inc., Plan for Coordinated Response to Sexual Abuse or Sexual Assault, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Chief Operating Officer <p>The interview with the Chief Operating Officer demonstrated the response to allegations of sexual assault is written in the policies and procedures and is to be followed in response to sexual abuse and sexual harassment incidents.</p> <p>Site Observation:</p>

The facility has a binder in each of the administrative offices and at each Tech Station with the agencies coordinated response.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 19, section 115.265, states, "The agency has developed a written institutional/action plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and supervisors. The institutional/action plan is reviewed and updated on a regular basis. Each employee has been given a copy of this plan at training."

The facility provided a Cheyenne Center, Inc., Plan for Coordinated Response to Sexual Abuse or Sexual Assault. The plan provides the following direction to departmental staff.

- First Responder
- Director / PREA Coordinator
- Staff Actions
- Emergency Examinations and Testing
- Medical and Mental Health
- Harris County Sheriff's Department
- Director
- Supervisor and Compliance Coordinator
- Compliance Coordinator

Through such reviews, the facility meets standard requirements.

115.266

Preservation of ability to protect residents from contact with abusers

	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Chief Operating Officer <p>The Chief Operating Officer stated the agency has not entered into a collective bargaining agreement of any kind.</p> <p>(a) The Cheyenne Center, Inc., 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.</p> <p>PREA Community Confinement Standards Policy, page 20, section 115.266 (a), 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 clients pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Chief Compliance Officer / PREA Coordinator

The interview with the PREA Coordinator demonstrated that she would begin retaliation monitoring upon receipt of an allegation of sexual abuse which is when retaliation processes are introduced to victims. The PREA Coordinator explains retaliation steps and monitors retaliation by checking in with operations, the Chief Operating Officer, the Chief Executive Officer, keeping an eye on the victim, victim files, writes ups and only her and the Chief Operating Officer can make housing changes. The PREA Coordinator stated she documents periodic checks every other week on the Clients' retaliation log.

Site Observation:

The facility has not experienced a sexual abuse allegation in the past 12 months therefore retaliation monitoring could not be reviewed.

(a) The Cheyenne Center, Inc., 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 PREA Coordinator is the designated staff completing retaliation monitoring.

PREA Community Confinement Standards Policy, page 20, section 115.267 (a), states, "The agency has established a policy to protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from 24 retaliation by other clients or staff and shall designate which staff members or departments are charged with monitoring retaliation. Staff is required to immediately report to their supervisor any reports, rumors or observations of possible retaliation. Retaliation is not acceptable and will be investigated immediately. Supervisors must immediately notify the agency PREA Coordinator of any such reports. It is the responsibility of the PREA Coordinator to monitor and report any incidents of allegations."

(b) PREA Community Confinement Standards Policy, page 20, section 115.267 (b), states, "The agency will employ multiple protection measures, such as room

changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. These cases will be dealt with individually, considering all factors involved.”

(c) The Cheyenne Center, Inc., PAQ states the facility Tech Assistants 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.

PREA Community Confinement Standards Policy, page 20, section 115.267 (c), states, “For at least 90 days following a report of sexual abuse, the agency will monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) PREA Community Confinement Standards Policy, page 20, section 115.267 (d), states, “In the case of clients, such monitoring shall also include periodic status checks. The ideal time for these checks is during individual sessions.”

(e) PREA Community Confinement Standards Policy, page 20, section 115.267 (e), states, If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency will take appropriate measures to protect that individual against retaliation.”

Through such reviews, the facility meets standard requirements.

115.271	Criminal and administrative agency investigations
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Chief Compliance Officer / PREA Coordinator / Investigator

The interview with the Investigator demonstrated the facility completes administrative investigations for all sexual harassment and sexual abuse allegations. The Investigator stated steps in investigation would begin immediately, ensure the victim and perpetrator are separated, Houston Police Department would remove the aggressor and Ben Taub, LBJ and Hermann Memorial MC hospitals would provide a forensic exam and victims would be put into contact with the Houston Area Women’s Center. The Investigator would then complete interviews, review statements, speak with staff, review the layout of the facility, collect all evidence and talk about the outcome of the investigation with administrative personnel. The interview with the PREA Coordinator demonstrated she stays in contact with the external criminal investigator, typically local law enforcement, and continually reports investigation information to the Chief Operating Officer and the Chief Executive Officer.

Site Observation:

The facility has not experienced a sexual harassment or sexual abuse allegation in the past 12 months.

(a) The Cheyenne Center, Inc., PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.

PREA Community Confinement Standards Policy, page 21, 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) PREA Community Confinement Standards Policy, page 21, 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 § 115.234.25.”

(b) PREA Community Confinement Standards Policy, page 21, section 115.271 (c), states, Investigators will gather and preserve direct and circumstantial evidence, including available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”

(d) PREA Community Confinement Standards Policy, page 21, section 115.271 (d), states, “When the quality of evidence appears to support criminal prosecution, the agency will conduct interviews only after consulting with the Texas Department of Criminal Justice and law enforcement. The agency would prefer law enforcement conduct interviews when criminal charges may be involved, however we will conduct the interviews if requested.”

(e) PREA Community Confinement Standards Policy, page 21, 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 client or staff. The agency may not require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”

(f) PREA Community Confinement Standards Policy, page 21, section 115.271 (f) 1-2, 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) PREA Community Confinement Standards Policy, page 21, 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 Cheyenne Center, Inc., PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated

	<p>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.</p> <p>PREA Community Confinement Standards Policy, page 21, section 115.271 (h), states, “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.”</p> <p>(l) The Cheyenne Center, Inc., 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.</p> <p>PREA Community Confinement Standards Policy, page 21, section 115.271 (i), states, “The agency will 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.”</p> <p>(j) PREA Community Confinement Standards Policy, page 21, section 115.271 (i), states, “The departure of the alleged abuser or victim from the employment or control of the agency will not provide a basis for terminating an investigation.”</p> <p>(l) PREA Community Confinement Standards Policy, page 21, section 115.271 (k), states, “When outside agencies investigate sexual abuse, the agency shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:
	1. Cheyenne Center, Inc. PAQ

	<p>2. PREA Community Confinement Standards Policy, dated 11.2020</p> <p>Interviews:</p> <p>1. Chief Compliance Officer / PREA Coordinator / Investigator</p> <p>Interviews with the Investigator demonstrated she would apply a preponderance of evidence for all unsubstantiated or substantiated allegations of sexual abuse.</p> <p>Site Observation:</p> <p>The facility has not experienced a sexual harassment or sexual abuse allegation in the past 12 months.</p> <p>(a) The Cheyenne Center, Inc., 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>PREA Community Confinement Standards Policy, page 21, section 115.272, 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>Through such reviews, the facility meets standard requirements.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <p>1. Cheyenne Center, Inc. PAQ</p> <p>2. PREA Community Confinement Standards Policy, dated 11.2020</p> <p>Interviews:</p>

1. Chief Compliance Officer / PREA Coordinator / Investigator

Interviews with the Investigator demonstrated she would report the outcome of a sexual abuse investigation to victims as long as the client remained in the program.

Site Observation:

The facility has not had an allegation of sexual abuse in the past 12 months.

(a) The Cheyenne Center, Inc., 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 zero.

PREA Community Confinement Standards Policy, page 21, section 115.273 (a), states, "Following an investigation into a client's allegation of sexual abuse suffered in an agency facility, the agency shall inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This can be verbal notification but will usually be in written form from the agency PREA coordinator."

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 21, 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 client."

(c) The Cheyenne Center, Inc., 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. There have been zero substantiated and unsubstantiated complaints in the past 12 months.

PREA Community Confinement Standards Policy, page 21, section 115.273 (c) 1-4, states, "Following a client's allegation that a staff member has committed sexual abuse against the client, the agency shall subsequently inform the client (unless the agency has determined that the allegation is unfounded) whenever:

1. The staff member is no longer assigned within the client's facility; 2.
2. The staff member is no longer employed by the agency;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility."

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 21, section 115.273 (d) 1-2, states, "Following a client's allegation that he or she has been sexually abused by another client, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 21, section 115.273 (e), states, "All such notifications or attempted notifications shall be documented."

	Through such reviews, the facility meets standard requirements.
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Chief Operating Officer <p>Interviews with the Chief Operating Officer demonstrated the facility has had zero staff who have been disciplined for violation of an agency sexual abuse or sexual harassment policy in the past 12 months. If a staff member was involved in a sexual harassment or sexual abuse investigation the staff would be removed from the facility, law enforcement and appropriate licensing officials.</p> <p>(a) The Cheyenne Center, Inc., PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>PREA Community Confinement Standards Policy, page 22, section 115.276 (a), states, "Staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."</p> <p>(b) The Cheyenne Center, Inc., 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.</p>

PREA Community Confinement Standards Policy, page 22, section 115.276 (b), states, "Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse or harassment."

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 22, section 115.276 (c), states, "Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 23, 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."

Through such reviews, the facility meets standard requirements.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Chief Operating Officer

The Chief Operating Officer reported the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies in the past 12 months. If a volunteer or contractor was involved in a sexual harassment or sexual abuse investigation, they would be prohibited from returning to the facility and reported to their appropriate agencies and licensing agencies.

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 23, section 115.277 (a), states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with clients and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies."

(b) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 23, section 115.277 (b), states, "The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with clients, in the case of any other violation of

	<p>agency sexual abuse or sexual harassment policies by a contractor or volunteer.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Chief Operating Officer <p>The interview with the Chief Operating Officer demonstrated clients involved in a substantiated sexual abuse incident would be removed the program, charges would be filed with local law enforcement, parole and probation would be notified and may be placed in custody.</p> <p>(a) The Cheyenne Center, Inc., 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.</p> <p>PREA Community Confinement Standards Policy, page 23, section 115.278 (a), states, “Clients shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. In most cases this will be termination from the program.”</p>

(b) PREA Community Confinement Standards Policy, page 23, section 115.278 (b), states, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories."

(c) PREA Community Confinement Standards Policy, page 23, section 115.278 (c), states, "The disciplinary process shall consider whether a client's mental disabilities or illness contributed to their behavior when determining what type of sanction should be imposed."

(d) The Cheyenne Center, Inc., PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PAQ states, "these services are referred to appropriate organizations."

PREA Community Confinement Standards Policy, page 23, section 115.278 (d), states, "The agency will consider whether to require the offending client to participate in therapy or counseling to correct underlying problems, as a condition of access to programming or other benefits."

(d) The Cheyenne Center, Inc., PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The PAQ states, "These cases will be referred to local law enforcement."

PREA Community Confinement Standards Policy, page 23, section 115.278 (e), states, "The agency may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact."

(e) Cheyenne Center, Inc. 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.

PREA Community Confinement Standards Policy, page 23, 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 sufficient to substantiate the allegation."

(f) Cheyenne Center, Inc. PAQ states the agency prohibits all sexual activity between residents.

PREA Community Confinement Standards Policy, page 23, section 115.278 (g), states, "The agency prohibits all sexual activity between clients and will discipline clients for such activity, whether they fall under PREA or not. The agency will not, however, deem such activity to constitute sexual abuse, if it determines that the activity is not coerced."

Through such reviews, the facility meets standard requirements.

115.282	Access to emergency medical and mental health services
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020

Interviews:

1. Registered Nurse - BSN

The interview with the Registered Nurse demonstrated clients would be transported to the Harris Health System, Lyndon B. Johnson Hospital for emergency services for any sexual assault victims. The Registered Nurse stated the facility consistently follows his recommendation for patient care internally and externally.

(a) The Cheyenne Center, Inc., 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. The PAQ states, "Agency does not employ medical or mental health staff."

PREA Community Confinement Standards Policy, page 23-24, section 115.282 (a), states, "Client victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determine by medical and mental health practitioners according to their professional judgment. Depending on the nature of the abuse, clients will be referred to Ben Taub, LBJ or Memorial Hermann Medical Center Hospitals. The Houston PREA Women's Center and Montrose Counseling Center may also be utilized for mental health services if necessary. The C.O.O. or Program Director will ensure all necessary referrals are made in a timely manner and keep the agency PREA coordinator updated. Staff will follow the agency's action plan unless otherwise directed by the C.O.O. or agency PREA coordinator."

(b) PREA Community Confinement Standards Policy, page 24, section 115.282 (b), states, "Staff first responders shall take preliminary steps to protect the victim pursuant to the agency's action plan and shall immediately notify the PREA Coordinator or C.O.O., who will refer to the appropriate medical and mental health practitioners."

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 24, section 115.282 (c), states, "Client victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."

(d) The Cheyenne Center, Inc., 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>PREA Community Confinement Standards Policy, page 24, 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>Through such reviews, the facility meets standard requirements.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Clients 2. Targeted Clients 3. Chief Operating Officer <p>Interviews with clients demonstrated none had reported sexual abuse.</p> <p>The interview with the Chief Operating Officer demonstrated victims would be offered ongoing medical and mental health services through community providers.</p> <p>(a-b) The Cheyenne Center, Inc., 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.</p> <p>PREA Community Confinement Standards Policy, page 24, section 115.283 (a), states, "The agency will offer medical and mental health evaluation and as appropriate, treatment to all clients who have been victimized by sexual abuse in an</p>

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

(c) PREA Community Confinement Standards Policy, page 24, section 115.283 (b), states, "The facility will provide victims with medical and mental health services consistent with the community level of care."

(d) This provision is not applicable as the Cheyenne Center Inc., does not care for female clients.

(e) This provision is not applicable as the Cheyenne Center Inc., does not care for female clients.

(e) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 24, section 115.283 (e), states, "Client victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate and at no cost to the client."

(g) The Cheyenne Center, Inc., PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

PREA Community Confinement Standards Policy, page 24, section 115.283 (f), states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

(h) The Cheyenne Center, Inc., PAQ states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of

	<p>learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>PREA Community Confinement Standards Policy, page 24, section 115.283 (g), states, “The agency will conduct a mental health evaluation of all known client on client abusers within 30 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Chief Operating Officer <p>The Chief Operating Officer articulated her review of all sexual abuse investigations stating each are completed with the PREA Coordinator, Chief Executive Officer and Investigator. The Chief Operating Officer stated within 24 of the completion of an investigation the team will review vulnerable areas, clients involved, staffing observations, ensure agency policy was followed, and review of blind spots.</p> <p>(a) The Cheyenne Center, Inc., 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 have been zero criminal and or administrative investigations of alleged sexual abuse completed at the facility.</p> <p>PREA Community Confinement Standards Policy, page 24, section 115.286 (a),</p>

states, "The agency will 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."

(b) The Cheyenne Center, Inc., 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 zero.

PREA Community Confinement Standards Policy, page 24, section 115.286 (b), states, "Such review shall ordinarily occur within 30 days of the conclusion of the investigation."

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 25, section 115.286 (c), states, "The review team will include some or all of the following employees: the agency PREA coordinator, Operations Manager, C.E.O., program director, treatment supervisors, and investigators."

The facility provided a list of the following incident review team members.

- Latascha Newton, CCO/PREA Coordinator/PREA Investigator
- Cara Myles, COO/Program Director/PREA Investigator
- Dennis Vlachos, Operations Manager
- Catherine Santos, CEO/Agency Head

(d) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 25, section 115.286 (d) 1-6, 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 C.O.O. and agency PREA coordinator.”

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

PREA Community Confinement Standards Policy, page 25, section 115.286 (e), states, “The agency will implement the recommendations for improvement, or shall document its reasons for not doing so.”

Through such reviews the facility meets standard requirements.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Cheyenne Center, Inc. PAQ
2. PREA Community Confinement Standards Policy, dated 11.2020
3. PREA Annual Report, dated 2023

(a) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 25, section 115.287 (a), states, "The agency will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions."

The facility provided an Annual Report demonstrating the facility has not received an allegation of sexual harassment or sexual abuse in the past 12 months.

(b) The Cheyenne Center, Inc., PAQ states the agency aggregates incident-based sexual abuse at least annually.

PREA Community Confinement Standards Policy, page 25, section 115.287 (b), states, "The agency will aggregate the incident-based sexual abuse data at least annually."

(c) The Cheyenne Center, Inc., 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.

PREA Community Confinement Standards Policy, page 25, 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 Cheyenne Center, Inc., PAQ states the agency maintains, reviews, and

	<p>collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>PREA Community Confinement Standards Policy, page 25, section 115.287 (d), states, “The agency will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. This will be gathered by investigators and the agency PREA coordinator. All files will be retained by the agency PREA coordinator at the main office.”</p> <p>(e) This provision is not applicable as the Cheyenne Center, Inc., is a standalone facility.</p> <p>(f) The Cheyenne Center, Inc., PAQ states the agency was not requested to provide the Department of Justice (DOJ) with data from the previous calendar year.</p> <p>PREA Community Confinement Standards Policy, page 25, section 115.287 (e), 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.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc. PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 3. PREA Annual Report 2023 <p>(a) The Cheyenne Center, Inc., PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness</p>

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 Cheyenne Center, Inc., 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 2021, 2022, 2023.

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

(d) The Cheyenne Center, Inc., 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.

Through such reviews, the facility meets standard requirements.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Cheyenne Center, Inc., PAQ 2. PREA Community Confinement Standards Policy, dated 11.2020 <p>(a) The Cheyenne Center, Inc., PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p>

	<p>PREA Community Confinement Standards Policy, page 26, section 115.289 (a) states, “The agency will ensure that data collected pursuant to § 115.287 are securely retained. The agency PREA coordinator will keep paper copies, when possible, along with electronic copies on the agency’s server.”</p> <p>(b) The Cheyenne Center, Inc., 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.cheyennecenter.com/prea</p> <p>PREA Community Confinement Standards Policy, page 26, section 115.289 (b), states, “The agency will make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website.”</p> <p>(c) The Cheyenne Center, Inc., 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.</p> <p>PREA Community Confinement Standards Policy, page 26, section 115.289 (c), states, “Before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers.”</p> <p>(d) PREA Community Confinement Standards Policy, page 26, section 115.287 (d), states, “The agency will maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.”</p> <p>Through such reviews, the facility meets standard requirements.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the prior three-year audit period, the agency ensured that each facility

	<p>operated was audited, once.</p> <p>(b) This is the fourth audit cycle for Cheyene Center Residential Treatment and the second year of the fourth 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 were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(b) The agency has final audit reports published on its agency website.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.212 (a)	Contracting with other entities for the confinement of residents	
	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
115.212 (b)	Contracting with other entities for the confinement of residents	
	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
115.212 (c)	Contracting with other entities for the confinement of residents	
	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
115.213 (a)	Supervision and monitoring	
	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
115.213 (b)	Supervision and monitoring	
	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
115.213 (c)	Supervision and monitoring	
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	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.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	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?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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 with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	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
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	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
115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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	na

	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.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	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
115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	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 services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	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
115.221 (h)	Evidence protocol and forensic medical examinations	
	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).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.231 (a)	Employee training	
	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	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
115.231 (b)	Employee training	
	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?	no
115.231 (c)	Employee training	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
115.234 (b)	Specialized training: Investigations	
	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
115.234 (c)	Specialized training: Investigations	
	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
115.235 (a)	Specialized training: Medical and mental health care	
	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.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How 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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	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
115.235 (c)	Specialized training: Medical and mental health care	
	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.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	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.)	na
	Do medical and mental health care practitioners contracted by	na

	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.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	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 criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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

115.241 (g)	Screening for risk of victimization and abusiveness	
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	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
115.251 (b)	Resident reporting	

	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
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	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.	no
115.252 (b)	Exhaustion of administrative remedies	
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	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
115.252 (d)	Exhaustion of administrative remedies	
	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
115.252 (e)	Exhaustion of administrative remedies	
	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	yes

	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.)	
	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
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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
115.271 (b)	Criminal and administrative agency investigations	
	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
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
115.271 (d)	Criminal and administrative agency investigations	
	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?	no
115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	Reporting to residents	
	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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	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
115.273 (d)	Reporting to residents	
	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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
115.277 (a)	Corrective action for contractors and volunteers	

	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 should be deployed or augmented to supplement supervision by staff?	yes
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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

115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	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