

PREA Facility Audit Report: Final

Name of Facility: HOPE Transitional Treatment Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/16/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Joy Catrett-Bell	Date of Signature: 05/16/2026

AUDITOR INFORMATION	
Auditor name:	Catrett-Bell, Joy
Email:	jcbell1111@gmail.com
Start Date of On-Site Audit:	05/06/2026
End Date of On-Site Audit:	05/07/2026

FACILITY INFORMATION	
Facility name:	HOPE Transitional Treatment Center
Facility physical address:	1000 Industrial Drive, Henderson, Texas - 75652
Facility mailing address:	

Primary Contact

Name:	Linda Thomas
Email Address:	linda.thomas@mtctrains.com
Telephone Number:	9402551435

Facility Director	
Name:	Linda Thomas
Email Address:	linda.thomas@mtctrains.com
Telephone Number:	9402551435

Facility PREA Compliance Manager	
Name:	Vivian Fullen
Email Address:	vivian.fullen@mtctrains.com
Telephone Number:	903.722.9480
Name:	Corteshia Sigler
Email Address:	corteshia.sigler@mtctrains.com
Telephone Number:	903.722.9480

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	127
Average daily population for the past 12 months:	120
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-99

Facility security levels/resident custody levels:	NA
Number of staff currently employed at the facility who may have contact with residents:	47
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	Management & Training Corporation, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	500 North Marketplace Drive, Centerville, Utah - 84014
Mailing Address:	
Telephone number:	8016932600

Agency Chief Executive Officer Information:	
Name:	Scott Marquardt
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Heather Manuz	Email Address:	heather.manuz@mtctrains.com

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

1

- 115.231 - Employee training

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-05-06
2. End date of the onsite portion of the audit:	2026-05-07

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:	Women's Center of East Texas Emotional Support

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	140
15. Average daily population for the past 12 months:	120
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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





23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	127
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	7





<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The population of inmates meeting the criteria in certain categories was not present.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>47</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Random staff were selected from all shift assignments. There were no barriers in completing interviews.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	17
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor reviewed the roster and selected inmates based upon the above factors.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No



44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor reviewed the roster and selected inmates based upon the above factors.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</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> 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> 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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</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> 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> 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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</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> 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> 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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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> 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> 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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>

<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>6</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</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> 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> 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>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Auditor began conducting inmate interviews the first day of the on-site portion of the audit. Based upon the inmate population on day one of the audit, the PREA Auditor Handbook required that the auditor interview a minimum of 20 inmates, (10 random and 10 targeted) A total of 22 inmate interviews was conducted. All interviews with inmates occurred in a secure area to ensure privacy. Inmate interviews were conducted using the established DOJ interview protocols. If randomly selected inmate refused to be interviewed, an additional inmate from the same housing area would be selected to provide a cross-section review of the entire general population. There were no instances of refusal of selected inmates for interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>

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

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Random staff were selected from all shift assignments. There were no barriers in completing interviews.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of inmates, security rounds, interaction between staff and inmates, shower and toilet areas for inmates, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of staff communication in inmate housing units, search procedures, and availability of access to medical and mental health services. The Auditor observed the video monitoring system and camera placement throughout the facility, including observation monitors.</p>
<p>Documentation Sampling</p>	
<p>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>	
<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor conducted a review of employee and inmate files and reviewed documents that were provided to the auditor utilizing the PAQ, including logbooks and other institutional forms. The Auditor reviewed files to determine compliance of standards for hiring, promotion, and background check procedures for staff. The Auditor reviewed the annual PREA training rosters and cross referenced the staff files with the training rosters to ensure training verification. Training facilitation was explained and the process for relaying the mandated PREA information to new employees, as well as the protocol for annual refresher training. Inmate documentation was reviewed to include intake procedures, initial inmate screening, housing assignments, and verification of inmate PREA education. The Auditor requested additional supporting documentation that included training records for inmates and volunteers.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
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.

81. 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

82. 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.

83. 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

84. 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

85. 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 reported there had been no offenses committed to file.

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

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>93. 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 reported there had been no offenses committed to file.</p>
<p>94. 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 type="radio"/> No</p> <p><input checked="" 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>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Identify the name of the third-party auditing entity

Diversified LLC

Standards
<p>Auditor Overall Determination Definitions</p> <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)
<p>Auditor Discussion Instructions</p> <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
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Policy and Procedures – Prison Rape Elimination Act: Public Law 108-79</p> <p>Organizational Chart</p> <p>Position Descriptions</p> <p>Interviews</p> <p>PAQ</p> <p>The Management & Training Corporation (MTC) PREA policy outlines the facility's approach to implementing practices covered by agency policy and facility PREA</p>

	<p>directives. MTC has a comprehensive PREA policy that clearly mandates a zero-tolerance policy on all forms of sexual abuse and sexual harassment and provides definitions of prohibited behaviors. In accordance with the standard, there are sanctions for those found to have participated in prohibited behaviors, which are consistent with and in compliance with PREA definitions.</p> <p>The policy details the agency’s overall approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Hope Transitional Treatment Center and the agency (MTC) have written policies and procedures to support the agency’s mission and goal of maintaining zero tolerance for sexual abuse and sexual harassment. The policies outline required practices in the agency’s approach to preventing, detecting, and responding to such conduct and include definitions of prohibited behaviors regarding sexual assault and sexual harassment.</p> <p>The Agency’s PREA Coordinator oversees and coordinates MTC’s efforts to comply with Federal PREA standards, including policy development and implementation, staff training, and resident education. The PREA Manager coordinates data collection and preparation for each three-year audit cycle required by the standards.</p> <p>In response to the standards, each MTC facility has assigned a PREA Manager with sufficient time and authority to coordinate facility compliance efforts. The PREA Coordinator ensures the agency works toward compliance in all areas of the standards. The PREA Manager is responsible for monitoring and assisting in staff training, education, reporting, documentation, and investigation of PREA-related allegations and may serve on the Incident Review Team and function as a liaison with external entities regarding PREA requirements.</p> <p>Conclusion:</p> <p>Based on the Auditor’s review of related policies, memorandums, facility organizational charts, and staff interviews, the Auditor determined that Hope Transitional Treatment Center (HTTC) meets the mandate for this standard.</p>
--	---

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212 Contracting with Other Entities for the Confinement of Residents</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Policy and Procedures – PREA: Public Law 108-79</p> <p>Interviews with Staff</p> <p>Contract Management</p>

	<p>PAQ</p> <p>According to MTC PREA policy, the Agency includes in any new contract or contract extension pertaining to the confinement of residents an obligation for the contractor to adopt and comply with PREA standards. The Agency provides contract monitoring for all applicable contracts to ensure compliance with PREA standards.</p> <p>Contractors must comply with the Federal Prison Rape Elimination Act (PREA), 28 CFR Part 115, and must immediately refer any allegations of sexual abuse or sexual harassment made by a violator to the State’s on-site Agent. Contractors are required to comply with the National Standards to Prevent, Detect, and Respond to Prison Rape, effective August 20, 2012. Failure to comply with these standards constitutes a breach of contract.</p> <p>The Management Services Division within the Texas Department of Criminal Justice (TDCJ) oversees MTC contracts and ensures delivery of services according to contractual requirements. The State Contract Manager, or designee, serves as the lead for contract-related issues and assists with meetings, service level agreements, transitions, and compliance monitoring. The Agency continues its contract with MTC for the confinement of residents. MTC does not contract with any other agencies for confinement of their residents. The facility is owned by TDCJ and operated by the Management & Training Corporation (MTC). A TDCJ-assigned contract monitor oversees the facility, and MTC does not have authority to independently contract for resident confinement.</p> <p>Conclusion:</p> <p>Based on staff interviews and document review, HOPE TTC meets this standard.</p>
--	--

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.213 Supervision and Monitoring</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Policy and Procedures – PREA: Public Law 108-79</p> <p>Annual Staffing Plan</p>

	<p>Unannounced Rounds Log</p> <p>Staff Interviews</p> <p>PAQ</p> <p>Staff Daily Assignment Roster</p> <p>Staffing Plan</p> <p>MTC Policy 903E.02 requires facilities to complete a staffing plan prior to opening and to review the plan at least annually. TDCJ Policy A.D. 11.52 requires all facilities, including contract facilities, to complete and submit an annual staffing plan to TDCJ for review and approval.</p> <p>The annual staffing review is documented and maintained by the facility, with a copy forwarded to the PREA Coordinator. When deviations from the staffing plan occur, the facility documents the deviation and provides justification. Common reasons include short-term disability, emergency medical leave, resident medical transportation, in-service training, vacations, and retirements.</p> <p>Unannounced rounds are conducted on all shifts and are documented by senior management staff. The Auditor confirmed compliance through review of supervisor and manager logs. Staff reported that resident-to-staff ratios are followed, with overtime implemented when necessary.</p> <p>The staffing plan establishes minimum operational staffing levels, and daily staff rosters are reviewed to ensure adequate coverage of critical and non-critical posts. Management supports staffing efforts by adjusting as needed. Overtime procedures are utilized to ensure all critical posts remain filled when staffing shortages occur. Daily security rosters reviewed by the Auditor reflected appropriate adjustments and documented reasons. Post assignment reviews confirmed compliance with staffing requirements and ensured all critical posts were filled. The Auditor observed staff completing daily rounds, enhancing visibility, safety, and resident access to executive staff.</p> <p>Conclusion:</p> <p>Based on review of staffing plans, assignment schedules, daily post rosters, interviews, and unannounced rounds documentation, the Auditor determined the facility meets this standard.</p>
--	---

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.215 Limits to Cross-gender Viewing and Searches

Policy, Materials, Interviews, and Other Evidence Reviewed:

Policy and Procedures - PREA: Public Law 108-79

Personal Search Training

Interviews

PAQ

MTC policy states that a strip search shall be performed only by employees of the same sex as the resident being searched. Strip searches shall be conducted only in the presence of employees of the same sex as the resident being searched, except when the presence of a supervisory employee of the opposite sex is required by policy and a same-sex supervisor is not available.

Policy further states that a licensed physician, physician's assistant, or nurse practitioner must conduct body cavity searches. Medical personnel performing body cavity searches are not required to be of the same sex as the resident. However, all other individuals present during the search must be of the same sex as the resident, and at least one staff member of the same sex must always be present.

Staff interviews did not reveal any cross-gender strip searches or cross-gender visual body cavity searches of residents, including during exigent circumstances, conducted by either security or medical staff. The PAQ reported zero cross-gender strip or visual body cavity searches in the previous 12 months. Resident interviews confirmed that residents had not been subjected to cross-gender viewing during strip or visual searches. Staff interviews further indicated that employees receive cross-gender pat-search training during initial and annual training sessions.

The Pre-Audit Questionnaire confirmed that 100% of staff received the required PREA search training. Training rosters and documentation were reviewed, verifying completion of MTC "Search Training" lesson plans by staff.

Signage is posted on each housing unit door requiring opposite-gender staff to announce their presence when entering. This practice was observed throughout the Auditor's tour. Residents confirmed that staff make announcements when opposite-gender personnel enter housing units.

Facility observations confirmed that the structural design allows residents to shower, change clothes, and use restroom facilities without being viewed by staff of the opposite gender.

Conclusion:

	<p>Based on the review of policies, training records, interviews, and direct observations, the facility has demonstrated compliance and meets the provisions of this standard.</p>
--	--

<p>115.216</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.216 Residents with Disabilities and Residents Who Are Limited English Proficient</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Policy and Procedures - PREA: Public Law 108-79</p> <p>PAQ</p> <p>MTC Policy 903E.02</p> <p>Bi-Lingual Informed Consent Poster and Privacy Notice Sign</p> <p>Interviews</p> <p>Inmate Kiosk</p> <p>Spanish Interpreter List</p> <p>Google Translator</p> <p>Orientation Handbook</p> <p>MTC Policy 903E.02, Ensuring Safe Prisons, states that residents with disabilities and residents who are limited English proficient shall not be discriminated against. The facility shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and applicable directives.</p> <p>MTC policy requires appropriate steps be taken to ensure that residents with disabilities, including individuals who are deaf, blind, or have intellectual limitations, have equal opportunities to participate in and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy aligns with Standard 115.216 and assigns responsibility to the PREA Manager for</p>

	<p>developing and distributing educational materials addressing zero tolerance, reporting procedures, treatment options, advocacy, and counseling services.</p> <p>MTC policy requires PREA education to be provided in formats understandable to the entire resident population. The policy permits the limited use of resident interpreters or reader assistants only when delays in obtaining an effective interpreter could compromise resident safety, first-response duties, or investigative processes.</p> <p>Observations during the site visit confirmed that resident handbooks are available in both English and Spanish. No residents identified as limited English proficient, or disabled were residing at the facility during the audit. The facility does not house blind residents, and TDCJ does not refer blind residents due to facility limitations.</p> <p>The Auditor reviewed resident handbooks to assess compliance with provision (a) of the standard. The agency also publishes PREA-specific brochures and resident handbooks in Spanish. The Agency Administrator confirmed ongoing efforts to ensure PREA materials are available in various formats.</p> <p>Each resident entering the facility is provided with written notice of the Zero Tolerance for Sexual Abuse and Sexual Harassment policy and receives PREA education within 30 days of intake. Residents are required to sign the Preventing Sexual Abuse and Assault Training Acknowledgement Form.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, resident handbooks, resident records, and staff training records, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.217 Hiring and Promotion Decisions</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Employment Screening</p> <p>Policy and Procedures – PREA: Public Law 108-79</p> <p>Employee Handbook</p> <p>Interviews</p>

MTC-201.3 Background Check

MTC-203.1 Rules of Conduct

Background Investigation Questionnaire

Employment Application

Completed Pre-Audit Questionnaire (PAQ)

MTC Policy 201.3 states that the facility shall not knowingly hire any new employee, promote any existing employee, or enlist the services of any contractor who has 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. This includes individuals who have been convicted of engaging in, attempting to engage in, or conspiring to engage in sexual activity facilitated by force, coercion, or threats, or when the victim did not consent or was unable to consent or refuse. These prohibitions also apply to individuals who have been civilly or administratively resolved to have engaged in such conduct.

Policy requires criminal history checks to be conducted at least once every five years for all MTC employees. The facility may also conduct NCIC checks at any time within the five-year cycle if deemed necessary. Criminal history checks include reviews for personal protection orders and domestic violence offenses and are documented accordingly.

Any information revealed through a criminal history check that has not been previously reported or investigated is referred for further investigation. Criminal history checks are conducted by Central Office Background Unit staff for all facility employees. Contractors and volunteers with resident contact receive criminal history reviews in accordance with agency policy. The facility does not hire individuals who have engaged in sexual abuse or sexual harassment, as outlined in the standard.

MTC requires all applicants to complete an employment application that includes mandatory PREA screening questions. If an applicant answers "yes" to any PREA-related disqualifying question, the hiring process is immediately discontinued. Applicants acknowledge a statement affirming that falsification of information may result in termination or prosecution. Human Resources staff conduct initial background checks for applicants advancing in the hiring process. Confirmed incidents of sexual harassment are considered during hiring and promotion decisions. Each new employee or contractor undergoes a background check and is not offered employment if disqualifying information is identified.

Reference checks are conducted, including contacting previous correctional employers when applicable. The Human Resources office tracks background checks, which are completed at least every five years and are required during the promotion process. The Auditor determined that the facility employs appropriate practices to

	<p>identify prior sexual misconduct before hiring, promoting staff, or engaging contractors.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, employee and contractor records, and staff interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218 Upgrades to Facilities and Technologies</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Camera Diagrams</p> <p>Facility Layout</p> <p>Interviews</p> <p>Observations</p> <p>MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p>MTC policy requires that when designing or acquiring a new facility, or when planning substantial expansion or modification of an existing facility, consideration is given to the facility's ability to protect residents from sexual abuse. The policy further requires that when installing or updating video monitoring systems, electronic surveillance systems, or other monitoring technologies, the impact on resident protection be carefully assessed.</p> <p>The Facility Administrator and PREA Manager stated that when surveillance systems are installed or upgraded, the facility assesses how such technology enhances the protection of residents from sexual abuse. Facility staff monitor camera systems to ensure functionality and to identify areas requiring additional coverage.</p> <p>Conclusion:</p> <p>Based on interviews, observations, and policy review, the Auditor determined that</p>

	the facility meets the requirements of this standard.
--	---

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.221 Evidence Protocol and Forensic Medical Examinations</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Policy Directive - Investigations and Intelligence Program</p> <p>Custody of Evidence</p> <p>Basic Investigator Training Packet</p> <p>Sexual Abuse Victim Advocate Services Agreement</p> <p>Women’s Center of East Texas - Emotional Support Services</p> <p>Interviews</p> <p>MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p>AD-16.20 Reporting Incidents to OIG</p> <p>AD-16.64 Forensic Examination Collection</p> <p>PAQ</p> <p>The Agency’s Zero Tolerance policy outlines the investigative process and uniform evidence protocol for collecting and preserving evidence related to administrative and criminal investigations of sexual abuse. The facility initiates an administrative investigation and refers criminal investigations to the TDCJ Office Of Inspector General (OIG). All allegations are reported immediately to the TDCJ Contract Monitor and the MTC PREA Coordinator.</p> <p>The agency utilizes the Department of Justice (DOJ) National Protocol for Sexual Assault Medical Forensic Examinations as its evidence protocol, as outlined in policy. This protocol is integrated within the agency’s Coordinated Response Plan, which</p>

	<p>provides procedural guidance for staff during investigations. The Facility Administrator stated that sexual abuse allegations are investigated by law enforcement, and the facility maintains one investigator for administrative investigations.</p> <p>Facility policy assigns responsibility for criminal investigations and forensic evidence collection to TDCJ Office Of Inspector General (OIG). Staff interviews confirmed awareness of procedures for preserving evidence, including securing the scene and instructing residents not to destroy evidence.</p> <p>The Zero Tolerance policy requires residents alleging sexual abuse to be provided access to external victim advocacy services. The facility maintains a Memorandum of Understanding (MOU) with the Women’s Center of East Texas, Inc. Contact information is provided during intake and posted throughout the facility. Written consent is obtained prior to advocacy participation in forensic exams or investigatory interviews.</p> <p>Residents requiring forensic examinations are transported to the UT Health Henderson Hospital for forensic exams and emergency medical treatment at no cost. The hospital provides forensic services, follow-up medical care, coordinates with law enforcement, complies with mandatory reporting laws, and maintains confidentiality. Services are available 24 hours a day, seven days a week. There were no allegations during the audit cycle requiring forensic medical services.</p> <p>Conclusion:</p> <p>Based on review of policies, documentation, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Sexual Safety in Prisons / TDCJ Safe Prison Plan</p> <p>TDCJ PREA Ombudsman Website</p> <p>TDCJ AD-05.64 Sexual Abuse Reporting and Investigation (OIG)</p>

	<p>Sexual Assault Brochures</p> <p>Interviews</p> <p>PAQ</p> <p>MTC Operating Procedures are written in accordance with Standard 115.222 and require that all allegations of sexual abuse and sexual harassment be investigated. Facility Administrators ensure all allegations of sexual abuse and employee overfamiliarity are entered into the MTC computerized database and investigated. The Zero Tolerance policy mandates that all allegations of sexual abuse be referred to a law enforcement agency with authority to conduct criminal investigations.</p> <p>When an allegation is reported to staff, supervisors initiate required notifications, beginning the investigative process. Administrative investigations commence immediately following an allegation, and all referrals are documented. Notifications are promptly made to the TDCJ Contract Monitor and the MTC PREA Coordinator.</p> <p>Facility PREA Managers, supervisors, and investigators coordinate closely to ensure timely and thorough investigations. Staff reporting procedures include completion of the PREA First Responder Checklist and the Request for Investigation packet. The Facility Investigator conducts administrative investigations, while criminal matters are referred to the TDCJ Office Of Inspector General (OIG).</p> <p>The TDCJ website encourages residents' family members, friends, and the public to report allegations of sexual abuse or sexual harassment to the PREA Ombudsman or TDCJ Ombudsman Office. All allegations received are referred to the Office of the Inspector General for review and potential criminal investigation.</p> <p>Conclusion:</p> <p>Based on review of files, administrative interviews, and observations, the Auditor determined the facility is compliant with this standard.</p>
--	--

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.231 Employee Training</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p>

Training Records

PREA In-Service Report

MTC Policy 903E.02 – Sexual Safety in Prisons

MTC Policy 901D.02 (A1, D1) – Training Requirements

PAQ

Staff Interviews

MTC PREA Training Curriculum

MTC Policy 903E.02 – Sexual Safety in Prisons / TDCJ Safe Prison Plan

PREA Reference Cards

Policy requires all facility employees, student assistants, unpaid student interns, contractors, and employees of other State agencies to successfully complete in service training in accordance with MTC policy directives. HOPE TTC employees are required to complete PREA training at a minimum of once every two years. However, PREA training is completed annually to meet annual training requirements and to ensure staff remain current on PREA policies and procedures related to sexual abuse and sexual harassment.

Staff PREA training is conducted during pre-service academy training before assignment to the facility. Pre-service PREA instruction includes a four-hour section covering the Prison Rape Elimination Act. Employees also receive a minimum of 20 hours of annual in-service training. Refresher PREA training is provided during staff meetings throughout the year and addresses various PREA topics.

Staff acknowledged understanding their responsibilities for preventing, detecting, and responding to sexual abuse and sexual harassment. The Pre-Audit Questionnaire indicated all staff had completed required training. Training completion is documented through staff signatures on Training Meeting Sign-In Sheets and individual PREA Basic Training Acknowledgement Forms.

Staff are charged and required to carry a PREA (Staff Responsibility Card) identifying general PREA information and first responder duties.

Conclusion:

Based on review of policies, training materials, training records, and staff interviews, the Auditor determined the facility exceeds the requirements of this standard.

115.232	Volunteer and contractor training
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 884 376">115.232 Volunteer and Contractor Training</p> <p data-bbox="280 412 1114 448">Policy, Materials, Interviews, and Other Evidence Reviewed</p> <p data-bbox="280 555 673 591">Volunteer Services Program</p> <p data-bbox="280 627 839 663">PREA Training Acknowledgement Forms</p> <p data-bbox="280 698 829 734">MTC Policy 901D.02 (A1, D1) - Training</p> <p data-bbox="280 770 647 806">TDCJ Volunteer Handbook</p> <p data-bbox="280 842 427 878">Interviews</p> <p data-bbox="280 913 667 949">PREA Volunteer Agreement</p> <p data-bbox="280 985 925 1021">MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p data-bbox="280 1057 584 1093">TDCJ Safe Prison Plan</p> <p data-bbox="280 1200 1449 1406">Agency Zero Tolerance policy requires all volunteers and contractors to receive PREA training, with training reviewed annually to ensure compliance with contractual and regulatory standards. Training ensures volunteers and contractors understand the agency's zero-tolerance policy for sexual abuse and sexual harassment and are knowledgeable about proper reporting procedures.</p> <p data-bbox="280 1442 1474 1684">Training rosters and training files were reviewed and confirmed that volunteers and contractors received required PREA training. New contractors and volunteers receive PREA training during orientation and are trained on facility policies and procedures related to prevention, detection, and response to sexual abuse and sexual harassment. Training documentation included completed PREA Basic Training Acknowledgement Forms and Contractor/Volunteer Training Record Forms.</p> <p data-bbox="280 1720 1474 1836">The facility's training curriculum for volunteers and contractors adequately addresses definitions of sexual abuse and sexual harassment, reporting procedures, and response responsibilities.</p> <p data-bbox="280 1872 443 1908">Conclusion:</p> <p data-bbox="280 1944 1378 2024">Based on review of training files, documentation, policies, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.233 Resident Education</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p>Resident Orientation Packet</p> <p>Resident PREA Education Form</p> <p>Language Line Services (English and Spanish)</p> <p>Sexual Abuse Posters (English and Spanish)</p> <p>Resident Handbook</p> <p>Privacy Signs (Bi-Lingual)</p> <p>Interviews</p> <p>TDD Telecommunication</p> <p>The MTC Operating Procedure is written in accordance with Standard 115.233 and requires that all residents receive comprehensive PREA education during intake and upon transfer to another facility, within 30 days of arrival. Within 72 hours of arrival, residents receive educational materials addressing zero tolerance for sexual abuse and sexual harassment, reporting procedures, the name of the facility PREA Manager, and contact information for outside reporting agencies, victim advocacy services, and emotional support resources.</p> <p>Residents receive PREA education during intake processing, including information on the Agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Residents transferred from another facility receive additional education when policies and procedures differ from those of their prior facility. During the audit tour, the Auditor sampled resident files and reviewed transfer records to verify timely PREA education. HOPE TTC staff demonstrated compliance with education intake requirements.</p> <p>The PREA education video is closed-captioned for deaf and hard-of-hearing residents. The facility has a Memorandum of Understanding for sign language interpreter services and provides telecommunications devices (TDD) for hearing-impaired residents. Written PREA materials are available for residents with</p>

	<p>visual impairments in large-print format in English and Spanish, and staff are available to assist residents by reading materials when needed.</p> <p>During the audit tour, Zero Tolerance posters were prominently displayed throughout housing units, common areas, and work locations. The Auditor observed ongoing efforts by facility staff to actively promote PREA information and resources throughout the facility.</p> <p>Conclusion:</p> <p>Based on review of policies, resident records, observations, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.234 Specialized Training: Investigations</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p>NIC PREA Online Training Program Completion Certificates</p> <p>Basic Investigator Training</p> <p>Interviews</p> <p>Office of the Inspector General Policy</p> <p>Agency policy is written in accordance with Standard 115.234 and requires that investigations of sexual abuse and sexual harassment be conducted only by employees who have received specialized PREA investigation training. Investigations are required to be conducted promptly, thoroughly, and objectively. Facility investigators receive specialized training specific to conducting sexual abuse investigations in confinement settings.</p> <p>The agency provides specialized training for facility investigators participating in PREA administrative investigations. The training curriculum, conducting a Thorough Investigation, addresses PREA-specific topics, including dynamics of sexual abuse in confinement settings, victim interview techniques, evidence preservation, employee rights, and Garrity and Miranda considerations. The training specifies use of the</p>

	<p>preponderance of the evidence standard for administrative investigations and includes instruction on referring potential criminal matters for prosecution.</p> <p>The Zero Tolerance policy requires that all allegations of sexual abuse be referred for criminal investigation to law enforcement agencies with appropriate authority. The facility initiates an administrative investigation immediately following a PREA allegation, and notifications are made to TDCJ. If an allegation is criminal in nature, it is referred to the TDCJ Office Of Inspector General (OIG).</p> <p>Training records were reviewed and confirmed that facility investigators have completed the required specialized training. Documentation of investigator training is maintained in employee training files and was reviewed by the Auditor.</p> <p>Conclusion:</p> <p>Based on review of policies, investigative training materials, training records, and interviews with investigators, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.235 Specialized Training: Medical and Mental Health Care</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>PAQ</p> <p>In-Service Training</p> <p>MTC Policy 903E.02 - TDCJ Safe Prison Plan</p> <p>Interviews</p> <p>MTC Operating Procedures require that all staff receive PREA training in accordance with Standard 115.231. Policy further requires that all full-time and part-time medical and mental health professionals receive specialized training.</p> <p>The facility does not employ medical or mental health staff. All medical and mental health services are provided through referrals to local hospitals and</p>

	<p>community-based service organizations.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.241 Screening for Risk of Victimization and Abusiveness</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>30-Day Review</p> <p>MTC Policy 903E.02 - TDCJ Safe Prison Plan</p> <p>Resident Placement and Transfer Policy</p> <p>PREA Risk Assessments</p> <p>Screening Forms</p> <p>Interviews</p> <p>PAQ</p> <p>MTC policy requires that transferred residents be screened within 72 hours of arrival at the receiving facility to identify prior sexually aggressive behavior and assess risk of sexual victimization. Staff complete PREA Risk Assessment worksheets during the intake process in accordance with policy requirements. Staff interviews confirmed that residents are screened within 72 hours of admission by designated screening or case management staff.</p> <p>Residents interviewed confirmed they were asked PREA-related questions during intake orientation. Screening includes assessment for risk of sexual abuse victimization and potential for sexually abusive behavior.</p> <p>Policy states residents are screened during initial intake and upon transfer to another facility. Screening considerations include prior acts of sexual abuse,</p>

	<p>convictions for violent offenses, and history of institutional violence or sexual abuse. Residents who decline to answer screening questions are documented accordingly and are not disciplined for refusing to respond.</p> <p>Review of resident files confirmed screening completion within 72 hours of intake, psychological screening, and reassessment within 30 days of arrival. Risk reassessments are completed as needed due to referrals, requests, incidents, or receipt of new information. The PREA Manager stated reassessments occur whenever incidents arise or referrals are made by staff.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, resident records, and interviews with staff and residents, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242 Use of Screening Information</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Policy Directive - Resident Placement and Transfer</p> <p>MTC Policy 903E.02 - Ensuring Safe Prisons</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Resident Housing Assignments</p> <p>Resident Job Assignments</p> <p>Screening Forms</p> <p>MTC Operating Procedures require the facility to consider housing placements for LGB residents on a case-by-case basis to ensure resident safety and security while accounting for potential management concerns. Policy prohibits placing LGB residents in resolute units or housing based solely on identification or status unless required by a consent decree, legal settlement, or court judgment for protective purposes.</p>

	<p>The Auditor reviewed resident classification records and confirmed that facility staff conduct individualized assessments when determining housing, bed, work, and program assignments. Classification staff utilize information obtained during PREA Risk Screenings to support housing and assignment determinations.</p> <p>The Auditor verified that staff conduct risk screenings during intake and consider residents' own perceptions of safety before making placement decisions. Screening tools include sections for staff to document both resident feedback and staff observations. Classification staff ensure that residents identified as HRSA or HRSV are not placed together in jobs or housing areas where risks may arise.</p> <p>The facility is not subject to a consent decree, legal settlement, or legal judgment specific to protecting lesbian, gay, bisexual, transgender, or intersex residents.</p> <p>Conclusion: Based on review of policies, procedures, resident records, observations, and staff interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.251 Resident Reporting</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p>Resident Orientation Handbook</p> <p>TDCJ Safe Prison Plan</p> <p>PREA Signage</p> <p>PAQ</p> <p>Interviews</p> <p>MTC policy requires facilities to provide multiple methods for residents to privately report sexual abuse, sexual harassment, retaliation, staff neglect, or violations of staff responsibilities. Reporting options include verbal reports, written reports, anonymous submissions, grievances, third-party reporting, parole officers, rape crisis center toll-free hotlines, and contact with the TDCJ Ombudsman.</p>

	<p>Residents may report outside the agency by contacting the Rape Crisis Center toll-free hotline or the PREA National Hotline, allowing for anonymous reporting. Reporting options are communicated during orientation and displayed throughout the facility.</p> <p>The grievance procedure provides an additional private reporting method. Residents are not required to attempt informal resolution or submit grievances to staff members who are the subject of the complaint. Grievances alleging sexual abuse or sexual harassment are not routed to the accused staff member. Residents are not disciplined for filing grievances in good faith.</p> <p>During the facility tour, informal interviews with staff and residents indicated awareness of reporting obligations and available reporting methods. Residents reported feeling comfortable reporting concerns to staff. Staff demonstrated knowledge of documentation requirements and promptly forwarded reports to supervisory staff for investigation.</p> <p>Staff may also privately report sexual abuse or harassment of residents verbally or in writing to supervisors, facility leadership, or through established reporting hotlines. PREA training ensures staff understand reporting responsibilities. Interviews confirmed that staff understand confidentiality expectations and will report allegations to appropriate authorities.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, resident handbooks, grievances, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252 Exhaustion of Administrative Remedies</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Interviews</p> <p>Grievance Directives</p> <p>Resident Handbook</p> <p>TDCJ Safe Prison Plan</p>

	<p>PAQ</p> <p>MTC Policy 903E.02 – Sexual Safety in Prisons (PREA)</p> <p>Agency policy establishes a grievance procedure for addressing resident complaints related to sexual abuse. When residents utilize the grievance system to report allegations of sexual abuse, the Grievance Coordinator forwards the allegation to the facility PREA Manager for further handling in accordance with policy. Residents are notified in writing when their grievance has been forwarded.</p> <p>Residents are not required to use informal grievance processes to resolve allegations of sexual abuse and are not required to submit grievances to staff members who are the subject of the complaint.</p> <p>The facility issues a final decision regarding grievances within 90 days of the initial filing, excluding the time taken by residents to prepare administrative appeals. If an extension is needed, residents are notified in writing and provided a revised decision date.</p> <p>Third parties are permitted to assist residents in filing administrative remedy requests and may file on behalf of residents. Emergency grievances may be filed when a resident alleges substantial risk of imminent sexual abuse. Emergency grievances are immediately forwarded to appropriate supervisory staff, with an initial response provided within 48 hours and a final agency decision issued within five calendar days.</p> <p>Conclusion:</p> <p>Based on review of policies, interviews, and observations, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253 Resident Access to Outside Confidential Support Services</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Ensuring Safe Prisons</p> <p>PREA Posters</p>

	<p>MOU - Women's Center of East Texas, LLC</p> <p>Resident Handbook</p> <p>Interviews</p> <p>PAQ</p> <p>MTC policy requires utilization of community-based resources to provide crisis intervention, counseling, investigative coordination, and prosecution support for sexual abuse cases. Residents alleging sexual abuse are provided access to outside victim advocates and contact information for advocacy and rape crisis services is made readily available.</p> <p>The Auditor confirmed that the facility collaborates with outside agencies to provide confidential emotional support services. The Women's Center of East Texas offers victim advocacy services, while the Crisis and Suicide Hotline provide confidential emotional support, outreach referrals, and suicide prevention services. Contact information for external support services is visibly posted in housing units.</p> <p>The facility maintains a Memorandum of Understanding with the Women's Center of East Texas to provide confidential emotional support to resident victims of sexual abuse or sexual harassment. Written consent is obtained prior to victim advocate participation in forensic examinations or investigatory interviews.</p> <p>The Auditor observed that the facility posts information regarding outside support resources throughout resident housing units. Residents are informed of phone monitoring practices and advised which communication channels are not monitored to preserve confidentiality. Posted signage notes that calls may be anonymous and are not monitored.</p> <p>Conclusion:</p> <p>Based on policy review, interviews, and supporting documentation, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 Third-Party Reporting</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p>

	<p>MTC Website</p> <p>Interviews</p> <p>Resident Handbook</p> <p>PAQ</p> <p>The Auditor reviewed MTC operating procedures, which state that residents may report allegations of prohibited conduct, threats of such conduct, and retaliation for reporting such conduct. Reports may be made verbally or in writing to facility staff, through the MTC Sexual Abuse Hotline, toll-free numbers, and third-party reporting avenues.</p> <p>The facility provides a method for receiving third-party reports of sexual abuse or sexual harassment. Third parties may submit reports on behalf of residents using the MTC website. Reports may also be made verbally or in writing to the Facility Administrator or the agency’s PREA Coordinator. Residents interviewed demonstrated awareness of third-party reporting options.</p> <p>During the onsite audit, the Audit Team observed PREA posters displayed throughout the facility that included reporting contact information. The MTC website indicates that all allegations of sexual abuse are investigated. Residents and third-party individuals may also report allegations to the TDCJ PREA Ombudsman or the Texas Department of Criminal Justice Office of the Inspector General.</p> <p>Conclusion:</p> <p>Based on review of policies, materials, observations, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261 Staff and Agency Reporting Duties</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Sexual Safety in Prisons (PREA)</p> <p>Training Records</p>

	<p>TDCJ Safe Prison Plan</p> <p>AD-16.20 Reporting Incident Crimes to the Office of the Inspector General</p> <p>Interviews</p> <p>PAQ</p> <p>MTC policy requires confidentiality of information related to sexual abuse and sexual harassment, except as required for reporting, treatment, or investigation. The policy mandates reasonable steps to protect confidentiality during risk assessments, reports, and investigations. Individuals interviewed as part of investigations are instructed not to discuss allegations. Staff who compromise confidentiality are subject to disciplinary action in accordance with agency policy. Residents are encouraged to maintain confidentiality to preserve the integrity of investigations and personal safety. These provisions do not restrict access to legal counsel, therapeutic services, or personal safety discussions.</p> <p>Policy requires all staff to immediately report sexual abuse and sexual harassment to supervisors or higher-ranking staff. Once reported, staff are prohibited from discussing allegations except when involved in investigation, security decisions, or service provision. During interviews, staff demonstrated understanding of reporting requirements and confidentiality obligations.</p> <p>Policy requires medical and mental health practitioners to inform residents of mandatory reporting obligations and limits of confidentiality. These practitioners must report knowledge of sexual abuse within institutional settings. Although the facility does not employ medical or mental health staff, agency policy requires contracted practitioners to follow mandatory reporting laws for minors or vulnerable adults. The Facility Administrator confirmed that incidents involving juveniles would be reported to law enforcement and TDCJ. Contractors are required to advise residents of reporting duties and confidentiality limits at the initiation of services.</p> <p>Conclusion:</p> <p>Based on review of policies and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.262 Agency Protection Duties</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Sexual Safety in Prisons (PREA)</p> <p>Interviews</p> <p>PAQ</p> <p>MTC Operating Procedures are written in accordance with Standard 115.262 and require that when a report of sexual abuse or sexual harassment is made, the alleged victim is immediately protected. Policy mandates that when a resident is subject to a substantial risk of imminent sexual abuse, or is an alleged victim of sexual abuse, the facility shall take immediate action to protect the resident by ensuring no contact between the alleged victim and the alleged abuser.</p> <p>Protective actions may include housing reassignment, increased supervision, or transfer to another facility when necessary to ensure resident safety.</p> <p>Staff interviewed demonstrated knowledge of procedures to follow when a resident is at imminent risk of sexual abuse. Supervisory staff were able to describe available protective measures, including relocation to alternate housing or transfer to another MTC facility. Actions are reviewed by the Facility Administrator within 48 hours to ensure appropriateness and effectiveness.</p> <p>Conclusion:</p> <p>Based on review of policy, interviews, and observations, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 Reporting to Other Confinement Facilities</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Sexual Safety in Prisons</p> <p>Screening Instrument</p> <p>PAQ</p>

	<p>The Agency's Zero Tolerance policy requires that when an allegation is received that a resident was sexually abused while confined at another facility, the Facility Administrator or designee shall notify the Facility Administrator of the facility where the alleged abuse occurred. Notification is made as soon as possible and no later than 72 hours after receipt of the allegation.</p> <p>The Facility Administrator stated that required notifications would be made immediately and appropriately documented. Notifications are forwarded to the agency's PREA Coordinator for tracking and follow-up. The Facility Administrator confirmed there were no incidents during the audit period requiring notification under this standard.</p> <p>Conclusion:</p> <p>Compliance with this standard was verified through review of policy and interviews. The Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.264 Staff First Responder Duties</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p>Investigator Training</p> <p>Interviews</p> <p>Staff Response Plan Cards</p> <p>PAQ</p> <p>The agency's Zero Tolerance policy outlines detailed procedures for security and non-security staff responsibilities when responding to allegations of sexual abuse. MTC policy requires that if the first responder is not a security staff member, they</p>

	<p>must immediately notify security staff.</p> <p>During formal interviews with non-security personnel, staff described their response actions upon receiving reports of sexual abuse. Staff stated they would remain with the victim, immediately notify supervisory or security staff, and instruct the resident not to take any actions that could compromise evidence.</p> <p>Supervisory staff interviews confirmed awareness of responsibilities following reports of sexual assault. Supervisors stated they would immediately separate the alleged victim and alleged abuser, secure the incident area to preserve evidence, and ensure no unauthorized entry occurs. Supervisors would coordinate referrals for emergency medical treatment and arrange transport to a local hospital for forensic examinations when required.</p> <p>The Auditor reviewed training records and confirmed staff, contractors, and volunteers received PREA training addressing first responder duties. Training documentation verified that staff are trained to respond appropriately to sexual abuse allegations. First responder responsibilities are also outlined on the PREA Staff Responsibility Card carried by staff.</p> <p>Staff interviewed during the onsite audit demonstrated knowledge and understanding of their roles and responsibilities as first responders to reports of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, the Coordinated Response Plan, Sexual Assault Response Checklists, training records, and staff interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265 Coordinated Response</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 - Sexual Safety in Prisons</p> <p>Interviews</p> <p>TDCJ Safe Prisons PREA Plan</p>

	<p>Coordinated Response Plan</p> <p>PAQ</p> <p>MTC policy requires each facility to develop and maintain a written plan coordinating actions taken in response to incidents of sexual abuse. The policy outlines coordination among first responders, supervisory staff, investigators, and facility leadership. The facility utilizes a Sexual Assault First Responder Checklist to supplement its operating procedures and clarify staff duties.</p> <p>The facility has developed an institutional Coordinated Response Plan addressing actions taken by first responders, external medical and mental health providers, investigators, and facility leadership when responding to allegations of sexual abuse or sexual harassment.</p> <p>The Auditor interviewed staff identified in the Coordinated Response Plan and confirmed staff are prepared to respond appropriately to sexual abuse incidents, with clear understanding of responsibilities and communication protocols.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, the Coordinated Response Plan, response checklists, training records, and staff interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266 Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Sexual Safety in Prisons (PREA)</p> <p>TDCJ Safe Prisons PREA Plan</p> <p>Interviews</p> <p>Residents</p>

	<p>Review of policy and interviews confirmed there are no collective bargaining agreements that limit the Agency’s ability to remove alleged staff abusers from contact with residents. When warranted, the facility may suspend an employee during an investigation, with suspension continuing until disciplinary action is determined. The Agency Head confirmed the facility maintains full authority to assign staff, as necessary.</p> <p>The Auditor noted that the facility retains the ability, as an employer, to remove alleged staff abusers from contact with residents in accordance with provision (a) of the standard. When necessary, actions include suspension during the investigative process and continuation of suspension until final disciplinary decisions are rendered.</p> <p>Conclusion:</p> <p>Based on policy review and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.267 Agency Protection Against Retaliation</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>90-Day Retaliation Monitoring</p> <p>MTC Policy 903E.02 - Ensuring Safe Prisons</p> <p>Interviews</p> <p>TDCJ Safe Prisons PREA Plan</p> <p>MTC policy is written in accordance with Standard 115.267 and strictly prohibits retaliation by or against staff or residents who report sexual abuse or sexual harassment or who participate in investigations. The policy requires protection for staff and residents cooperating with investigations and designates a supervisory staff member, separate from the direct supervisor, to monitor for retaliation.</p>

	<p>Monitoring activities include review of performance evaluations, housing or program changes, disciplinary sanctions, staff reassignments, and other actions to ensure decisions are legitimate and not retaliatory. Supervisory staff also conduct periodic status checks with resident victims and witnesses. Any retaliation concerns must be promptly addressed.</p> <p>Staff interviews confirmed that the PREA Compliance Manager monitors retaliation for a minimum of 90 days following a report and may extend monitoring when warranted. If staff are involved, separation from residents and disciplinary actions may occur. If residents retaliate against others, separation and protective measures such as housing reassignment or transfer may be implemented.</p> <p>Policy requires investigation of retaliation allegations and mandates corrective action when retaliation is substantiated. Retaliation monitoring may cease once an allegation is determined to be unfounded.</p> <p>Conclusion:</p> <p>Based on review of documentation and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.271 Criminal and Administrative Agency Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 Ensuring Safe Prisons</p> <p>Investigation Notification and Action Form</p> <p>AD 16.20 Reporting Incidents to the Office of the Inspector General</p> <p>Investigator Training Records</p> <p>Interviews</p> <p>MTC policy is written in accordance with Standard 115.271 which states that all investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively to include third party reports and anonymous reports. The policy states that when an allegation of sexual abuse or</p>

	<p>sexual harassment is received, whether reported verbally or in writing, it will be investigated. Staff will ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and in conjunction with the facility's administrative investigation.</p> <p>The Facility Administrator or designee will refer the allegation to the appropriate investigative authority within 72 hours by creating an entry for each alleged incident. Facility policy requires all reports to be referred for investigation</p> <p>MTC policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, credibility assessments, and investigative findings. Credibility assessments are conducted as part of the investigative process on parties involved in the investigation.</p> <p>Investigations go through specific levels of review to ensure thoroughness and conciseness. The agency is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the facility. Policy prohibits the termination of an investigation if a resident is released, or a staff member is terminated or resigns.</p> <p>Conclusion:</p> <p>The Auditor reviewed policy, investigators credentials and conducted interviews. The Auditor determined the facility meets requirements for this standard.</p>
--	--

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.272 Evidentiary Standard for Administrative investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 Ensuring Safe Prisons</p> <p>Interviews</p> <p>PAQ</p> <p>MTC policy is written in accordance with Standard 115.272, which imposes no standard higher than a preponderance of the evidence in determining whether</p>

	<p>allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Interviews confirmed that the staff responsible for administrative adjudication of investigations are knowledgeable of the requirements for the evidentiary standard. The investigators were able to articulate what preponderance meant and how they arrive at the basis for case determinations.</p> <p>Conclusion:</p> <p>Based on policy review and interviews, HOPE TTC meets requirements of this standard.</p>
--	---

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273 Reporting to Residents</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 - Ensuring Safe Prisons</p> <p>PAQ</p> <p>Interviews</p> <p>MTC policy requires that residents be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following the completion of an investigation. Policy mandates that after investigation outcome is determined, the Facility Administrator ensures the victim is notified in writing of the determination of the investigation.</p> <p>Notification documentation is maintained by the facility for PREA audit purposes. The facility's obligation to notify residents concludes if the resident is paroled, discharged, or otherwise released from custody.</p> <p>If the alleged abuser is a staff member, policy requires notification to the victim regarding whether the staff member is no longer assigned to the resident's housing unit, remains employed at the facility, or has been indicted or charged in connection with the allegation.</p>

	<p>Criminal investigations are conducted by TDCJ Office of Inspector General and in coordination with facility investigators. The PREA Manager serves as liaison and relevant updates regarding criminal charges or convictions are communicated to the facility.</p> <p>Conclusion:</p> <p>Based on interviews and review of documentation, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276 Disciplinary Sanctions for Staff</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Ensuring Safe Prisons</p> <p>Employee Handbook</p> <p>Interviews</p> <p>MTC policy requires that staff be subject to disciplinary sanctions for substantiated violations of sexual abuse and sexual harassment policies, up to and including termination. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse.</p> <p>Disciplinary sanctions for violations related to sexual abuse or sexual harassment, other than engaging in sexual abuse, are required to be proportionate to the nature and circumstances of the act, the staff member’s disciplinary history, and comparable to sanctions imposed on other staff with similar histories.</p> <p>The Auditor reviewed policy documents, disciplinary guidelines, and conducted staff interviews to assess compliance with this standard.</p> <p>Conclusion:</p> <p>Based on review of documentation, policies, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1091 371">115.277 Corrective Action for Contractors and Volunteers</p> <p data-bbox="280 412 1123 445">Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p data-bbox="280 486 893 519">MTC Policy 903E.02 - Ensuring Safe Prisons</p> <p data-bbox="280 560 427 593">Interviews</p> <p data-bbox="280 633 462 667">Staff Rosters</p> <p data-bbox="280 707 338 741">PAQ</p> <p data-bbox="280 781 1147 815">MTC Policy - Corrective Action for Contractors and Volunteers</p> <p data-bbox="280 920 1461 1072">MTC policy requires contractors and volunteers to adhere to the same standards as directly hired staff regarding disciplinary action for engaging in sexual abuse or sexual harassment. Any contractor or volunteer who engages in such conduct is prohibited from entering the facility.</p> <p data-bbox="280 1113 1477 1397">Contractors or volunteers who engage in sexual abuse are immediately prohibited from contact with residents. Substantiated allegations are reported to local law enforcement unless the conduct is non-criminal. Reasonable efforts are made to notify relevant licensing bodies associated with the contractor or volunteer. For other policy violations, the Facility Administrator implements corrective actions and assesses whether continued access should be revoked. The TDCJ Contract Monitor is notified as required.</p> <p data-bbox="280 1438 1471 1509">The Facility Administrator reported that contractor or volunteer access is suspended immediately upon allegation, with permanent revocation following substantiation.</p> <p data-bbox="280 1550 443 1583">Conclusion:</p> <p data-bbox="280 1624 1382 1695">Based on review of policy documents, interviews, and supporting records, the Auditor determined the facility meets the requirements of this standard.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.278 Disciplinary Sanctions for Residents</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Ensuring Safe Prisons</p> <p>Resident Discipline Policy</p> <p>Interviews</p> <p>PAQ</p> <p>Resident Handbook</p> <p>MTC policy maintains zero tolerance for resident-on-resident sexual harassment, assault, or abuse. A resident found guilty of engaging in sexual abuse through administrative or criminal investigation is subject to formal disciplinary sanctions. The Facility Administrator stated that the TDCJ Contract Monitor and Parole Officer are notified, and TDCJ determines whether formal disciplinary action is warranted. Disciplinary sanctions may include internal disciplinary processes, parole revocation, or transfer to another facility, depending on the severity of the offense.</p> <p>Policy requires that disciplinary sanctions be proportionate to the severity of the prohibited act. When determining sanctions, consideration is given to whether a resident’s mental disability or mental illness contributed to the behavior. Residents are not disciplined for being victims of staff sexual misconduct. The Resident Handbook clearly states that consensual relationships between residents and staff are prohibited.</p> <p>Interviews with staff and residents revealed no evidence that residents were disciplined for making good-faith reports of sexual abuse or sexual harassment. Reviews confirmed that mental health considerations are appropriately evaluated when determining sanctions.</p> <p>Conclusion:</p> <p>Based on policy review, interviews, and documentation, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

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

	<p>115.282 Access to Emergency Medical and Mental Health Services</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Ensuring Safe Prisons</p> <p>Resident Discipline Policy</p> <p>Interviews</p> <p>PAQ</p> <p>MTC policy requires that community correctional facilities utilize local medical facilities to provide emergency medical treatment and crisis intervention services when medical or mental health staff are unavailable.</p> <p>Policy requires that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. These services include offering emergency contraception and prophylaxis for sexually transmitted infections when indicated. Services are provided regardless of whether the resident identifies the abuser or cooperates with an investigation. Services are coordinated through community providers and emergency medical facilities.</p> <p>All alleged victims of sexual assault requiring a forensic examination are transported to UT Henderson Hospital to receive services at no financial cost.</p> <p>If no qualified medical or mental health staff are present at the time of an allegation, first responder custody staff are responsible for initiating protective steps and notifying appropriate medical or mental health providers. Staff interviews confirmed awareness of responsibilities related to evidence preservation, victim protection, and coordination of medical services following allegations of sexual abuse.</p> <p>Conclusion:</p> <p>Based on review of policies, interviews, and supporting documentation, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Ensuring Safe Prisons</p> <p>Interviews</p> <p>Screening Forms</p> <p>PAQ</p> <p>MTC policy requires that resident victims of sexual abuse receive timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services. The nature and scope of services are determined by medical and mental health practitioners’ professional judgment and are provided without financial cost to the resident, regardless of whether the resident identifies the abuser or cooperates with an investigation.</p> <p>When qualified medical or mental health practitioners are not onsite at the time a report of recent sexual abuse is made, first responders take immediate steps to protect the resident and notify supervisory staff. Community-based medical and mental health providers are utilized when services are not available.</p> <p>Policy requires that residents reporting prior sexual victimization or identified as potential abusers (HRSA) are referred for mental health services. Referrals are required within 48 hours, and the shift supervisor must be notified prior to housing placement. The facility does not employ medical and mental health staff and services are coordinated through community providers and emergency medical facilities.</p> <p>Conclusion:</p> <p>Based on review of policies, procedures, resident records, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.286 Sexual Abuse Incident Reviews

	<p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC Policy 903E.02 – Ensuring Safe Prisons</p> <p>Interviews</p> <p>PAQ</p> <p>MTC policy requires that all substantiated and unsubstantiated allegations of sexual abuse be reviewed following the Conclusion: of an investigation, except when allegations are determined to be unfounded. The PREA Manager coordinates incident reviews conducted by a multidisciplinary team. Review participants may include facility leadership, security supervisors, investigators, and medical or mental health professionals when applicable.</p> <p>Incident review teams examine investigative reports, video footage, and relevant documentation to identify contributing factors and potential corrective actions. Reviews assess staffing levels, policy compliance, employee conduct, physical plant issues, surveillance coverage, and operational practices.</p> <p>The Facility Administrator reported that incident reviews are completed within 30 days of the Conclusion: of an investigation using a PREA After-Action Review Report. Recommendations are documented, and implementation decisions are recorded. During interviews, Incident Review Team members described their responsibilities, including evaluation of motives, environmental factors, blind spots, staffing adequacy, and procedural adherence.</p> <p>Staff confirmed there were no sexual abuse allegations requiring an incident review during the audit cycle.</p> <p>Conclusion:</p> <p>Based on interviews and review of documentation, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.287 Data Collection

	<p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Annual Report</p> <p>Survey of Sexual Victimization (SSV)</p> <p>Interviews</p> <p>https://www.mtctrains.com/PREA</p> <p>MTC operating procedures are written in accordance with Standard 115.287 and require the Agency to collect uniform, annual data related to allegations of sexual abuse. Data collected allows the Agency to respond to all questions from the most recent version of the Survey of Sexual Victimization (SSV) and to prepare an annual report based on statistical data.</p> <p>PREA policy outlines the data collection process and requires that allegations of sexual abuse occurring at the facility be entered into the appropriate MTC computerized database. The Agency PREA Coordinator collects incident data and aggregates information necessary to complete the SSV. Facility PREA Managers are responsible for reporting institutional data to the Agency PREA Coordinator.</p> <p>The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data. The Agency collects, reviews, and maintains data derived from incident-based documentation, including reports, investigative files, and sexual abuse incident reviews. Data from the previous calendar year is made available to the Department of Justice by June 30, upon request.</p> <p>Conclusion:</p> <p>Based on review of Annual Reports, SSV documentation, and interviews with the PREA Coordinator, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.288 Data Review for Corrective Action

	<p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Annual PREA Reports</p> <p>Interviews</p> <p>MTC Website: https://www.mtctrains.com/PREA</p> <p>PAQ</p> <p>Agency policy outlines procedures for sexual abuse data collection in accordance with Standard 115.287. The facility collects and retains data related to sexual abuse cases, including investigative reports, resident information, case dispositions, medical and counseling evaluations, and recommendations for corrective or post-release action.</p> <p>The PREA Compliance Manager is responsible for compiling sexual abuse data and forwarding information monthly to the Agency PREA Coordinator. The PREA Compliance Manager maintains the Survey of Sexual Victimization data, with a retention period of ten years. Upon request, the Agency provides data from the previous calendar year to the Department of Justice by June 30.</p> <p>Policy requires an annual review of sexual abuse investigations and related incident reviews. The Agency PREA Office compiles an annual PREA report including facility-specific data, which is made publicly available on the MTC website.</p> <p>Conclusion:</p> <p>Based on review of agency documentation, website publications, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289 Data Storage, Publication, and Destruction</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>MTC PREA Website: https://www.mtctrains.com/PREA</p> <p>Interviews</p>

	<p>MTC Operating Procedures require that aggregated sexual abuse data from facilities under direct control, as well as contracted facilities, be securely maintained. Policy is written in accordance with Standard 115.289 and requires that data collected under Standard 115.287 be made publicly available through the Agency website following final approval, excluding all personal identifiers.</p> <p>Policy requires sexual abuse data to be securely retained for a minimum of ten years unless federal, state, or local law mandates a longer retention period.</p> <p>The Auditor reviewed the Agency website and confirmed availability of Survey of Sexual Victimization (SSV) data and Annual PREA Reports. Reports do not contain personal identifiers or sensitive information and therefore do not require redaction. Facility PREA Managers report institutional data to the PREA Coordinator, and data is stored electronically on secure servers requiring authorized access credentials.</p> <p>Conclusion:</p> <p>Based on review of policies, website publications, PAQ responses, and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.401 Frequency and Scope of Audits</p> <p>Policy, Materials, Interviews, and Other Evidence Reviewed:</p> <p>Interviews</p> <p>Institutional Tour</p> <p>Documentation Review</p> <p>MTC policy requires that during each three-year audit cycle, the Management & Training Corporation (MTC) Contract Compliance Department ensures each facility is audited by a PREA Auditor certified by the Department of Justice.</p> <p>The facility provided the Auditor full access to all areas of the institution. The Auditor was able to observe facility practices, review documentation, and conduct interviews in accordance with PREA audit requirements.</p>

	<p>Staff interviews were conducted in an administrative conference room within the administrative building. Resident interviews were conducted in a private program room to ensure confidentiality. During the audit, the Auditor observed prominently posted PREA notices informing residents that they may submit confidential correspondence to the Auditor.</p> <p>Conclusion:</p> <p>Based on interviews, observations, and documentation review, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit Contents and Findings</p> <p>The PREA audit report for Hope Transitional Treatment Center is publicly available through the Management & Training Corporation website at:</p> <p>https://www.mtctrains.com/PREA</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.)	yes
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?	yes
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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
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	yes

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
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	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
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 (f)	Hiring and promotion decisions	
	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 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.)	na
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	yes

	administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	
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	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
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.)	na
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	Policies to ensure referrals of allegations for investigations	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
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?	yes
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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
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	Resident education	

(c)		
	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 the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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.)	yes
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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
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: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

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

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
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	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
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 information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	

	<p>Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?</p>	yes
115.261 (c)	Staff and agency reporting duties	
	<p>Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?</p>	yes
	<p>Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?</p>	yes
115.261 (d)	Staff and agency reporting duties	
	<p>If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?</p>	yes
115.261 (e)	Staff and agency reporting duties	
	<p>Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?</p>	yes
115.262 (a)	Agency protection duties	
	<p>When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?</p>	yes
115.263 (a)	Reporting to other confinement facilities	
	<p>Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?</p>	yes
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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
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	yes

	actions that could destroy physical evidence, and then notify security staff?	
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	yes

	of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
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 evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
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?	yes

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 (h)	Criminal and administrative agency investigations	
	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 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.)	na
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	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
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	Disciplinary sanctions for staff	

(b)		
	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 condition of access to programming and other benefits?	yes
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 about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
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	yes

	facility?	
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 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.)	na
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	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
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 (c)	Data collection	
	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.)	na
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	yes

	and security of a facility?	
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 same manner as if they were communicating with legal counsel?	yes
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