

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report 1/21/2021

Auditor Information

Name: Noelda Martinez	Email: martinezauditingervices@yahoo.com
Company Name: Martinez Auditing Services, LLC	
Mailing Address: P.O. Box 372	City, State, Zip: Beeville, Texas 78104
Telephone: (210) 790-7402	Date of Facility Visit: November 12-13, 2020

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Correctional Solutions Group, LLC		Texas Department of Criminal Justice	
Physical Address: -		City, State, Zip: -	
Mailing Address: P.O. Box 7760 Tyler TX 75711		City, State, Zip: P.O. Box 99 Huntsville, TX 77342	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: correctionalsolutionsgroup.com/form-cphr			

Agency Chief Executive Officer

Name: David Stanfield	
Email: David.Stanfield@csgprograms.com	Telephone: (903) 630-6291

Agency-Wide PREA Coordinator

Name: Carol Powell	
Email: -	Telephone: (903) 630-6291 ext. 1
PREA Coordinator Reports to:	Number of Compliance Managers who report to the PREA Coordinator:
-	-

Facility Information			
Name of Facility: Edinburg Transition Center			
Physical Address: 402 W. Chapin St		City, State, Zip: Edinburg, Texas 78541	
Mailing Address (if different from above): -		City, State, Zip: -	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Website with PREA Information: correctionalsolutionsgroup.com/form-cphr			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.			
Facility Director			
Name: Juan Cruz			
Email: juan.cruz@csgprograms.com		Telephone: (956) 900-1467	
Facility PREA Compliance Manager			
Name: Juan Cruz			
Email: juan.cruz@csgprograms.com		Telephone: (956) 900-1467	
Facility Health Service Administrator <input checked="" type="checkbox"/> N/A			
Name: Click or tap here to enter text.			
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	

Facility Characteristics		
Designated Facility Capacity:	130	
Current Population of Facility:	116	
Average daily population for the past 12 months:	118	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-75	
Average length of stay or time under supervision	1 year	
Facility security levels/resident custody levels	Low-medium	
Number of residents admitted to facility during the past 12 months	329	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	75	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	254	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	19.5	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	1
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Correctional Solutions Group, LLC-Edinburg Transition Center in Edinburg, Texas was conducted on November 12-13, 2020, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor. The previous PREA Audit was conducted by Carol L. Powell on April 24-26, 2017. The previous auditor issued the facility three exceed standards, 38 met standards and 0 not applicable. The agency contract was secured through Martinez Auditing Services, LLC. The contract described the specific work requirements according to the DOJ standards and PREA auditor handbook to include the pre-audit, onsite audit, and post-audit. The contract was signed by the auditor and the assigned auditor[s] executed all duties and responsibilities. The resident population was 117 on the first day of the audit.

The facility was provided with the pre-audit questionnaire and process map six to eight weeks prior to the audit. The agency was prepared prior to receiving the audit information with all the necessary documentation and forwarded the files through a secure source. The information received included the pre-audit questionnaire, supporting documentation and master files. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed.

Notice of Audit

The facility posted the notice of audit with the auditor information weeks prior to the audit in both English and Spanish for resident population to send confidential information or correspondence to the auditor. Residents were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include visitation, housing areas, resident work areas, and offices. The auditor observed the notice of audit posted in every area of the facility on 9/30/2020 during the site review and through random resident interviews identifying the notice in both English and Spanish.

Correspondence

The residents at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail, if needed. The auditor did not receive resident correspondence from the facility. During the resident interviews, the auditor asked the residents if they were aware of the Notice of Audit with the auditor's information, and the random responses were "yes". During the site review, the auditor randomly asked residents if they could point out the auditors posted information to ensure it was made available. The information was posted for the resident population in the housing areas.

The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administrator during the site review. The Facility Director was professional, knowledgeable, and transparent with policies, procedures, residents, and staff interviews. Excellent communication was established and maintained throughout the duration of the audit.

Audit Methodology (Pre-Onsite Audit Phase):

The auditor utilized the U.S Department of Justice's PREA Standards for Community Confinement facilities which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Facility director or designee, PREA coordinator, specialized staff, random staff, and residents; the auditor report template, process map and checklist of documentation.

The auditor utilized the PREA auditor handbook for continued guidance and reference throughout the audit. The auditor and facility director maintained constant communication throughout the duration of the audit. The auditor established a positive working relationship with the facility director and key facility staff engaging in a productive working atmosphere. The facility director was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Director and staff about the importance to have unfettered access to all areas of the facility, file review of staff, contractors, volunteers, and residents to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the director the time frame for the submission of the final PREA report. The auditor also notified the Director and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The Director and auditor discussed information regarding the 90-day appeal process.

Litigation/Internet Search:

The Facility Director was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the Edinburg Transitional Center with the following website links and information:

<https://www.correctionalsolutionsgroup.com/edinburg-transition-center>

Point of Contact:

A point of contact (POC) was established with the facility prior to the audit and constant communication was maintained. Staff and resident interviews were conducted in an office setting with plenty of room and privacy for one-on-one interviews. During the audit planning and logistics phase, the auditor remained engaged with the Facility Director/PREA manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, and supporting documentation.

Community Based Victim Services:

The Edinburg Transitional Center partnered with the Women Together-Mujeres Unidas (Rape Crisis Center) in agreement through a Memorandum of Understanding updated every year (3/5/2020) for services provided to the resident population. The facility had the NO Means No poster displayed in every housing area and throughout the facility with the Women Together-Mujeres Unidas phone number, address and email made available in both English and Spanish. Residents had the ability to call out and speak to an outside source for victim emotional support services as needed. The facility provided residents with this information in written resources to such as brochures, posters, and handbooks. The auditor randomly selected residents on the facility to call the 1-800 number provided during the onsite portion of the audit. The residents were able to call out and speak to a live individual on the other side of the line from the Women Together-Mujeres Unidas (Rape Crisis Center) at any time. The auditor spoke to a live representative of Women Together Mujeres Unidas during the onsite portion of the audit. The auditor conducted the Women Together-Mujeres Unidas by phone and conducted an interview regarding the services provided and the well-established rapport and support from both parties working together to achieve the primary goal. The facility received 100% support from the Rape Crisis Center and the facility did an excellent job in maintaining good effective ongoing communication with the Women Together-Mujeres Unidas (Rape Crisis Center staff).

The residents calling the hotline were provided with information on the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws to include all provisions of the standard. The auditor observed the information displayed throughout the facility made available to the resident population if needed. Random informal resident interviews determined their knowledge of the contact information made available to the population through multiple forms. The pre-onsite audit preparation included a review of the Correctional Solutions Group, LLC-Edinburg Transition Center PREA policies, procedures, training curriculums, pre-audit questionnaire and support PREA-related documentation. There were no surveillance cameras in direct view of the restroom or shower areas and there was no view of cross-gender viewing through the surveillance camera review conducted onsite by the auditor. The ca

Video Surveillance/Security Mirrors:

The Correctional Solutions Group, LLC-Edinburg Transition Center 42 surveillance cameras in the following locations: two in the main lobby, one in the laundry room, five in the parking lot, two in the monitor station, eight in the hallways, two in the parole office, three on the side of the building, three in the kitchen, four in the male recreation area, one in the multipurpose room, three in Dorm 1, two in Dorm 2, two in Dorm 3, two in Dorm 4, two in Dorm 5 and a total of five security mirrors throughout the facility to prevent any blind spots identified by the facility administration. The auditor conducted the surveillance camera review in the monitor station on 11/13/2020. The auditor asked the staff monitor in the control room about the surveillance cameras and operating process. The auditor observed surveillance cameras in all areas of the facility and the services are provided by Tiger Secure. The auditor conducted an interview with the individual contractor who serviced the surveillance cameras during the onsite portion of the audit.

On-Site Audit Phase:

The site review was conducted on 11/13/2020 and the introductory meeting was held with Facility Director and additional staff. The auditor and facility director discussed the logistics of a workspace to conduct staff and resident interviews and file reviews. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the facility director, TDCJ representatives and additional staff for the site review.

The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent two days on the facility to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. During the site review, the auditor conducted informal interviews in the following locations: main control, food service department, monitor station, metal detector, and housing areas regarding the reporting and notification process for sexual abuse and sexual harassment. Employees interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. The staff carry a first responder card with their duties and responsibilities. The auditor observed the areas for cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes, PREA zero-tolerance posters/third party reporting, auditor notice of onsite visit dated 9/30/2020 in both English and Spanish, access to reporting entities, housing activity, resident activity, search areas, restroom and shower procedures, privacy screens, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices.

Site Review/Locations:

The following information describes the areas observed by the auditor during the site review on 11/13/2020 which included: facility administrators office, front entrance, COVID procedures/Check-in, Prison Rape Elimination Act Notice to Contractors/Volunteers PREA 115.232 (Zero Tolerance Policy) disclosure, security station control center, main lobby, facility, parole and case manager offices, medical office, staff/resident restrooms, laundry area, Dorm 1 (male dorm), Dorm 2 (female dorm), Dorm 3 (male dorm), Dorm 4 (male dorm), Food Service department, dry storage, Dorm 5 (male dorm), storages, back area, male recreation yard, tool shed, parking lot, female recreation yard, and open and tool shed. Informal random monitor interviews were conducted regarding the reporting and notification process for sexual abuse and sexual harassment.

The auditor observed the PREA signs in both English and Spanish displayed on the walls for the resident population throughout the entire facility. The facility had large signs displayed for all residents see clearly with the following information: the rights to be free from sexual abuse (both English/Spanish) with the following information:

No Means NO Right to Report: If you, or someone you know, are experiencing sexual abuse or sexual harassment, Edinburg Transitional Center wants to know. We want you to report right away. Why? We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

How to Report: Edinburg Transitional Center offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously via email, hotline number or walks in.

- Call Women Together at 1-800-580-4879 or email: mujeresunidas.org.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
- Report to the PREA coordinator or PREA compliance manager.
 - Corporate PREA Manager Carol Powel (405) 474-9233 www.csgprograms.com
 - Tell family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-800-580-4879.
 - You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:

Edinburg Transitional Center has partnered with Women Together to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-***-**** or send a letter to the address displayed.

Refer to the Edinburg Transition Center, Inmate Handbook for more information on anonymous reporting and limits to confidentiality for emotional support services.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address, and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.
Correctional Solutions Group, LLC

Carol Powell (As of 6-15-19)

PREA Coordinator Office

PO Box 7760

Tyler, TX 75711

(903) 630-6291 Ext 1

<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):

TDCJ Related Contracts:

PREA Ombudsman Office

PO Box 99 Huntsville, TX 77342-0099

936-437-2133

PREA.Ombudsman@TDCJ.STATE.TX.US

Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,

ATTN: John R. Forren/ President

PO Box 7760

Tyler, TX 75711

Video Surveillance/Security Mirrors: The Correctional Solutions Group, LLC-Edinburg Transition Center 42 surveillance cameras in the following locations: two in the main lobby, one in the laundry room, five in the parking lot, two in the monitor station, eight in the hallways, two in the parole office, three on the side of the building, three in the kitchen, four in the male recreation area, one in the multipurpose room, three in Dorm 1, two in Dorm 2, two in Dorm 3, two in Dorm 4, two in Dorm 5 and a total of five security mirrors throughout the facility to prevent any blind spots identified by the facility administration. The auditor conducted the surveillance camera review in the monitor station on 11/13/2020. The auditor asked the staff monitor in the control room about the surveillance cameras and operating process. The auditor observed surveillance cameras in all areas of the facility and the services are provided by Tiger Secure. The auditor conducted an interview with the individual contractor who serviced the surveillance cameras during the onsite portion of the audit.

The Facility Administrator, Operations Supervisor and a TDCJ representative conducted the site review with the auditor on 11/13/2020. The auditor observed grievance and mailbox drop offs for the resident population. The auditor observed the notice of audit in both English and Spanish dated 9/30/2020 at the entrance of the facility in the front lobby area and throughout the facility to include resident housing areas. Upon entrance to the facility the auditor observed the facility to be following all COVID procedures as far as the questionnaire and automatic temperature check/clearance process, identification, and the sign-in log as part of the access process. The facility immediately provided the auditor with the Prison Rape Elimination Act (PREA) Notice to Contractor/Volunteers providing immediate information about the zero-tolerance policy at the facility to include a brief introduction to the PREA law, CSG Zero-Tolerance Policy, clear definitions, Contractor/Volunteer requirements, reporting process for sexual abuse and sexual harassment prior to entering the facility. The auditor noted this to be an excellent practice as this was also followed with PREA signs displayed at the entrance with the Zero-Tolerance policies and the PREA video playing in the front lobby providing everyone information about Prison Rape Elimination Act. The facility population on the first day of the audit was 117 (115 male residents/2 female residents). The auditor observed staff of the same gender pat-searching residents on entrance to the facility as the auditor checked in.

Hand sanitizer was provided at the entrance of the facility for all staff entering the area and also throughout the facility. No strip searches are conducted by staff on the facility. The auditor observed a large bulletin board with the following PREA information:

No Means NO Right to Report:

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Edinburg Transitional Center wants to know. We want you to report right away. Why?

We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

How to Report: Edinburg Transitional Center offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously via email, hotline number or walks in.

- Call Women Together at 1-800-580-4879 or email: mujeresunidas.org.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
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- o Corporate PREA Manager Carol Powel (405) 474-9233 www.csgprograms.com
- o Tell family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-800-580-4879.
- o You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:

Edinburg Transitional Center has partnered with Women Together to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-***-**** or send a letter to the address displayed.

Refer to the Edinburg Transition Center, Inmate Handbook for more information on anonymous reporting and limits to confidentiality for emotional support services.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address, and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

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Correctional Solutions Group, LLC

Carol Powell (As of 6-15-19)

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Third Party Additional Reporting Method(s):

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936-437-2133
PREA.Ombudsman@TDCJ.STATE.TX.US
Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,
ATTN: John R. Forren/ President
PO Box 7760
Tyler, TX 75711

The auditor requested staff to open random closets for limited restricted access and good lighting. The monitor station was observed at the entrance of the building to have staff assigned to the area and surveillance monitors. The population was 115 and the female population was 2 for the overall total of 117. The residents must check in at the front upon entering the facility. Pat-searches are conducted by same gender staff.

Dorm 1 (male dorm) 30 residents was observed by the auditor during the site review. Prior to entering the dorm, the auditor observed the sign: Opposite Gender Announce themselves prior to entering and staff of the opposite gender verbally announce in a loud manner giving residents sufficient time prior to entering. The announcement was verbally announced by male and female staff in a loud consistent manner prior to entering by standing at the door. The Notice of Audit was displayed on the door dated 9/30/2020 made visible for the resident population. The auditor observed residents recreating in the housing area by watching TV, playing games, normal living activities, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. Informal interviews were conducted with residents during the onsite portion of the audit. The bulletin board had the following information:

No Means NO Right to Report:

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Edinburg Transitional Center wants to know. We want you to report right away. Why?

We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

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Refer to the Edinburg Transition Center, Inmate Handbook for more information on anonymous reporting and limits to confidentiality for emotional support services.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address, and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.

Correctional Solutions Group, LLC
Carol Powell (As of 6-15-19)
PREA Coordinator Office
PO Box 7760
Tyler, TX 75711
(903) 630-6291 Ext 1
<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):
TDCJ Related Contracts:

PREA Ombudsman Office
PO Box 99 Huntsville, TX 77342-0099
936-437-2133
PREA.Ombudsman@TDCJ.STATE.TX.US
Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,
ATTN: John R. Forren/ President
PO Box 7760
Tyler, TX 75711

There were several bulletin boards and signs displayed with multiple resources in both English and Spanish for the inmate population. Some signs were displayed in color for clear visibility. The auditor observed two surveillance cameras throughout the dorm with none in direct view of the restroom or shower area with no cross-gender viewing. The residents are allowed to carry a cell phone and pay phones were observed in the dorm which are not monitored. There was a washer and dryer in the dorm for resident use, two sinks with mirrors, lockers for the resident population, three showers (one handicap shower), two toilets in the far end with privacy curtains and no visibility or cross-gender viewing. Residents were provided with sufficient privacy and no cross-gender viewing from any area of the dorm. The auditor observed on single light that was not working on the unit and there was a work order as they lights were being changed out to LED lights. This did not impose any threat and the entire dorm was very bright with no issues.

The auditor observed the main hallway with offices which included the facility administration, case manager offices and parole offices with two surveillance cameras, labeled staff restrooms, and a contractor monitors office. The auditor noted that the facility had PREA signs with the Zero-Tolerance signs displayed in hallways and work areas for staff and resident population.

Dorm 2 (female dorm) was observed by the auditor during the site review. Prior to entering the dorm, the auditor observed the sign: Opposite Gender Announce themselves prior to entering and staff of the opposite gender verbally announce in a loud manner giving residents sufficient time prior to entering. The announcement was verbally announced by male and female staff in a loud consistent manner prior to entering by standing at the door. The Notice of Audit was displayed on the door dated 9/30/2020 made visible for the resident population. The auditor observed residents recreating in the housing area by watching TV, playing games, normal living activities, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. Informal interviews were conducted with residents during the onsite portion of the audit. The bulletin board had the following information:

No Means NO Right to Report:

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We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

How to Report: Edinburg Transitional Center offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously via email, hotline number or walks in.

- Call Women Together at 1-800-580-4879 or email: mujeresunidas.org.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
- Report to the PREA coordinator or PREA compliance manager.
- o Corporate PREA Manager Carol Powel (405) 474-9233 www.csgprograms.com
- o Tell family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-800-580-4879.
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There were several bulletin boards and signs displayed with multiple resources in both English and Spanish for the inmate population. Some signs were displayed in color for clear visibility. The auditor observed two surveillance cameras throughout the dorm with none in direct view of the restroom or shower area with no cross-gender viewing. The auditor observed the dayroom with a television, lockers for residents, iron board, privacy screens, shower curtains in the showers, a half door in the restroom area in the back with no cross-gender viewing visibility. The restroom area had two sinks and two mirrors for the residents. There was a handicap shower and a privacy curtain with no cross-gender viewing. The restrooms were located in the back which provided sufficient privacy. The auditor observed the grievance procedures and grievances available in the dorm to include I'60's as needed. The residents are allowed to carry a cell phone and pay phones were observed in the dorm which are not monitored. There auditor observed another bulletin board in the housing area full of PREA related material and zero-tolerance signs in both English and Spanish. The dorms were facilitated with washers and dryers for the resident use. Residents were provided with sufficient privacy and no cross-gender viewing from any area of the dorm. The auditor observed the hallway where the parole offices were located with a total of four to five parole officer assigned to the facility and one small security mirror. The medical office was located in the hallway and one LVN was assigned to the facility.

Dorm 3 (male dorm) 28-30 residents were observed by the auditor during the site review. Prior to entering the dorm, the auditor observed the sign: Opposite Gender Announce themselves prior to entering and staff of the opposite gender verbally announce in a loud manner giving residents sufficient time prior to entering. The announcement was verbally announced by male and female staff in a loud consistent manner prior to entering by standing at the door. The Notice of Audit was displayed on the door dated 9/30/2020 made visible for the resident population. The auditor observed residents recreating in the housing area by watching TV, playing games, normal living activities, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. Informal interviews were conducted with residents during the onsite portion of the audit. The bulletin board had the following information:

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- Report to any staff, volunteer, contractor, or medical or mental health staff.
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There were several bulletin boards and signs displayed with multiple resources in both English and Spanish for the inmate population. Some signs were displayed in color for clear visibility. The auditor observed three sinks and three mirrors for the resident population. The auditor observed pay phones and tested the lines. One of the phones was not working and the facility immediately worked to resolve the issue. The PREA bulletin boards were full of PREA information. The auditor observed two surveillance cameras throughout the dorm with none in direct view of the restroom or shower area with no cross-gender viewing. The residents are allowed to carry a cell phone and pay phones were observed in the dorm which are not monitored. There was a washer and dryer in the dorm for resident use, two sinks with mirrors, lockers for the resident population, three showers (one handicap shower), two toilets in the far end with privacy curtains and no visibility or cross-gender viewing. Residents were provided with sufficient privacy and no cross-gender viewing from any area of the dorm. The grievance forms were located in the dorm for the resident population as needed. The laundry was observed to be a small area with four washers and four dryers and one surveillance camera in the area.

Dorm 4 (male dorm) 38 residents was observed by the auditor during the site review. Prior to entering the dorm, the auditor observed the sign: Opposite Gender Announce themselves prior to entering and staff of the opposite gender verbally announce in a loud manner giving residents sufficient time prior to entering. The announcement was verbally announced by male and female staff in a loud consistent manner prior to entering by standing at the door. The Notice of Audit was displayed on the door dated 9/30/2020 made visible for the resident population. The auditor observed residents recreating in the housing area by watching TV, playing games, normal living activities, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. Informal interviews were conducted with residents during the onsite portion of the audit. The bulletin board had the following information:

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There were several bulletin boards and signs displayed with multiple resources in both English and Spanish for the inmate population. Some signs were displayed in color for clear visibility. The auditor observed two surveillance cameras throughout the dorm with none in direct view of the restroom or shower area with no cross-gender viewing. The residents are allowed to carry a cell phone and pay phones were observed in the dorm which are not monitored. The grievance forms were in dorm available for the resident population. The phones were in good working condition. The dorm had a multipurpose room with one surveillance camera and one security mirror in the drome. There was one room in the multipurpose area that would be utilized in the event that the facility had a COVID positive case. The restroom in the multipurpose room provided a half wall for privacy, three sinks and three mirrors. The auditor randomly selected a resident to test the PREA Ombudsman number, Victim Support services, Women Together-Mujeres Unidas, and the National Support line to be in good working condition. The auditor tested the line to the National Hotline then was transferred to the PREA hotline in Washington Headquarters. Residents were provided with sufficient privacy and no cross-gender viewing from any area of the dorm.

The Food Service department was observed to have three surveillance cameras, with an open area with no hidden spaces. The kitchen had two residents assigned to the area to assist during the meal preparation. Breakfast was served at 5:00 AM for the female population and 6:00 AM for the male population. Lunch was served at 10:00 AM for the female population and 11:00 AM for the male population. Dinner was served at 3:30 PM for the female population and 4:00 PM for the male population. There were no inmate restrooms in the area and one surveillance camera in the utensil closet. The food service department closed at 6:00 PM.

Protein was provided daily; the dry storage area had a full door which was secured with no surveillance cameras in the area.

Dorm 5 (male dorm) 18 residents were observed by the auditor during the site review. Prior to entering the dorm, the auditor observed the sign: Opposite Gender Announce themselves prior to entering and staff of the opposite gender verbally announce in a loud manner giving residents sufficient time prior to entering. The announcement was verbally announced by male and female staff in a loud consistent manner prior to entering by standing at the door. The Notice of Audit was displayed on the door dated 9/30/2020 made visible for the resident population. The auditor observed residents recreating in the housing area by watching TV, playing games, normal living activities, utilizing the shower areas in the back, using the phones, Rape Crisis Center information phone number and addresses posted right by the phones for easy access. Informal interviews were conducted with residents during the onsite portion of the audit. The bulletin board had the following information:

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The recreation area was located in the front for the female population and the recreation yard for the male population was located in the back area. The capacity was designated by dorm with three surveillance cameras. The storage area was utilized to store dead files. The facility had brown sensors by the emergency doors, lights at night, and extra surveillance cameras all the way around. The trash bins were located on the outside behind the food service department. The tool shed was only authorized for use by the maintenance assigned to the facility. The parking lot area was observed to be clean and the storage area was utilized for mattress storage. The open tool shed had limited access and was secured.

The resident population was comprised of male and female with a total of 308 on 1/28/2020. The auditor walked through the main center control entrance where all staff were required to sign in and present identification. A workspace was provided for the auditor to conduct staff and resident interviews to include the file reviews. The requested files for staff and residents were made available to the auditor upon request with no hesitation or delay.

Employee Files: The auditor reviewed a total of 10 PREA Audit-Community Confinement Facilities Documentation Review-Employee Files/Records for standards: 115.217, 115.231, 115.232, 115.234, and 115.235 for the onsite portion of the audit.

Resident Files: The auditor reviewed a total of 10 PREA Community Confinement Facilities Documentation Review Resident Files/Records for standards 115.233, 115.241, and 115.281 for the onsite portion of the audit with a population of 117 on 11/13/2020.

Investigation Review: The facility had a one investigation of alleged resident-on-resident sexual harassment that were completed by the facility in the past 12 months. The auditor reviewed the investigation for the following standards 115.271, 115.272, 115.273, and 115.286. The investigation reviewed provided a description, status and type of investigation completed. The resident-on-resident sexual harassment report was investigated and determined to be unfounded which was conducted by a facility trained investigator Chief of Security. The case was unfounded, and the facility was not required to monitor the resident. The resident was notified of the outcome of the investigation.

Description	Status	Type
Resident on Resident	Unfounded	Administrative

The information provided to the auditor included the following: PREA audit questionnaire, Auditor compliance tool, Instructions for PREA site review, Investigations, Sexual abuse screening tool, Correctional Solutions Group, LLC (CSG) PREA policy, Educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Resident population, Agreements, Community based contact information, Facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.

Staff/Resident Interviews:

The auditor conducted the staff and inmate interviews on November 13-14, 2020, in a private setting on an individual basis with no distractions or delays. The staff selections consisted of correctional staff on different shifts and specialized staff utilizing the Paper Audit Instrument (PAI) which included the pre-audit questionnaire, auditor compliance tool and instructions for the interview protocols.

Staff Interview Category	Total 19
Agency head or designee/Staff on incident review team/Agency contract administrator/designated staff charged with monitoring for retaliation	1
PREA Coordinator	1
Random Staff* (<i>diverse cross-section of work assignments and one from each shift</i>)	8
Specialized Staff	10
Medical Health staff	1
Non-medical staff involved in cross-gender strip or visual searches	0
Administrative (human resources) staff	1
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff	Off-site
Volunteers who have contact with inmates	None
Contractors who have contact with inmates	1
Investigative staff at agency level	1
Staff who perform screening for risk of victimization and abusiveness/intake	2
First responders, non-security staff	2
Total Specialized Staff	10

Resident Interviews:

The auditor conducted the resident interviews on November 13-14, 2020. The auditor selected a geographically diverse sample of male/female inmates from different housing units and residents who met the criteria for the targeted interviews to ensure a fair overall selection. The Edinburg Transition Center population on the first day of the audit was 117.

Facility population	117
Community Confinement Facility	
Interview Type	Total 22
Overall Minimum Number	
Minimum Random	12
Minimum Targeted	10
Breakdown of Targeted	
Youthful Inmates	0
Inmates with a Physical Disability	2
Inmates who are Blind, Deaf, or Hard of Hearing	5
Inmates who are LEP	
Inmates with a Cognitive Disability	0
Inmates who identify as LGB	1
Inmates who identify as Transgender or Intersex	1
Inmates Who Reported Sexual Abuse	1

The resident interviews were conducted in a private setting on an individual basis with privacy and enough time. The residents were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The residents interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. The auditor conducted an exit meeting on 11/14/2020 with the Edinburg Transitional Center Administration to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies, and procedures. The facility was prepared with primary documentation to include resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility. During the re-certification audit conducted on November 13-14, 2020, by Noelda Martinez, the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period with no required corrective action for standards. The facility was determined to have seven exceed standards: 115.211, 115.231, 115.232, 115.233, 115.251, 115.253 and 115.254. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics, and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Correctional Solutions Group, LLC Edinburg Transition Center is located at 402 W. Chapin St. in Edinburg, Texas 78541. The Correctional Solutions Group, LLC-Edinburg Reentry Center facility Classification: Adult Texas Department of Criminal Justice-Residential Reentry Center with a facility capacity of 130 beds. The facility onsite population for November 13, 2020 was 117 (115 male/2 female residents). Correctional Solutions Group, LLC believes in the dignity of the person and the need for society to have alternatives for those who step outside of our lawful boundaries. Our mission as a Team has always been to provide governmental agencies with efficient, cost-effective methods of housing, rehabilitating and transitioning offenders while maintaining respect for the offender and providing a rewarding experience for our employees. The facility website is: <https://www.correctionalsolutionsgroup.com/edinburg-transition-center>. The following information is found on the facility website.

PREA (Prison Rape Elimination Act)
Correctional Solutions Group, LLC Zero Tolerance Policy
The Prison Rape Elimination Act of 2003

Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the issue of sexual abuse of persons in the custody of U.S. correctional facilities. PREA calls for federal, state, and local corrections agencies and private correctional providers to have a zero-tolerance policy regarding prison rape in prisons, jails, police holding areas, and other correctional confinement facilities. The Act applies to all public and private institutions that house adult or juvenile offenders and to community-based correctional agencies.

Correctional Solutions Zero Tolerance Policy: Correctional Solutions Group, LLC has a mandatory zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in all its facilities. Correctional Solutions, LLC will comply with all PREA regulations as required.

PREA Reporting: Please complete the following to report allegations of sexual abuse, or sexual harassment through this website. It is Extremely important to include the information listed below on numbers 1-5.

1. The names and locations of alleged persons involved
2. The names of any witnesses to the alleged incident; Individual's number (if known)
3. A brief description of the alleged incident
4. Date, time, and location of where the alleged incident occurred
5. Reporting person's contact phone number and address if you wish to do so.

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PO Box 7760
Tyler, TX 75711

The Edinburg Transition Center has been accredited within the past 3 years with ACA. The facility received their last PREA audit on April 24-26, 2017 conducted by Carol Powell. The designated facility capacity: 130 and current population: 117 (male 115/female 2). The average daily population for the past 12 months: 118. The facility houses both females and males from the age range of 18-75 with an average length of stay of a year. Number of residents admitted to facility during the past 12 months: 329. Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours: 75. Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 254. Number of staff currently employed who may have contact with residents: 19.5 Number of staff hired by the facility during the past 12 months who may have contact with residents: 8. Number of contracts in the past 12 months for services with contractors who may have contact with residents: 1. Number of individual contractors who have contact with residents, currently authorized to enter the facility: 1. Number of volunteers who have contact with residents, currently authorized to enter the facility: 0. The number of buildings: 2 and number of residents housing units: 5.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 7

List of Standards Exceeded: 115.211, 115.231, 115.232, 115.233, 115.251, 115.253, 115.254

Standards Met

Number of Standards Met: 32

115.212 Contracting with other entities for the confinement of residents.
115.213 Supervision and monitoring.
115.216 Residents with disabilities and residents who are limited English proficient.
115.217 Hiring and promotion decisions.
115.218 Upgrades to facilities and technologies.
115.221 Evidence protocol and forensic medical examinations.
115.222 Policies to ensure referrals of allegations for investigations.
115.234 Specialized training: Investigations.
115.235 Specialized training: Medical and mental health care.
115.241 Screening for risk of victimization and abusiveness.
115.242 Use of screening information.
115.252 Exhaustion of administrative remedies.
115.261 Staff and agency reporting duties.
115.262 Agency protection duties.
115.263 Reporting to other confinement facilities.
115.264 Staff first responder duties.
115.265 Coordinated response.
115.266 Preservation of ability to protect residents from contact with abusers.
115.267 Agency protection against retaliation.
115.271 Criminal and administrative agency investigations.
115.272 Evidentiary standard for administrative investigations.
115.273 Reporting to residents.
115.276 Disciplinary sanctions for staff.
115.277 Corrective action for contractors and volunteers.
115.278 Disciplinary sanctions for residents.
115.282 Access to emergency medical and mental health services.
115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
115.286 Sexual abuse incident reviews.
115.287 Data collection.
115.288 Data review for corrective action.
115.289 Data storage, publication, and destruction

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- 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 facilities? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1
Correctional Solutions Group, LLC/PREA Coordinator Office
Edinburg Transition Center Facility Director
Community Organizational Chart

Interviews:

PREA Coordinator
Facility Director

Site Observations:

PREA signs in both English/Spanish
Facility Director

PREA website: <https://www.correctionalsolutionsgroup.com/form-cphr>

No Means NO Right to Report: If you, or someone you know, are experiencing sexual abuse or sexual harassment, Edinburg Transitional Center wants to know. We want you to report right away. Why?

We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

How to Report: Edinburg Transitional Center offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously via email, hotline number or walks in.

- Call Women Together at 1-800-580-4879 or email: mujeresunidas.org.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
- Report to the PREA coordinator or PREA compliance manager.
- o Corporate PREA Manager Carol Powel (405) 474-9233 www.csgprograms.com
- o Tell family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-800-580-4879.
- o You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:

Edinburg Transitional Center has partnered with Women Together to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-***-**** or send a letter to the address displayed.

Refer to the Edinburg Transition Center, Inmate Handbook for more information on anonymous reporting and limits to confidentiality for emotional support services.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.
Correctional Solutions Group, LLC

Carol Powell (As of 6-15-19)
PREA Coordinator Office
PO Box 7760
Tyler, TX 75711
(903) 630-6291 Ext 1
<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):

TDCJ Related Contracts:
PREA Ombudsman Office
PO Box 99 Huntsville, TX 77342-0099
936-437-2133
PREA.Ombudsman@TDCJ.STATE.TX.US

Additional Mailing address for CSG:
Mail a letter to the Correctional Solutions Group, LLC,
ATTN: John R. Forren/ President
PO Box 7760
Tyler, TX 75711

Findings: Zero tolerance of sexual abuse and sexual harassment: PREA coordinator.

115.211 (a). The Correctional Solutions Group, LLC CSG 6-A-1 policy: Offenders are not subjected to sexual harassment. (6A-05) The Prison Rape Elimination Act of 2003 is a federal law that prohibits sexual misconduct in correctional settings such as prisons, jails, lockups, juvenile facilities, and community corrections. Sexual misconduct under this law includes:

- Inmate-on-inmate sexual abuse and sexual harassment
- staff-on-inmate sexual abuse and sexual harassment
- It also applies to Edinburg Transitional Centers and volunteers

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse: The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

115.211 (b). The Correctional Solutions Group, LLC CSG 6-A-1 policy: CSG/EDINBURG TRANSITIONAL CENTER employs an upper-level PREA Coordinator that is in the corporate office in Tyler, Texas. The PREA Coordinator is responsible for the oversight of all PREA Investigations completed by the Facility Administrator, from the commencement of the investigation through the conclusion. In addition, the PREA Coordinator oversees all company efforts to comply with PREA Standards in all its facility locations, to include development, and implementation of PREA policy and procedures.

In order to ensure the PREA Coordinator has enough time for functioning as the coordinator, the PREA Coordinator's primary responsibilities are for PREA related duties. When time allows, CSG/EDINBURG TRANSITIONAL CENTER corporate may utilize the PREA Coordinator for non-PREA related tasks, but this is done only as a secondary duty when time allows.

The Edinburg Transition Center employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The auditor conducted an interview with the Agency PREA Coordinator during the onsite portion of the audit. The facility agency has the following information on the website:
<https://www.correctionalsolutionsgroup.com/form-cphr>.

PREA (Prison Rape Elimination Act)
Correctional Solutions Group, LLC Zero Tolerance Policy
The Prison Rape Elimination Act of 2003

Congress enacted the Prison Rape Elimination Act of 2003 (PREA) to address the issue of sexual abuse of persons in the custody of U.S. correctional facilities. PREA calls for federal, state, and local corrections agencies and private correctional providers to have a zero-tolerance policy regarding prison rape in prisons, jails, police holding areas, and other correctional confinement facilities. The Act applies to all public and private institutions that house adult or juvenile offenders and to community-based correctional agencies.

Correctional Solutions Zero Tolerance Policy:
Correctional Solutions Group, LLC has a mandatory zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in all its facilities. Correctional Solutions, LLC will comply with all PREA regulations as required. PREA Reporting: Please complete the following to report allegations of sexual abuse, or sexual harassment through this website. It is Extremely important to include the information listed below on numbers 1-5.

1. The names and locations of alleged persons involved.
2. The names of any witnesses to the alleged incident; Individual's number (if known).
3. A brief description of the alleged incident.
4. Date, time, and location of where the alleged incident occurred.
5. Reporting person's contact phone number and address if you wish to do so.

Correctional Solutions Group, LLC
Carol Powell (As of 6-15-19)
PREA Coordinator Office
PO Box 7760
Tyler, TX 75711
(903) 630-6291 Ext 1

The facility did an excellent job at displaying the PREA signs with the information in both English and Spanish on a large poster throughout the entire facility for all residents. The auditor observed the large PREA signs displayed for all residents see clearly with the following

information: the rights to be free from sexual abuse (both English/Spanish) with the PREA Compliance Managers name and contact information, and the National Sexual Assault Hotline number. This allows inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment exceeding the standard.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) ☐ Yes ☐ No ☒ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (c)

- 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 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.) ☐ Yes ☐ No ☒ NA
- 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.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1

Interviews:

Facility Director

Findings: Contracting with other entities for the confinement of residents.

115.212 (a). Correctional Solutions Group, LLC CSG 6-A-1: CSG/EDINBURG TRANSITIONAL CENTER enters into contractual agreements with governmental entities for the confinement of residents. CSG/EDINBURG TRANSITIONAL CENTER expects the adoption of and compliance with PREA standards to be stated in the contract due to the standards being federal law. CSG/EDINBURG TRANSITIONAL CENTER expects agencies in which CSG/EDINBURG TRANSITIONAL CENTER enters into a contractual agreement, to require contract compliance monitoring, as determined by the contracting agency, in order to monitor CSG/EDINBURG TRANSITIONAL CENTER's compliance with the contract requirements, and PREA standards. CSG/Edinburg Transitional Center is committed to the prevention and elimination of sexual abuse/harassment within CSG/EDINBURG TRANSITIONAL CENTER facilities through compliance with the Prison Rape Elimination Act. CSG/EDINBURG TRANSITIONAL CENTER maintains compliance with PREA standards to ensure the efficacy of CSG/EDINBURG TRANSITIONAL CENTER as a contracting agency for governmental entities.

115.212 (b). Correctional Solutions Group, LLC-Edinburg Transition Center does not contract with other agencies for the confinement of those in their care, therefore this standard is not applicable.

115.212 (c). Correctional Solutions Group, LLC-Edinburg Transition Center does not contract with other agencies for the confinement of those in their care, therefore this standard is not applicable.

Corrective Action: The auditor recommends no corrective action.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document, and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- 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 ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1
Annual PREA Staffing Plan
Edinburg Transition Center (ETC) PREA Staffing Plan
ETC facility layout
Surveillance Cameras

Interviews:

Facility Director
PREA Coordinator

Site Observations:

Facility Roster
Annual PREA Staffing Plan Assessment

Findings: Supervision and monitoring.

115.213 (a). Correctional Solutions Group, LLC CSG 6-A-1: CSG/EDINBURG TRANSITIONAL CENTERCENTER's Staffing Plans and corresponding Facility Layout are designed specifically for each of its facility locations. The staffing requirements are specific to each location and minimum requirements are stated in the contract. In addition to contractual staffing requirements, safety for staff and residents and prevention of sexual abuse/harassment is the main objective of the plan. Adequate supervision and staff oversight of all activities and areas of the facility are key elements of the plan. All of the following are Staffing Plan development considerations:

- (1) The physical layout of each facility.
- (2) The composition of the resident population.
- (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (4) Any other relevant factors.

Since August 20, 2012, or last PREA audit, whichever is later: 118. The average daily number of residents, and the average daily number of residents on which the staffing plan was predicated: 118. The auditor conducted interviews with the Director or Designee and the PREA Coordinator during the onsite portion of the audit.

115.213 (b). N/ A if no deviations from staffing plan. The auditor conducted an interview with the facility director during the onsite portion of the audit. There were no deviations to the staffing plan with staff available 24/7 including male and female employees. The staffing plan was reviewed for 2018 and 2019. The resident to staff ration from 6:00 AM to 10:00 PM 60:1 and from 10:00 PM to 6:00 AM 100:1 following all Texas Department of Criminal Justice regulations.

115.213 (c). Correctional Solutions Group, LLC CSG 6-A-1: The Facility Administrator reviews the Staffing Plan when necessary, to include as a response to each incident of sexual harassment/sexual abuse (noted in the Investigational Summary Report), or at least annually to assess and determine the (1) adequacy of prevailing staffing patterns, (2) video monitoring systems or other monitoring technologies and (3) resources available to commit to ensure adequate staffing levels. All reviews are documented with each parameter in the previous sentence clearly addressed in the documentation and the Staffing Plan is updated if revisions are made. The Facility Administrator will advise and consult with CSG/EDINBURG TRANSITIONAL CENTER Corporate level and the PREA Coordinator if the result is that adjustments are needed to the Staffing Plan or if deployment of video monitoring systems or monitoring technologies are insufficient. The result of the consultation with CSG/EDINBURG TRANSITIONAL CENTER Corporate will be included in the documentation. The auditor conducted an interview with the PREA Coordinator during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? ☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ 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 residents.) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). ☒ Yes ☐ No ☐ NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- 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 ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Training Curriculum/Attendance logs

Facility Search, Visitor Property and Contraband guidelines policy

Interviews:

Non-medical staff (involved in cross-gender strip or visual searches) no interview

Random Sample of Staff

Random Sample of Residents

Transgender/Intersex Residents

Site Observations:

Surveillance Cameras

Security Mirrors

Training documentation/attendance signature

Training files/signature logs

Shower curtains/Privacy doors/walls

PREA signs in both English and Spanish

No Means NO Right to Report: If you, or someone you know, are experiencing sexual abuse or sexual harassment, Edinburg Transitional Center wants to know. We want you to report right away. Why?

We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

How to Report: Edinburg Transitional Center offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously via email, hotline number or walks in.

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- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
- Report to the PREA coordinator or PREA compliance manager.

- o Corporate PREA Manager Carol Powel (405) 474-9233 www.csgprograms.com
- o Tell family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-800-580-4879.
- o You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:

Edinburg Transitional Center has partnered with Women Together to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-***-**** or send a letter to the address displayed.

Refer to the Edinburg Transition Center, Inmate Handbook for more information on anonymous reporting and limits to confidentiality for emotional support services.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.

Correctional Solutions Group, LLC

Carol Powell (As of 6-15-19)
 PREA Coordinator Office
 PO Box 7760
 Tyler, TX 75711
 (903) 630-6291 Ext 1
<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):
 TDCJ Related Contracts:

PREA Ombudsman Office
 PO Box 99 Huntsville, TX 77342-0099
 936-437-2133
 PREA.Ombudsman@TDCJ.STATE.TX.US
 Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,
 ATTN: John R. Forren/ President
 PO Box 7760
 Tyler, TX 75711

Findings: Supervision and monitoring.

115.215 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. In the past 12 months:

The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0. There were no cross-gender visual body cavity searches conducted in the past 12 months. No medical staff (involved in cross-gender strip or visual search) was conducted during the onsite portion of the audit. The auditor verified that there were no cross-gender searches conducted on the facility by reviewing the log and conducting an interview with the medical department and facility director.

115.215 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. In the past 12 months: The number of pat-down searches of female residents conducted by male staff: 0. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s): 0. The auditor conducted interviews with a Random Sample of Staff and a Random Sample of Residents (Female) during the onsite portion of the audit. The auditor reviewed cross-gender pat down search logs of female residents with no documentation of such searches conducted in the past 12 months. The auditor randomly reviewed the surveillance cameras for pat-down searches of female residents conducted by male staff with no evidence of such searches. The auditor conducted a random sample of female residents and determined that they facility only conducted same gender staff pat-searches.

115.215 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female residents. The auditor reviewed a log of cross-gender strip and cross gender visual body cavity search of all residents and there was no evidence of such searches conducted in the past 12 months.

115.215 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. The auditor conducted interviews with a Random Sample of Residents and a Random Sample of Staff during the onsite portion of the audit. The auditor asked questions during the site review regarding cross-gender searches, reviewed surveillance cameras and observed the process with no evidence of such searches during the onsite portion of the audit.

115.215 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The auditor conducted interviews with a Random Sample of Staff and Transgender/Intersex Residents during the onsite portion of the audit and determined that the facility follows all required policies and procedures and that the elements of the standard are being met as required.

115.215 (f) Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible,

consistent with security needs. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit. The auditor reviewed the 2018, 2019, and 2020 training curriculum and signature log during the onsite portion of the audit for trained staff.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:
Residents who have speech disabilities? ☒ Yes ☐ No
- 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Sexual Assault Awareness Resident brochure (English/Spanish)
TTY Machine
Language Line Services
Bi-lingual staff

Interviews:

Agency Head
Residents (with disabilities or who are limited English proficient)
Random Sample of Staff

Site Observations:

Opposite Gender Announcement signs at entrance of each housing area
PREA signs in both English/Spanish

Findings: Residents with disabilities and residents who are limited English proficient.

115.216 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. The facility conducted an interview with the Facility Director and Residents (with disabilities or who are limited English proficient) during the onsite portion of the audit.

115.216 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The auditor conducted interviews with Residents (with disabilities or who are limited English proficient) during the onsite portion of the audit.

115.216 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited

circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations: 0. The auditor conducted interviews with a Random Sample of Staff and Residents (with disabilities or who are limited English proficient) during the onsite portion of the audit. The auditor determined through staff and resident interviews that resident interpreters are not utilized. The ETC is ADA regulated with handicap accessibility restrooms and showers throughout the housing areas. There was several employees who were on the list for Spanish speaking on the facility. The auditor interviewed a few employees who spoke Spanish on the facility. The facility had the ADA signs displayed by the phones for visibility for the resident population as needed.

Corrective Action: The auditor recommends no corrective action.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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 ☐ No
- 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 ☐ No
- 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 question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of 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 ☐ No
- Does the agency prohibit the enlistment of 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 ☐ No

- Does the agency prohibit the enlistment of 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 question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- 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 ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- 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 ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- 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 ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Employee File Reviews/Background Checks
PREA Training/Acknowledgement forms
Specialized training/Refresher training

Interviews:

Administrative (Human Resources) Staff

Site Observations:

Employee File Reviews/Background Checks
PREA Training/Acknowledgement forms
Specialized training/Refresher training

Findings: Hiring and Promotion Decisions.

115.217 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any Edinburg Transitional Center who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The auditor reviewed the files of employees who had the required background checks during the past 12 months. The auditor interviewed the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.217 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any Edinburg Transitional Center, who may have contact with residents. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.217 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: In the past 12 months: The number of persons hired who may have contact with residents who have had criminal background record checks and the percent of persons hired who may have contact with residents who have had criminal background record checks. There were no new employees hired in the past 12 months, however, the staff currently employed had the appropriate background checks. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.217 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: Before hiring new employees, who may have contact with residents, the agency shall: (1) Perform a criminal background records check; and (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months: The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents; and the percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. The auditor reviewed files for the criminal background record checks completed.

115.217 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall either conduct criminal background records checks at least every five years of current employees and Edinburg Transitional Centers who may have contact with residents or have in place a system for otherwise capturing such information for current employees. The Administrative (Human Resources) Staff was interviewed by the auditor during the onsite portion of the audit and a file review was conducted.

115.217 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for

hiring or promotions and in any interviews or written self- evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The auditor conducted an interview with the Administrative (Human Resources) Staff and reviewed employee files during the onsite portion of the audit.

115.217 (g). Correctional Solutions Group, LLC CSG 6-A-1 policy: Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.217 (h). Correctional Solutions Group, LLC CSG 6-A-1 policy: Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor conducted an interview with the Administrative (Human Resources) Staff and reviewed documentation during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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.) ☐ Yes ☒ No ☐ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) ☐ Yes ☒ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Interviews:

Facility Director

Site Observations:

Surveillance Cameras

Site Observation/locations

Findings: Upgrades to facilities and technology.

115.218 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The auditor conducted an interview with the Facility Director during the onsite portion of the audit.

115.218 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The auditor conducted an interview with the Facility Director during the onsite portion of the audit. The auditor checked the video monitoring system, electronic surveillance system, or other monitoring technology installed or updated since August 20, 2012 or since the last PREA audit, whichever is later. The Correctional Solutions Group, LLC-Edinburg Transition Center 42 surveillance cameras in the following locations: two in the main lobby, one in the laundry room, five in the parking lot, two in the monitor station, eight in the hallways, two in the parole office, three on the side of the building, three in the kitchen, four in the male recreation area, one in the multipurpose room, three in Dorm 1, two in Dorm 2, two in Dorm 3, two in Dorm 4, two in Dorm 5 and a total of five security mirrors throughout the facility to prevent any blind spots identified by the facility administration. The auditor conducted the surveillance camera review in the monitor station on 11/13/2020. The auditor asked the staff monitor in the control room about the surveillance cameras and operating process. The auditor observed surveillance cameras in all areas of the facility and the services are provided by Tiger Secure. The ETC revised the facility's security system since 6/13/19. Three CCTV Cameras were added to ETC in the following locations: Dorm 1, monitor station, and the kitchen which have already been included in the total count. The auditor conducted an interview with the individual contractor who serviced the surveillance cameras during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)
☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.221 (e)

- 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
☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No
☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Memorandum of Understanding-Tropical Texas Behavioral Health

Memorandum of Understanding-South Texas Health Systems

Memorandum of Understanding-Mujeres Unidas/Women Together Family Justice Center

Interviews:

Random Sample of Staff

PREA Coordinator

Residents who reported a sexual abuse

Site Observations:

Rape Crisis Information (phone numbers and addresses displayed throughout the unit)

Findings: Evidence protocol and forensic medical examinations.

115.221 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility utilizes the local law enforcement which includes Edinburg Police Department of Hidalgo Police Department. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit. The facility follows the PREA Investigation protocols for all sexual abuse or sexual harassment investigations. The facility has the following Memorandum of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center.

115.221 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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. The facility has the following Memorandum of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center.

115.221 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an

outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. In the past 12 months:

- The number of forensic medical exams conducted: 0.
- The number of exams performed by SANEs/SAFEs: 0.
- The number of exams performed by a qualified medical practitioner: 0.

The facility has the following Memorandum of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center.

115.221 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit if the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The facility has the following Memorandum of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center. The auditor conducted interviews with the PREA Coordinator and a Resident who Reported a Sexual Abuse during the onsite portion of the audit.

115.221 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The facility has the following Memorandum of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center. The auditor conducted interviews with the PREA Coordinator and a Resident who Reported a Sexual Abuse during the onsite portion of the audit.

115.221 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.221 (g). Correctional Solutions Group, LLC CSG 6-A-1 policy: N/A

115.221 (h). Correctional Solutions Group, LLC CSG 6-A-1 policy: N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- 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 ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Interviews:

Random Sample of Staff

PREA Coordinator

Residents who reported a sexual abuse

Findings: Policies to ensure referrals of allegations for investigations.

115.222 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 0. The number of allegations resulting in an administrative investigation; and the number of allegations referred for criminal investigation: 0 The auditor conducted an interview with the Facility Director during the onsite portion of the audit. The auditor reviewed documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative report with finding.

115.222 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. The auditor conducted an interview with Investigative Staff during the onsite portion of the audit and verified the policy is on website made publicly available: <https://www.correctionalsolutionsgroup.com/form-cphr>.

115.222 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The auditor conducted an interview with Investigative Staff during the onsite portion of the audit and verified the policy is on website made publicly available: <https://www.correctionalsolutionsgroup.com/form-cphr>

115.222 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: N/A

115.222 (e) Correctional Solutions Group, LLC CSG 6-A-1 policy: N/A

Corrective Action: The auditor recommends no corrective action.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- 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 ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- 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 ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- 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 ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

PREA Training/Curriculum

PREA Acknowledgement forms

Employee Files

Interviews:

Random Sample of Staff

Site Observations:

Sample of Training Records

Training Curriculum

Documentation of Employee signature/training

Volunteer/Contractor Training

Findings: Employee Training

115.231 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: (a) The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment.
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- (3) Residents' right to be free from sexual abuse and sexual harassment.
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- (5) The dynamics of sexual abuse and sexual harassment in confinement.
- (6) The common reactions of sexual abuse and sexual harassment victims.
- (7) How to detect and respond to signs of threatened and actual sexual abuse.
- (8) How to avoid inappropriate relationships with residents.
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor conducted an interview with a random sample of staff on the facility during the onsite portion of the audit and found to be knowledgeable of the PREA protocols and how to report sexual abuse and sexual harassment. The auditor reviewed a Sample of training records as part of the review for all staff who has been trained.

115.231 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The auditor reviewed a Sample of training records as part of the review for all staff who has been trained.

115.231 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The number of staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements; and the percent of staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements enumerated above 19.5. Between trainings the facility provides quarterly trainings for all employees on the importance of PREA-Zero Tolerance of sexual abuse and sexual harassment.

115.231 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall document, through employee signature or electronic verification, that employees understand the training they have received. The auditor reviewed a sample of employee files from pre-service training and in-service training provided the required material and documentation. The files reviewed had the acknowledgement forms and signatures required.

Corrective Action: The auditor recommends no corrective action.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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 ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Training Curriculum Volunteer/Contractors
Acknowledgement form

Interviews:

Volunteer and Contractors who may have contact with residents

Site Observations:

Sample of training records for volunteers/contractors

Findings: Volunteer and contractor training.

115.232 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall ensure that all volunteers and Edinburg Transitional Centers who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor conducted interviews with contractors who may have contact with residents. The facility was under COVID restrictions and did not have any current volunteers or contractors on the facility. The auditor did interview the IT service provider which was onsite at the facility on the last day of the audit.

115.232 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The level and type of training provided to volunteers and Edinburg Transitional Centers shall be based on the services they provide and level of contact they have with residents, but all volunteers and Edinburg Transitional Centers who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditor conducted interviews with contractors who may have contact with residents. The facility was under COVID restrictions and did not have any current volunteers or contractors on the facility. The auditor did interview the IT service provider which was onsite at the facility on the last day of the audit.

115.232 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall maintain documentation confirming that volunteers and Edinburg Transitional Centers understand the training they have received.

Good Practice: Upon entrance to the facility the auditor observed the facility to be following all COVID procedures as far as the questionnaire and automatic temperature check/clearance process, identification, and the sign-in log as part of the access process. The facility immediately provided the auditor with the Prison Rape Elimination Act (PREA) Notice to Contractor/Volunteers providing immediate information about the zero-tolerance policy at the facility to include a brief introduction to the PREA law, CSG Zero-Tolerance Policy, clear definitions, Contractor/Volunteer requirements, reporting process for sexual abuse and sexual harassment prior to entering the facility. The auditor noted this to be an excellent practice as this was also followed with PREA signs displayed at the entrance with the Zero-Tolerance policies and the PREA video playing in the front lobby providing everyone information about Prison Rape Elimination Act.

Corrective Action: The auditor recommends no corrective action.

Standard 115.233: Resident education**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.233 (a)**

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
 Correctional Solutions Group, LLC Policy 7-A-2
 PREA Brochure
 ADA Facility
 PREA Video
 PREA Information
 PREA Orientation/Acknowledgement
 PREA Video

Interviews:

Intake Staff
 Random Sample of Residents

Site Observations:

No Means NO Right to Report: If you, or someone you know, are experiencing sexual abuse or sexual harassment, Edinburg Transitional Center wants to know. We want you to report right away. Why?

We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

How to Report: Edinburg Transitional Center offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously via email, hotline number or walks in.

- Call Women Together at 1-800-580-4879 or email: mujeresunidas.org.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
- Report to the PREA coordinator or PREA compliance manager.
- o Corporate PREA Manager Carol Powel (405) 474-9233 www.csgprograms.com

- o Tell family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-800-580-4879.
- o You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:

Edinburg Transitional Center has partnered with Women Together to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-***-**** or send a letter to the address displayed.

Refer to the Edinburg Transition Center, Inmate Handbook for more information on anonymous reporting and limits to confidentiality for emotional support services.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.

Correctional Solutions Group, LLC

Carol Powell (As of 6-15-19)

PREA Coordinator Office

PO Box 7760

Tyler, TX 75711

(903) 630-6291 Ext 1

<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):

TDCJ Related Contracts:

PREA Ombudsman Office

PO Box 99 Huntsville, TX 77342-0099

936-437-2133

PREA.Ombudsman@TDCJ.STATE.TX.US

Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,

ATTN: John R. Forren/ President

PO Box 7760

Tyler, TX 75711

Findings: Resident education

115.233 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy:) During the intake process, residents shall receive information explaining the agency's zero- tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. ETC provides the resident with the handbook upon arrival. Of residents admitted during the past 12 months: The number who were given this information at intake: 0. The percent who were given this information at intake: 0. The auditor conducted interviews with staff who conduct the orientation portion and a Random Sample of Residents during the onsite portion of the audit. The auditor reviewed a sample record of resident files with the orientation information and PREA brochure providing relevant material covering PREA laws and the reporting process.

115.233 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall provide refresher information whenever a resident is transferred to a different facility. The auditor conducted interviews with staff who conduct the orientation portion and a Random Sample of Residents during the onsite portion of the audit. The auditor reviewed a sample record of resident files with the orientation information and PREA brochure providing relevant material covering PREA laws and the reporting process.

115.233 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. The facility is an ADA providing PREA information in both English and Spanish for the resident population and other resources as needed.

115.233 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall maintain documentation of resident participation in these education sessions. The auditor reviewed resident files with the relevant PREA education information for the residents assigned.

115.233 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The facility provided multiple ways for residents to report sexual abuse and sexual harassment. The facility provide a handbook, PREA brochure, posters, large bulletin boards with PREA information displayed in each housing unit. The PREA video was playing upon entrance to the facility in the front entrance. The facility did an excellent job providing many good practices in educating and continuously providing the Zero-Tolerance policy and PREA reporting process for the resident population exceeding the standard.

Corrective Action: The auditor recommends no corrective action.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)

☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA
- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
PREA Investigator Training Certificate
Training Curricula

Interviews:

Investigative staff

Site Observations:

Training Records

Findings: Specialized Training: Investigations.

115.234 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The auditor conducted interviews with Investigative Staff and Reviewed Training records/logs of investigative staff to include certificate of completion and the investigator transcripts.

115.234 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The auditor conducted interviews with Investigative Staff and Reviewed Training records/logs of investigative staff to include certificate of completion and the investigator transcripts.

115.234 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The auditor conducted interviews with Investigative Staff and Reviewed Training records/logs of investigative staff to include certificate of completion and the investigator transcripts. The number of investigators the agency currently employs. 2. The number of investigators currently employed who have completed the required training: 2.

115.234 (d). N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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 ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
☒ Yes ☐ No ☐ NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)
☒ Yes ☐ No ☐ NA

115.235 (c)

- 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 ☐ No ☐ NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☐ Yes ☐ No ☐ NA
- 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 if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Medical Acknowledgement/Training

Interviews:

Medical Health Staff

Site Observations:

Medical File

Findings: Specialized training: Medical and mental health care.

115.235 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 1. The auditor conducted an interview with the Medical staff (LVN) during the onsite portion of the audit.

115.235 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The auditor conducted an interview with the Medical staff (LVN) during the onsite portion of the audit. Forensic exams are not conducted on the unit.

115.235 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The auditor conducted an interview with the Medical staff (LVN) during the onsite portion of the audit.

115.235 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for Edinburg Transitional Center and volunteers under § 115.232, depending upon the practitioner's status at the agency.

Corrective Action: The auditor recommends no corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- 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 ☐ No
- 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 ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No
- 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 ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- 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 ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.241 (f)

- 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 ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- 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 ☐ No

115.241 (h)

- 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 ☐ No

115.241 (i)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Resident files
Assessments/Reassessments

Interviews:

Staff Responsible for Risk Screening
Random Sample of Residents
PREA Coordinator

Site Observations:

Resident records

Records of initial assessments and reassessments

Findings: Screening for risk of victimization and abusiveness.

115.241 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The auditor conducted interviews with the Staff Responsible for Risk Screening and a Random Sample of Residents during the onsite portion of the audit.

115.241 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Intake screening shall ordinarily take place within 72 hours of arrival at the facility. In the past 12 months: The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 364. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Residents during the onsite portion of the audit.

115.241 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Such assessments shall be conducted using an objective screening instrument. The auditor observed and reviewed the initial and reassessment screening tool to include the resident files for compliance.

115.241 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- (1) Whether the resident has a mental, physical, or developmental disability.
- (2) The age of the resident.
- (3) The physical build of the resident.
- (4) Whether the resident has previously been incarcerated.
- (5) Whether the resident's criminal history is exclusively nonviolent.
- (6) Whether the resident has prior convictions for sex offenses against an adult or child.
- (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The resident's own perception of vulnerability.

The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance.

115.241 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance.

115.241 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months: The number of residents entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being

sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 364.

115.241 (g). Correctional Solutions Group, LLC CSG 6-A-1 policy: A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance. The auditors conducted interviews with a Random Sample of Residents during the onsite portion of the audit. The auditor reviewed the resident files of initial assessment and reassessment for risk of sexual victimization or abusiveness.

115.241 (h). Correctional Solutions Group, LLC CSG 6-A-1 policy: Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. The auditor conducted an interview with Staff Responsible for Risk Screening during the audit.

115.241 (i). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The auditor conducted interviews with the PREA Coordinator and Staff Responsible for Risk Screening.

Corrective Action: The auditor recommends no corrective action.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the

placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
PREA Risk Assessments
Housing/Shower areas
Transgender Review

Interviews:

PREA Coordinator
Staff responsible for risk screening
Transgender/Intersex residents
LGBTI residents

Site Observations:

Documentation of risk-based housing decisions
Living areas for transgender/intersex residents (showers/restrooms)

Findings: Use of screening information.

115.242 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall use information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program

assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed the PREA coordinator and staff responsible for risk screening during the audit.

115.242 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall make individualized determinations about how to ensure the safety of each resident. The auditor interviewed the PREA coordinator and staff responsible for risk screening during the audit.

115.242 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. The auditor interviewed the PREA coordinator and the transgender residents during the onsite audit.

115.242 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The auditor interviewed the following staff: PREA coordinator, staff responsible for risk screening, and the transgender/intersex residents.

115.242 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The auditor interviewed the following staff: PREA coordinator, staff responsible for risk screening, and the transgender/intersex residents.

115.242 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents. The auditor interviewed the PREA coordinator and the LGBTI residents during the onsite audit.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

PREA Poster

PREA Brochure (English/Spanish)

Resident Handbook

PREA Reports

Interviews:

Random Sample of Staff

Random Sample of Residents

PREA Coordinator

Site Observations:

No Means NO Right to Report:

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Edinburg Transitional Center wants to know. We want you to report right away. Why?

We want you to keep you safe; it is our job! It is your right to be free from sexual abuse and sexual harassment. We want to conduct an investigation of the reported incident. We want to hold the perpetrator accountable for his/her actions. We want to provide you with relevant information and support services.

How to Report: Edinburg Transitional Center offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously via email, hotline number or walks in.

- Call Women Together at 1-800-580-4879 or email: mujeresunidas.org.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator or PREA compliance manager.
- Report to the PREA coordinator or PREA compliance manager.
- o Corporate PREA Manager Carol Powel (405) 474-9233 www.csgprograms.com
- o Tell family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling 1-800-580-4879.
- o You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Victim Support Services:

Edinburg Transitional Center has partnered with Women Together to provide survivors of sexual abuse with emotional support services. To access these services, contact 1-800-***-**** or send a letter to the address displayed.

Refer to the Edinburg Transition Center, Inmate Handbook for more information on anonymous reporting and limits to confidentiality for emotional support services.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address, and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.

Correctional Solutions Group, LLC
Carol Powell (As of 6-15-19)
PREA Coordinator Office
PO Box 7760
Tyler, TX 75711
(903) 630-6291 Ext 1
<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):
TDCJ Related Contracts:

PREA Ombudsman Office
PO Box 99 Huntsville, TX 77342-0099
936-437-2133
PREA.Ombudsman@TDCJ.STATE.TX.US
Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,
ATTN: John R. Forren/ President
PO Box 7760
Tyler, TX 75711

Findings: Resident Reporting

115.251 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

115.251 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual

abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

115.251 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

115.251 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. The facility displayed multiple ways for residents to report sexual abuse and sexual harassment. The facility exceeded the standard. Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.

Correctional Solutions Group, LLC
Carol Powell (As of 6-15-19)
PREA Coordinator Office
PO Box 7760
Tyler, TX 75711
(903) 630-6291 Ext 1
<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):
TDCJ Related Contracts:

PREA Ombudsman Office
PO Box 99 Huntsville, TX 77342-0099
936-437-2133
PREA.Ombudsman@TDCJ.STATE.TX.US
Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,
ATTN: John R. Forren/ President
PO Box 7760
Tyler, TX 75711

Corrective Action: The auditor recommends no corrective action.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.252 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.252 (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 ☐ No ☐ NA
- 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 of time to respond 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.252 (e)

- 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 ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party file 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.252 (g)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Grievance Log
Grievance Track Log

Interviews:

PREA Compliance Manager

Site Observations:

Resident Handbook

Findings: Exhaustion of administrative remedies.

115.252 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

115.252 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. The auditor reviewed the Grievance log and the Grievance Tracking log maintained by the Facility Administrator.

115.252 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall ensure that— (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2) Such grievance is not referred to a staff member who is the subject of the complaint.

115.252 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the

initial filing of the grievance. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. In the past 12 months: The number of grievances filed that alleged sexual abuse: 0. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

115.252 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third-party file such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0.

115.252 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months; and the number of those grievances in 115.252 (e) – 3 that had an initial response within 48 hours: 0. The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days: 0.

115.252 (g). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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 ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- 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 ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Memorandum of Understanding-Tropical Texas Behavioral Health

Memorandum of Understanding-South Texas Health Systems
Memorandum of Understanding-Mujeres Unidas/Women Together Family Justice Center
PREA Mujeres Unidas Information

Interviews:

Random Sample of Residents
Residents who reported sexual abuse

Site Observations:

Mujeres Unidas information displayed with phone numbers and addresses at no charge to the resident.

Findings: Resident access to outside confidential support services.

115.253 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The auditor conducted interviews with a Random Sample of Residents and Residents who Reported a Sexual Abuse during the onsite portion of the audit. The Edinburg Transitional Center partnered with the Women Together-Mujeres Unidas (Rape Crisis Center) in agreement through a Memorandum of Understanding updated every year (3/5/2020) for services provided to the resident population. The facility had the NO Means No poster displayed in every housing area and throughout the facility with the Women Together-Mujeres Unidas phone number, address and email made available in both English and Spanish. Residents had the ability to call out and speak to an outside source for victim emotional support services as needed. The facility provided residents with this information in written resources to such as brochures, posters, and handbooks. The auditor randomly selected residents on the facility to call the 1-800 number provided during the onsite portion of the audit. The residents were able to call out and speak to a live individual on the other side of the line from the Women Together-Mujeres Unidas (Rape Crisis Center) at any time. The auditor spoke to a live representative of Women Together Mujeres Unidas during the onsite portion of the audit. The auditor conducted the Women Together-Mujeres Unidas by phone and conducted an interview regarding the services provided and the well-established rapport and support from both parties working together to achieve the primary goal. The facility received 100% support from the Rape Crisis Center and the facility did an excellent job in maintaining good effective ongoing communication with the Women Together-Mujeres Unidas (Rape Crisis Center staff).

115.253 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor conducted interviews with a Random Sample of Residents and Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.253 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Corrective Action: The auditor recommends no corrective action.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Resident Handbook
Third Party Poster
Website

Findings: – Third-party reporting.

115.254 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The auditor observed the following information displayed in all the housing areas on a large bulletin board: PREA Ombudsman Office phone numbers and address; Office of Inspector General (OIG) phone numbers and address; TDCJ Ombudsman Coordinator phone numbers and addresses; TDCJ Correctional Institutions Division: Safe Prisons Program Management Office phone numbers and address, CID Ombudsman Office phone numbers, website, address, and General offender status information be obtained at www.tdcj.state.tx.us. Agency Toll-Free Telephone number 1-800 535-0283.

Report Sexual Abuse or Sexual Harassment: This information is displayed in every resident housing area and on the website: <https://www.correctionalsolutionsgroup.com/form-cphr>.

Correctional Solutions Group, LLC
Carol Powell (As of 6-15-19)
PREA Coordinator Office
PO Box 7760
Tyler, TX 75711
(903) 630-6291 Ext 1
<https://www.correctionalsolutionsgroup.com/form-cphr>

Third Party Additional Reporting Method(s):
TDCJ Related Contracts:

PREA Ombudsman Office
PO Box 99 Huntsville, TX 77342-0099
936-437-2133
PREA.Ombudsman@TDCJ.STATE.TX.US
Additional Mailing address for CSG:

Mail a letter to the Correctional Solutions Group, LLC,
ATTN: John R. Forren/ President
PO Box 7760
Tyler, TX 75711

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

PREA Reports
Employee Training

Interviews:

Random Sample of Staff
No mental health staff employed by the facility for interviews
Medical Staff
Director/PREA Coordinator

Site Observations:

Sample of reports/Investigations

Findings: Staff and agency reporting duties.

115.261 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The auditor interviewed a random sample of staff during the site review.

115.261 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The auditor interviewed a random sample of staff during the site review.

115.261 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor conducted an interview with Medical staff and the facility did not have a Mental Health employee assigned during the onsite portion of the audit.

115.261 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor reviewed a sample of a sexual abuse reports during the onsite portion of the audit. The auditor interviewed the Director/PREA manager during the onsite audit.

115.261 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The auditor interviewed the facility director during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Interviews:

Agency Head/Director
Random Sample of Staff

Findings: Agency protection duties.

115.262 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0. The auditor conducted interviews with the Director or Designee and a Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.263: Reporting to other confinement facilities.

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Interviews:

Agency Head/Director

Site Observations:

No reports received from other confinements.

Findings: Reporting to other confinement facilities.

115.263 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the

allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

115.263 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.263 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall document that it has provided such notification.

115.263 (d) Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The auditor conducted an interview with the Director during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
PREA Reports
Staff First Responders

Interviews:

Security Staff and Non-Security staff first responders
Random Sample of Staff
Site Observations:

Findings: Staff first responder duties.

115.264 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, the number of allegations that a resident was sexually abused: 0. The auditor conducted interviews with the Security Staff and Non-Security Staff First Responders and Residents who Reported a Sexual Abuse during the audit.

115.264 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months the number of times a non-security

staff member was the first responder: 0. The auditor conducted interviews with Security Staff and Non-Security Staff First Responders during the audit. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Interviews:

Director

Findings: Coordinated response.

115.265 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor conducted an interview with the Director or Designee during the audit.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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 ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Interviews:

Director

Findings: Preservation of ability to protect residents from contact with abusers.

115.266 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a

determination of whether and to what extent discipline is warranted. The auditor conducted an interview with the facility director during the audit.

115.266 (b). N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

- 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 housing changes? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- 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 ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
PREA Retaliation monitoring
PREA Report

Interviews:

Agency Head/Director or Designee
Designated Staff Member Charged with Monitoring Retaliation
Residents who Reported a Sexual Abuse

Site Observations:

PREA reports

Findings: Agency protection against retaliation.

115.267 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

115.267 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor conducted an interview with the Director or Designee, Designated Staff Member Charged with Monitoring Retaliation and Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.267 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The auditor conducted an interview with the Director or Designee and Designated Staff Member Charged with Monitoring Retaliation.

115.267 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: In the case of residents, such monitoring shall also include periodic status checks. The auditor interviewed the Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.267 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The auditor conducted an interview with the Director or Designee during the onsite audit.

115.267 (f). N/A

Corrective Action: The auditor recommends no corrective action.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- 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 ☐ No

115.271 (e)

- 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 ☐ No
- 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 ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.271 (g)

- 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 ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.271 (i)

- 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 ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
PREA Specialized Investigative staff and curricula
PREA Report
Memorandum of Understanding

Interviews:

Investigative Staff
Residents who reported sexual abuse
Director or Designee
PREA Coordinator
Investigative Staff

Site Observations:

Sample of investigative records/reports of allegations of sexual abuse/sexual harassment

Investigation Review: The facility had a one investigation of alleged resident-on-resident sexual harassment that were completed by the facility in the past 12 months. The auditor reviewed the investigation for the following standards 115.271, 115.272, 115.273, and 115.286. The investigation reviewed provided a description, status and type of investigation completed. The resident-on-resident sexual harassment report was investigated and determined to be unfounded which was conducted by a facility trained investigator Chief of Security. The case was unfounded, and the facility was not required to monitor the resident. The resident was notified of the outcome of the investigation.

Description	Status	Type
Resident on Resident	Unfounded	Administrative

Findings: Criminal and Administrative Agency Investigations.

115.271 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The auditor interviewed the investigative staff and reviewed records and sample of reports and allegations during the onsite portion of the audit.

115.271 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. The auditor reviewed the files of staff who received the specialized training/transcript and certificate of completion.

115.271 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor reviewed the files of staff who received the specialized training/transcript and certificate of completion.

115.271 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor interviewed investigative staff who were trained to conduct sexual abuse investigations. A sample of investigative reports were reviewed by the auditor.

115.271 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor interviewed the investigative staff and residents who reported sexual abuse.

115.271 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted an interview with investigative staff and a sample of investigative reports were reviewed.

115.271 (g). Correctional Solutions Group, LLC CSG 6-A-1 policy: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The auditor conducted an interview with investigative staff and a sample of investigative reports were reviewed.

115.271 (h). Correctional Solutions Group, LLC CSG 6-A-1 policy: Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The auditor conducted an interview with investigative staff and a sample of investigative reports were reviewed.

115.271 (i). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is

incarcerated or employed by the agency, plus five years. The auditor conducted an interview with investigative staff and a sample of investigative reports were reviewed.

115.271 (j) Correctional Solutions Group, LLC CSG 6-A-1 policy: The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The auditor conducted an interview with investigative staff and a sample of investigative reports were reviewed.

115.271 (k) N/A **115.271 (l)** Correctional Solutions Group, LLC CSG 6-A-1 policy: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The auditor conducted interviews with the Director or Designee, PREA Coordinator and Investigative Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

PREA Specialized Investigative staff and curricula

Interviews:

Investigative staff

Site Observations:

Documentation of administrative findings

Findings: Evidentiary standards for administrative investigations.

115.272 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted an interview with Investigative Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- 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 ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- 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 ☐ No

- 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 ☐ No

115.273 (d)

- 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 ☐ No
- 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 ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Resident PREA Allegations

Specialized Investigative staff

Interviews:

Director or Designee

Investigative Staff

Residents who Reported a Sexual Abuse

Site Observations:

Sample of alleged sexual abuse investigations. Investigation Review: The facility had a one investigation of alleged resident-on-resident sexual harassment that were completed by the facility in the past 12 months. The auditor reviewed the investigation for the following standards 115.271, 115.272, 115.273, and 115.286. The investigation reviewed provided a description, status and type of investigation completed. The resident-on-resident sexual harassment report was investigated and determined to be unfounded which was conducted by a facility trained investigator Chief of Security. The case was unfounded, and the facility was not required to monitor the resident. The resident was notified of the outcome of the investigation.

Description	Status	Type
Resident on Resident	Unfounded	Administrative

Findings: Reporting to residents.

115.273 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the past 12 months: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 1. The number of residents who were notified, verbally or in writing, of the results of the investigation: 1. The auditor conducted interviews with the Director or Designee, Investigative Staff and Resident who Reported a Sexual Abuse.

115.273 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. In the past 12 months: The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0. The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0. There were no samples of alleged sexual abuse investigations completed by outside agency for review during the onsite portion of the audit.

115.273 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The auditor conducted an interview with a Resident who Reported a Sexual Abuse.

115.273 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the

alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The auditor conducted an interview with a Resident who Reported a Sexual Abuse.

115.273 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: All such notifications or attempted notifications shall be documented. In the past 12 months: The number of notifications to residents that were provided pursuant to this standard: 1. The number of those notifications that were documented: 1.

115.273 (f). N/A

Corrective Action: The auditor recommends no corrective action.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- 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 ☐ No

115.276 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Site Observations:

Sample records/documentation

Findings: Disciplinary sanctions for staff.

115.276 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.276 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months: The number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

115.276 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0.

115.276 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Interviews:

Facility Director

Findings: Corrective Action for Contractors and Volunteers.

115.277 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Any Edinburg Transitional Center or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.

115.277 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by Edinburg Transitional

Center or volunteer. The auditor conducted an interview with the Facility Director during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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 ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- 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 ☐ No

115.278 (d)

- 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 ☐ No

115.278 (e)

- 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 ☐ No

115.278 (f)

- 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 ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Resident Handbook

Resident Acknowledgement of rules and regulations

Interviews:

Facility Director

Findings: Disciplinary sanctions for residents.

115.278 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months: The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.

115.278 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The auditor interviewed the director during the onsite portion of the audit.

115.278 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor interviewed the director and medical staff during the onsite portion of the audit.

115.278 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

115.278 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence enough to substantiate the allegation.

115.278 (g). Correctional Solutions Group, LLC CSG 6-A-1 policy: An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Corrective Action: The auditor recommends no corrective action.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- 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 ☐ No

115.282 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
 Memorandum of Understanding-Tropical Texas Behavioral Health
 Memorandum of Understanding-South Texas Health Systems
 Memorandum of Understanding-Mujeres Unidas/Women Together Family Justice Center

Interviews:

Medical and Mental Health Staff
 Residents who Reported a Sexual Abuse
 Security Staff and Non-Security Staff First Responders

Findings: Access to emergency medical and mental health services.

115.282 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The auditor conducted an interview with the Medical and Health Staff and Residents who Reported a Sexual Abuse on the facility. The facility had Memorandums of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center.

115.282 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. The auditor conducted interviews with Security Staff and Non-Security Staff First Responders during the audit. The facility had Memorandums of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center.

115.282 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The auditor conducted an interview with the Medical and Health Staff and Residents who Reported a Sexual Abuse on the facility. The facility had Memorandums of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center.

115.282 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility had Memorandums of Understanding with the Tropical Texas Behavioral Health, South Texas Health Systems and Mujeres Unidas/Women Together Family Justice Center.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- 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 ☐ No

115.283 (h)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Memorandum of Understanding-Tropical Texas Behavioral Health

Memorandum of Understanding-South Texas Health Systems

Memorandum of Understanding-Mujeres Unidas/Women Together Family Justice Center

Interviews:

Medical and Mental Health Staff

Residents who Reported a Sexual Abuse

Findings: Ongoing medical and mental health care for sexual abuse victims and abusers.

115.283 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.283 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The auditor conducted an interview with a Medical Health Staff and a Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.283 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall provide such victims with medical and mental health services consistent with the community level of care. The auditor conducted an interview with a Medical Health Staff and a Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.283 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The auditor conducted an interview with a Medical Health Staff and a Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.283 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy- related medical services. The auditor conducted an interview with a Medical Health Staff and a Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.283 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The auditor conducted an interview with a Medical Health Staff and a Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.283 (g). Correctional Solutions Group, LLC CSG 6-A-1 policy: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or

cooperates with any investigation arising out of the incident. The auditor conducted an interview with a Medical Health Staff and a Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.283 (h). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall attempt to conduct a mental health evaluation of all known resident-on- resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The auditor conducted an interview with a Medical Health Staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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 ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- 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 ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- 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 ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Sexual Abuse Incident Review

Interviews:

Director/PREA Coordinator
Incident Review Team

Site Observations:

Administrative Investigations/Investigation Review: The facility had a one investigation of alleged resident-on-resident sexual harassment that were completed by the facility in the past 12 months. The auditor reviewed the investigation for the following standards 115.271, 115.272, 115.273, and 115.286. The investigation reviewed provided a description, status and type of investigation completed. The resident-on-resident sexual harassment report was investigated and determined to be unfounded which was conducted by a facility trained investigator Chief of Security. The case was unfounded, and the facility was not required to monitor the resident. The resident was notified of the outcome of the investigation.

Description	Status	Type
Resident on Resident	Unfounded	Administrative

Findings: Sexual abuse incident reviews.

115.286 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents: 0.

115.286 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Such review shall ordinarily occur within 30 days of the conclusion of the investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0.

115.286 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The auditor conducted an interview with the Director or Designee during the audit.

115.286 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. The auditor conducted an interview with the Director or Designee/PREA Coordinator and reviewed the Incident Review Team.

115.286 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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 ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- 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 ☐ No

115.287 (e)

- 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.) ☒ Yes ☐ No ☐ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
Annual Reports

<https://www.correctionalsolutionsgroup.com/form-cphr>

Findings: Data collection.

115.287 (a/c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a

minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.287 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall aggregate the incident-based sexual abuse data at least annually.

115.287 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall maintain, review, and collect data as needed from all available incident- based documents including reports, investigation files, and sexual abuse incident reviews.

115.287 (e). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

115.287 (f). Correctional Solutions Group, LLC CSG 6-A-1 policy: Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Corrective Action: The auditor recommends no corrective action.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- 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 ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:
<https://www.correctionalsolutionsgroup.com/form-cphr>

Interviews:

Agency Head
PREA Coordinator

Site Observations:

<https://www.correctionalsolutionsgroup.com/form-cphr>

CSG PREA Policy (PDF)
National PREA Resource Center
(PREA Annual Report 2019)
(PREA Annual Report 2018)
(PREA Annual Report 2017)
(PREA Annual Report 2016)

Findings: Data review for corrective action.

115.288 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

115.288 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

115.288 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency's report shall be 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.

115.288 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Corrective Action: The auditor recommends no corrective action.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Correctional Solutions Group, LLC CSG 6-A-1 policy:

Annual Reports

<https://www.correctionalsolutionsgroup.com/form-cphr>

Interviews:

PREA Coordinator

Findings: Data storage, publication, and destruction.

115.289 (a). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall ensure that data collected pursuant to § 115.287 are securely retained. The auditor conducted an interview with the PREA Coordinator during the onsite portion of the audit.

115.289 (b). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. <https://www.correctionalsolutionsgroup.com/form-cphr>.

115.289 (c). Correctional Solutions Group, LLC CSG 6-A-1 policy: Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

115.289 (d). Correctional Solutions Group, LLC CSG 6-A-1 policy: The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Corrective Action: The auditor recommends no corrective action.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ 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 ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Correctional Solutions Group, LLC-Edinburg Transitional Center facility demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. The auditor interviewed a representative sample of residents, monitors, supervisors, contractors/volunteers, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Correctional Solutions Group, LLC-Edinburg Transitional Center will ensure that the auditor's final report is published on the website in order to be readily available to the public. The information is displayed on the CoreCivic website: <https://www.correctionalsolutionsgroup.com/form-cphr>.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez

1/21/2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.