

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

Interim Final

Date of Report 2/1/2021

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 10-11, 2020

Agency Information

Name of Agency: Abundance Living Inc.,		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 8512 Wheatley Street		City, State, Zip: Houston, Texas 77088	
Mailing Address: -		City, State, Zip: -	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Wanda Seals, Executive Director	
Email: wseals@yahoo.com	Telephone: (832) 282-2189

Agency-Wide PREA Coordinator

Name: Neville E. Pottinger, Program Director	
Email: npottinger@sbcglobal.net	Telephone: (832) 282-4285
PREA Coordinator Reports to: Wanda Seals, Executive Director	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Abundance Living Inc.,

Physical Address: 8512 Wheatley Street

City, State, Zip: (281) 931-5953

Mailing Address (if different from above):

-

City, State, Zip: -

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: none

Has the facility been accredited within the past 3 years? Yes 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):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

-

Facility Director

Name: Wanda Seals, Executive Director

Email: wseals@yahoo.com

Telephone: (832) 282-2189

Facility PREA Compliance Manager

Name: Neville E. Pottinger, Program Director

Email: npottinger@sbcglobal.net

Telephone: (832) 651-4285

Facility Health Service Administrator 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:	40
Current Population of Facility:	30
Average daily population for the past 12 months:	80%
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 checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 +
Average length of stay or time under supervision	60-90 days
Facility security levels/resident custody levels	Parolee/probation
Number of residents admitted to facility during the past 12 months	160
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	160
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	160
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 checked="" type="checkbox"/> Yes <input 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
Number of staff hired by the facility during the past 12 months who may have contact with residents:	3

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>	3
<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:	5 units 8 beds each
Number of open bay/dorm housing units:	-
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:	-
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 type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" 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 checked="" type="checkbox"/> Local sheriff's department <input checked="" 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?	2
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 Abundance Living Inc., in Houston, Texas was conducted on November 10-11, 2020, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez (single auditor), Prison Rape Elimination Act Certified Auditor. The facility contract was secured through Martinez Auditing Services, LLC. The contract describes the specific work requirements according to the Department of Justice (DOJ) standards and PREA audit handbook. The following Community Confinement facility tools were utilized: Pre-Audit Questionnaire, Auditor Compliance Tool, Instructions for the PREA Audit tour, Agency Head or Designee, Facility Director or Designee, PREA Coordinator, Specialized Staff, Random Staff, Residents, Process Map, and Checklist of documentation.

COVID Procedures:

All facilities are under COVID restrictions following all protocols to minimize and reduce the spread and exposure of Coronavirus. The World Organization declared the virus a global health emergency and rated COVID-19's global risk of spread and impact as "very high". March 13, 2020 the president declared a national state of emergency. The facility followed the Centers for Disease Control and Prevention rules and regulations for the overall safety of the residents and employees. The facility was notified prior to the audit that all COVID-19 rules and regulations would be followed to minimize and reduce the risk of COVID-19. The auditor was required to wear a mask prior to any access of the facility, provide a temperature check, answer COVID-19 questions as part of the protocol, present identification, prior to receiving clearance on the facility. The auditor was required to remain 6 feet apart from others, wear a mask covering my nose and mouth, utilize hand sanitizer, and wash hands frequently. The auditor followed all CDC and facility guidelines to prevent the spread and exposure of COVID-19. The auditor conducted interviews in a private setting in an office on a one-on-one basis following all CDC guidelines by wearing a mask, sitting six feet apart and using hand sanitizer. 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 was provided with the pre-audit questionnaire, process map and Notice of Audit six to eight weeks prior to the audit. The agency was prepared prior to receiving the audit information and forwarded the information through a secure method by email to the auditor on prior to the audit. The information received included the pre-audit questionnaire, supporting documentation and information. 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 six to eight weeks prior to the audit in both English and Spanish for residents 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 each housing unit/bedroom on the first and second floor, living area,

Food service/visitation, resident work areas, and offices. The auditor observed the notice of audit dated 9/26/2020 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 Abundance Living Inc. During the random resident interviews, the auditor asked the residents if they were aware of the Audit Notice 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 each housing unit in each bedroom and verified by the auditor. 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 administration was transparent with policies, procedures, resident and staff interviews. Good communication was established prior to the audit 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 facility provided the following documentation to the auditor: resident roster (youthful is any), residents with disabilities, LEP residents, LGBTI residents, residents who reported sexual abuse, residents who reported sexual victimization during risk screening, staff roster, specialized staff, all contractors/volunteers who may have contact with residents, grievances made in the past 12 months, all allegations of sexual abuse/sexual harassment 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit, and community-based or victim advocacy information. The auditor also used 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 Executive Director and Program Director were both 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 facility director, PREA compliance manager and auditor discussed information regarding the 90-day appeal process.

Litigation/Internet Search:

The 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 Abundance Living with the following website links and information:

https://www.freerehabcenters.org/details/tx_77088_abundance-living

https://www.tdcj.texas.gov/divisions/pf/pf_unit_list.html

Point of Contact:

A point of contact (POC) was established with the Executive Director and Program Director 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 a one-on-one interview. During the audit planning and logistics phase, the auditor remained engaged with the Executive Director and Program 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 Abundance Living Inc secured a Memorandum of Understanding with the Montrose Center signed by both parties on 12/10/2020. The Montrose Center helps individuals affected by domestic and sexual violence in their efforts to move their lives forward. Providing shelter, counseling, and advocacy to support them in building lives free from the effects of violence. Seeking social change to end domestic and sexual violence through community awareness and education. Our services are confidential and available to everyone. The Memorandum of Understanding was signed by the Program Director at Abundance Living and Montrose Center Executive Director for continuous and required services listed on the agreement. The information was displayed throughout the facility for the resident population.

Video Surveillance

The Abundance Living Inc. had 10 surveillance cameras in the following locations: front entrance, rear side, and outside area. The facility did not have any surveillance cameras in the housing areas or bedroom units. The auditor reviewed the surveillance camera locations throughout the onsite portion of the audit to have good coverage and positioned well. The auditor conducted a surveillance camera review during the onsite portion of the audit in the central office where the monitors are located and viewed. The auditor reviewed all the cameras and navigated through them with clear coverage and in working condition. The auditor conducted an interview with Classified Security responsible for servicing the cameras during the onsite audit. The Classified Security advised the auditor that the cameras were serviced as needed and a few were upgraded prior to the audit. The digital analog systems had the capability of recording up to 60-days if needed.

On-Site Audit Phase:

The site review was conducted on 11/10/2020 and the introductory meeting was held with the Program Director and Texas Department of Criminal Justice (TDCJ) oversight staff. The auditor and director discussed the logistics of a workspace to conduct staff and resident interviews and file reviews. The requested files for staff and residents were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Program Director and additional TDCJ staff for the site review.

The auditor observed the daily 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 observed the following areas and conducted informal interviews: parking lot, front area, food service department, dining/visitation area, restrooms, closets, tech office, monitor/counselor offices, connex (supplies), housing units on the first floor: Section 1 had five separate individual rooms, living room, bathroom; Section 2 had three separate individual rooms, bathroom, one living room area. The second floor had a unit with three individual rooms, bathroom, and one living room area; a second unit with three individual rooms, bathroom, and one living room area; a third unit with three individual rooms, bathroom, and one living room area. The auditor observed a separate building used as a group room, counselor offices, program assistance and the outside recreation yard.

The Program Director and TDCJ staff accompanied the auditor during the site review on 11/10/2020. The auditor observed monitors assigned to the housing areas, counselors working onsite and residents engaging in daily activities. The population on the first day of the audit was a total of 30 male residents. The auditor observed the notice of audit in both English and Spanish dated 9/26/2020 at the entrance of the facility in the front administration area and throughout the facility to include resident housing areas. The auditor requested staff to open random closets for limited restricted access and good lighting. The monitor station was observed at the main building to have staff assigned to the area. The residents must check in upon entering the facility and check out at the monitors station prior to leaving. 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:

No Means No

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Abundance Living Inc. wants to know. We want you to report right away. Why?

- We want 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 irrelevant information and support services.

How to report:

Abundance Living Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Rape Crisis Hotline at (phone number provided)
- Call Montrose Center at (phone number and address provided)
- 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.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).
- 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:

Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office. Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email.

The Notice of Audit was displayed in each housing area with the auditor's full name and address dated 9/26/2020. The auditor began the site review in the technician's office and main lobby area for the residents and staff. There was a (staff) monitor assigned to the area which was responsible for viewing the cameras from the monitor station, follow COVID-19 regulations by checking temperatures, questions, and identification/sign in log. The Monitors/Technicians conduct continuous rounds at the facility and observed during the onsite visit. The facility provided adequate levels of staffing to protect residents of sexual abuse exceeding the staffing ratio for staff to resident 1:20 during the day and 1:50 ratio during the evening. The facility had the following staff assigned: Executive Director, Program Director, LCDC, Monitor/Technicians, and kitchen staff. The technician's office had a phone which was available for the residents 24/7. There were two counselors assigned and the residents were provided with no medical staff onsite, however, were given the opportunity to self-administer medications with monitor staff present for view of medication and verification of medication consumption.

First Floor Housing Units:

The housing units had the sign displayed, "knock and announce" prior to entering the resident living area. The staff were required to knock on the door, announce, wait, and then enter the room. The first unit was facilitated with five individual rooms, lockers, beds, closets, bathroom with a shower curtain and full door, good lighting, and a living space. The auditor did not observe any cross-gender viewing because the dorms had an individual bathroom with a sink, toilet, full shower curtain and full door for privacy. There were no surveillance cameras in the rooms and no cross-gender viewing. There were no phones in the resident rooms. Grievance information was posted and displayed, and grievances were available to the residents as needed. The individual resident rooms had doors, beds, lockers, bathroom with full doors, shower inside the bathroom with a full shower curtain for sufficient privacy. The staff assigned to the facility conducted the knock and announce by verbally announcing female in the dorm prior to entering.

The housing units had the sign displayed, "knock and announce" prior to entering the resident living area. The second unit was facilitated with three individual rooms, lockers, beds, closets, bathroom with a shower curtain and full door, good lighting, and a living space. The auditor did not observe any cross-gender viewing because the dorms had an individual bathroom with a sink, toilet, full shower curtain and full door for privacy. There were no surveillance cameras in the rooms and no cross-gender viewing. There were no phones in the resident rooms. Grievance information was posted and displayed, and grievances were available to the residents as needed. The individual resident rooms had doors, beds, lockers, bathroom with full doors, shower inside the bathroom with a full shower curtain for sufficient privacy. The staff assigned to the facility conducted the knock and announce by verbally announcing female in the dorm prior to entering. Each dorm had the following information:

No Means No

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Abundance Living Inc. wants to know. We want you to report right away. Why?

- We want 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 irrelevant information and support services.

How to report:

Abundance Living Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Rape Crisis Hotline at (phone number provided)
- Call Montrose Center at (phone number and address provided)

- 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.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).
- You can also submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

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Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

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TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email. The Notice of Audit was displayed in each housing area with the auditor's full name and address dated 9/26/2020.

Second Floor housing units:

The housing units had the signs displayed, "knock and announce" prior to entering the resident living area. The staff were required to knock on the door, announce, wait, and then enter the room. The second floor first unit was facilitated with three individual rooms, lockers, beds, closets, bathroom with a shower curtain and full door, good lighting, and a living space. The auditor did not observe any cross-gender viewing because the dorms had an individual bathroom with a sink, toilet, full shower curtain and full door for privacy. There were no surveillance cameras in the rooms and no cross-gender viewing. There were no phones in the resident rooms. Grievance information was posted and displayed, and grievances were available to the residents as needed. The individual resident rooms had doors, beds, lockers, bathroom with full doors, shower inside the bathroom with a full shower curtain for sufficient privacy. The staff assigned to the facility conducted the knock and announce by verbally announcing female in the dorm prior to entering.

The housing units had the signs displayed, "knock and announce" prior to entering the resident living area. The staff were required to knock on the door, announce, wait, and then enter the room. The second-floor second unit was facilitated with three individual rooms, lockers, beds, closets, bathroom with a shower curtain and full door, good lighting, and a living space. The auditor did not observe any cross-gender viewing because the dorms had an individual bathroom with a sink, toilet, full shower curtain and full door for privacy. There were no surveillance cameras in the rooms and no cross-gender viewing. There were no phones in the resident rooms. Grievance information was posted and displayed, and grievances were available to the residents as needed.

The individual resident rooms had doors, beds, lockers, bathroom with full doors, shower inside the bathroom with a full shower curtain for sufficient privacy. The staff assigned to the facility conducted the knock and announce by verbally announcing female in the dorm prior to entering.

The housing units had the signs displayed, "knock and announce" prior to entering the resident living area. The staff were required to knock on the door, announce, wait, and then enter the room. The second-floor third unit was facilitated with three individual rooms, lockers, beds, closets, bathroom with a shower curtain and full door, good lighting, and a living space. The auditor did not observe any cross-gender viewing because the dorms had an individual bathroom with a sink, toilet, full shower curtain and full door for privacy. There were no surveillance cameras in the rooms and no cross-gender viewing. There were no phones in the resident rooms. Grievance information was posted and displayed, and grievances were available to the residents as needed. The individual resident rooms had doors, beds, lockers, bathroom with full doors, shower inside the bathroom with a full shower curtain for sufficient privacy. The staff assigned to the facility conducted the knock and announce by verbally announcing female in the dorm prior to entering. Each dorm had the following information:

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- Report to the PREA coordinator or PREA compliance manager.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).
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Victim Support Services:

Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email. The Notice of Audit was displayed in each housing area with the auditor's full name and address dated 9/26/2020.

Building 8516 facilitated a group room with outpatient residents with no cameras in the room. The auditor observed a restroom with a full door and offices in the area. The auditor randomly informally asked a few questions to the counselor onsite. The Program assistant was onsite during the audit. There was a large bulletin board with all the PREA information displayed for the resident population entering and exiting the area. The auditor observed the recreation area outside practicing social distancing with a limited capacity of 15 residents. During the onsite audit, the auditor observed residents recreating on both days during the morning and evening. There was a surveillance camera in the area to view the recreation activity. There were no urinals in the recreation area and residents were allowed to return to their housing unit for restroom use.

The dining room had a bulletin board with the PREA information displayed in both English and Spanish. The Notice of Audit was posted in both English and Spanish dated 9/26/2020. There was a television in the area also utilized as a dayroom and visitation. The area was facilitated with four tables, chairs, good lighting, and a resident restroom. The auditor recommended to the Program Director to consider labeling the resident restroom to minimize any confusion. The Program Director took immediate action and labeled the restroom door.

The food service department was facilitated by two food service employees serving breakfast at 7:00 AM, Lunch at 11:30 AM and Dinner at 5:30 PM. The area was clean and organized and the auditor conducted a random informal interview with the food service staff. The PREA signs were displayed in the kitchen in both English and Spanish. The kitchen was a small area with no large walk-in coolers, walk in freezers or hidden spaces.

The resident population was comprised of male adult residents with a total of 30 on 11/10/2020. The auditor walked to the technician's office 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 30 on 11/10/2020.

Investigation Review: The facility had a one investigation of alleged staff-on-resident sexual harassment that was 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 staff-on-resident sexual harassment report was investigated and determined to be unsubstantiated which was conducted by a facility investigator. The case was unsubstantiated. The resident departed and the retaliation monitor was no longer required.

Description	Status	Type
Staff-on-Resident	Unsubstantiated	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, Abundance Living 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 Interviews:

The auditor conducted the staff and inmate interviews on November 10-11, 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/Investigator	1
PREA Coordinator	1
Random Staff* (<i>diverse cross-section of work assignments and one from each shift</i>)	10
Specialized Staff	10
Medical Health staff (no medical staff employed or assigned to facility)	n/a
Non-medical staff involved in cross-gender strip or visual searches	n/a
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	0
Contractors who have contact with inmates	0
Investigative staff at agency level	1
Staff who perform screening for risk of victimization and abusiveness/intake	1
First responders, non-security staff	2
Total Specialized Staff	6

Resident Interviews:

The auditor conducted the resident interviews on November 10-11, 2020. The auditor selected a geographically diverse sample of male residents from different housing units and residents who met the criteria for the targeted interviews to ensure a fair overall selection. Abundance Living Inc population on the first day of the audit was 30.

Facility population	30
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Community Confinement Facility	
Resident Interview Category	Total
Overall Minimum Number	
Minimum Random	5
Minimum Targeted	6
Breakdown of Targeted	11
Youthful Inmates	0
Inmates with a Physical Disability	1
Inmates who are Blind, Deaf, or Hard of Hearing	
Inmates who are LEP	0
0Inmates with a Cognitive Disability	0
Inmates who identify as LGB	0
Inmates who identify as Transgender or Intersex	0
Inmates Who Reported Sexual Abuse	0

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 11/11/2020 with the Abundance Living 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 10-11, 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 the following observations and corrective process for standards 115.234, 115.253, and 115.256. The facility was determined to have four exceed standards: 115.211, 115.231, 115.251, 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 inmate, 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 Abundance Living Incorporation is located at 8512 Wheatley Street in Houston, Texas 77088. The Abundance Living is a private not for profit. The facility designated capacity was 40 with a current population of 30 (male residents) on the first day of the audit. The average daily population for the past 12 months: 80%. The facility age range population is adults 18 years and older. The average length of stay or time under supervision is 60 to 90 days. The number of residents admitted to the facility in the past 12 months was 160. The facility holds residents from the State of Texas. The number of staff currently employed by the facility who may have contact with residents: 19. The number of staff hired in by the facility in the past 12 months who may have contact with residents: 3. There were no contractors or volunteers currently authorized in the past 12 months. The facility had 3 buildings and the housing area had a first floor and second floor. The first floor had a total of eight rooms, two living areas with bathrooms; the second floor had a total of nine rooms, three living rooms and bathrooms. The facility did have monitoring technology but there were surveillance cameras in the resident housing units and no cross-gender viewing. The surveillance cameras were placed on the inside and outside perimeter.

The Abundance Living is a Transitional Supportive Residential Treatment Facility. Abundance Living accepts residents from various resources and offers adult men facing economic, physical, or emotional issue due to substance abuse, the opportunity to rethink and regroup in order to reconnect back into the community following incarceration. The program is for recovery and transition back into society with entrusted staff to assist in the treatment process. The treatment services provided at Abundance Living Inc., are designed based on the years of experience with effective treatment programs. The staff at Abundance Living provide treatment programs that require hard work and cooperation. The treatment team members are there to assist each individual to work on issues identified as problematic in the individual's life. The staff encourage trust in working towards resolution of those personal issues. A safe environment is provided as each individual works through the program.

The rules, policies, and procedures of Abundance Living Incorporation are to ensure resident's safety, health, and overall well-being. The facility functions as a place to provide the skills necessary for functioning free from addicting behaviors such as drug and alcohol use. The interaction with the staff and others offers the skills needed to live a productive, chemical-free, and self-sufficient life as you transition back into the community. The residents at Abundance Living are not under arrest but are mandated by Probation and or Parole. Abundance Living Inc. is designed to be a self-governing community of peers who maintain responsibility and self-respect. The Therapeutic Community facility staff functions primarily to ensure the safety of residents and oversee the daily operations of the facility. It is a goal of Abundance Living Inc., that each individual receives the best care needed. Community Groups: The residents of the Transitional Treatment Center function as a therapeutic community. All group decisions regarding the community are reached during the community group session held each week. It is the desire of Abundance Living Inc., that the residents be the primary decision makers in their community, however when the need arises, staff will assist in these matters. Support Groups: There are many peer-facilitated groups in the therapeutic community to which residents may refer. Those groups are held throughout the course of the week and serve to motivate residents to become more effective problem solvers. There is a 12-step support group program with meetings held on Monday evenings at 6:00 p.m. that residents must attend. These meetings are facilitated by outside entities. Special Issue Groups: The facility provides specialized groups addressing issues such as sexuality, HIV/AIDS/TB education and testing, TB testing. Relationship issues and family/multi-family educational groups are also offered at Abundance Living.

The facility offers a multitude of groups to include Peer-Support Groups, glue contract, process group, therapeutic counseling groups, confrontation and accountability, and community structure. TC Philosophy: Throughout life we have lived abundantly wrong, we are looking for a way to change and live abundantly right, here at Abundance Living we are now given the support and care we need to become men we want to be. By changing our thoughts, behaviors, and actions we will become better fathers, husbands, and sons. Other thinking errors have held us down now is the time to rise above who we are and become the abundant warriors we were meant to be.

Motto: Living and Recovering with the Tools for Success. Mission Statement: To empower people, including the homeless and the ex-offender, to live productive, law-abiding lives free of drugs and alcohol.

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: 4

List of Standards Exceeded: 115.211, 115.231, 115.251, 115.254

Standards Met

Number of Standards Met: 35

- 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.
- 115.232 Volunteer and contractor training.
- 115.233 Resident Education.
- 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.
- 115.253 Resident access to outside confidential support services.
- 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: -

List of Standards Not Met: -

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.)

Abundance Living Inc PREA Policy
Organizational Chart

Interviews:

PREA Coordinator
Facility Director

Site Observations:

Organizational Chart

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

115.211 (a) Abundance Living PREA Policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment. Abundance Living policy outlined how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

No Means No

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Abundance Living Inc. wants to know. We want you to report right away. Why?

- We want 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 irrelevant information and support services.

How to report:

Abundance Living Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Rape Crisis Hotline at (phone number provided)
- Call Montrose Center at (phone number and address provided)
- 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.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).
- 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:

Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email.

115.211 (b) Designation of upper-level clinical staff to coordinate development and training awareness to all staff. Monitoring, implementing, and overseeing Abundance Living efforts to comply with PREA standards and in all residential programs. Executive Director and Program Director will outline the residential program on preventing, detecting, and responding to sexual abuse and sexual harassment, receives and processes privacy complaints and processes individual rights request. The auditor conducted an interview with the PREA Coordinator on the facility during the onsite portion of the audit.

115.211 (c) N/A (the agency operates only one facility).

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.)

Abundance Living Inc PREA Policy

Interviews:

Facility Director

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

115.212 (a) The Abundance Living Inc does not contract for the confinement of their residents.

115.212 (b) The Abundance Living Inc does not contract for the confinement of their residents.

115.212 (c) The Abundance Living Inc does not contract for the confinement of their residents.

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 (a)

- 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.)

Abundance Living Inc PREA Policy
Annual PREA Staffing Plan
Surveillance Cameras
Facility layout

Interviews:

Facility Director
PREA Coordinator

Site Observations:

Facility Roster
Annual PREA Staffing Plan

Findings: Supervision and monitoring.

115.213 (a). Abundance Living Inc PREA Policy: For each program Abundance Living develops and documents staffing plan, which provides for adequate levels of staffing and where applicable video monitoring to protect residents against sexual abuse. Abundance Living video monitoring and takes into consideration the following: the physical plant layout of the facility, the residential population, prevalence of substantiated and unsubstantiated incidents of sexual abuse and other relevant factors. Since August 20, 2012, or last PREA audit, whichever is later: The average daily number of inmates: 40. The average daily number of inmates on which the staffing plan was predicated: 40. The auditor conducted interviews with the Director or Designee and the PREA Coordinator during the onsite portion of the audit.

115.213 (b) Abundance Living Inc PREA Policy: In circumstances where the staffing plan is not complied with ABL documents and justifies all deviations from the plan. The auditor conducted an interview with the Facility Director during the onsite portion of the audit.

115.213 (c) Abundance Living Inc PREA Policy: Whenever necessary, but no less frequently than once each year, ABL assesses, determines, and documents whether adjustments are needed to: the staffing plan established pursuant to paragraph (A) of this section, prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and Abundance Living has resources available to commit to ensure adequate staffing levels. 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.)

Abundance Living Inc PREA Policy
Training Curriculum/Attendance logs

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:

Training documentation/attendance signature
Training files/signature logs
Shower curtains/Privacy doors/walls
PREA signs in both English and Spanish
Surveillance Cameras
Security Mirrors

No Means No

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Abundance Living Inc. wants to know. We want you to report right away. Why?

- We want 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 irrelevant information and support services.

How to report:

Abundance Living Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Rape Crisis Hotline at (phone number provided)
- Call Montrose Center at (phone number and address provided)
- 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.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).
- 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:

Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email. The Notice of Audit was displayed in each housing area with the auditor's full name and address dated 9/26/2020.

Findings: Supervision and monitoring.

115.215 (a) Abundance Living Inc PREA Policy: ABL does not conduct cross-gender strip searches or cross-gender visual body cavity searches (no search of the anal or genital opening). ABL does not allow staff to touch residents. Searches include emptying pockets, raising up pant legs and shaking out clothes and lifting up shirt. 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.

115.215 (b) Abundance Living Inc PREA Policy: ABL had a residential capacity that does not exceed 40 residents and the facility will not permit cross-gender pat down searches for residents.

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: 0. The auditor conducted a Random Sample of Staff and a Random Sample of Residents during the onsite portion of the audit. The auditor randomly reviewed the surveillance videos during the onsite portion of the audit with no evidence of cross-gender pat down searches.

115.215 (c) Abundance Living Inc PREA Policy: ABL does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The auditor conducted a site review, surveillance camera review and random resident interviews which determined that the facility does not conduct cross-gender strip searches.

115.215 (d) Abundance Living Inc PREA Policy: ABL enables residents to shower, perform bodily functions and change clothing without nonmedical staff or the opposite gender viewing their bodies. During random room checks, incidental viewing could occur. Female staff is required to knock on the door and announce (female on the floor) upon entering the room or suite. The auditor conducted a site review, surveillance camera review and random resident interviews which determined that the facility does conduct the knock and announce prior to entering the dorm. The knock and announce is displayed on each resident door prior to entering the room. The auditor did witness female staff knock on the door, wait, and then announce prior to entering the resident room during the onsite portion of the audit.

115.215 (e) Abundance Living Inc PREA Policy: ABL will 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 or by a 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 during the onsite portion of the audit. The facility did not have any residents assigned to the facility who identified as transgender or intersex.

115.215 (f) Abundance Living Inc PREA Policy: ABL trains all staff on how to conduct searches of all residents, to include cross-gender searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in a least intrusive manner possible, consistent with security. The auditor conducted a file review of staff employed at the facility who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit who received the training.

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.)

Abundance Living Inc PREA Policy
 No Means No (right to report English/Spanish)
 Sexual Assault Awareness Resident brochure (English/Spanish)
 TTY Machine/Deaf residents as needed
 Language Line Services
 PREA resident orientation/signature
 PREA Ombudsman Office pamphlet
 Zero-Tolerance (PREA Ombudsman/OIG)

Interviews:

Agency Head/Director
 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) Abundance Living Inc PREA Policy: ABL takes 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 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 harassment. Such steps 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, ABL ensures 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. ABL is not required to take actions that it can demonstrate would result in fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 DFR 35.164. The Abundance Living Incorporation PREA policy and procedure ensures education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, or hard of hearing, 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 facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The 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, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

A brochure, resident handbook and PREA information is provided to the resident during the intake process upon arrival to the facility. A PREA brochure and all PREA information is posted throughout the facility in both English and Spanish. Spanish speaking residents are given the PREA information in Spanish and or by the Language Line Interpreter Services used to translate other languages. American Sign Language interpreter services are made available as needed and or upon request. The auditor conducted an interview with the Agency Head/Facility Director and residents with disabilities or who are limited English proficiency during the onsite portion of the audit.

115.216 (b) Abundance Living Inc PREA Policy: ABL takes 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 have limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively using any necessary specialize 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) Abundance Living Inc PREA Policy: ABL will 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 115.24 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.

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.)

Abundance Living Inc PREA 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) Abundance Living Inc PREA Policy: ABL does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The auditor reviewed employee files during the onsite portion of the audit.

115.217 (b) Abundance Living Inc PREA Policy: ABL considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit and discussed the employee files.

115.217 (c) Abundance Living Inc PREA Policy: have contact with residents, ABL 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 persons hired who may have contact with residents who have had criminal background record checks: 0. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit. The auditor conducted a review of the employee files and discussed the files with the administrative staff.

115.217 (d) Abundance Living Inc PREA Policy: Before hiring new employees who may have contact with residents, ABL 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: 0. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. The auditor conducted an interview of the employee files and background checks during the site review.

115.217 (e) Abundance Living Inc PREA Policy: ABL will 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. The auditor conducted an interview with the Administrative (Human Resources) Staff during the site review. The auditor reviewed documentation of background records checks of current employees and contractors at five-year intervals when applicable during the site review.

115.217 (f) Abundance Living Inc PREA Policy: ABL will 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. ABL will impose employees a continuing affirmative duty to disclose any such misconduct. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.217 (g) Abundance Living Inc PREA Policy: Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

115.217 (h) Abundance Living Inc PREA Policy: Unless prohibited by law, ABL will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor conducted an interview with the Administrative (Human Resources) Staff 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.)

Abundance Living Inc PREA Policy
Surveillance Cameras/Monitors

Interviews:

Facility Director

Site Observations:

Surveillance Cameras/Monitors
Site Observation/locations

Findings: Upgrades to facilities and technology.

115.218 (a) Abundance Living Inc PREA Policy: When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, ABL 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 regarding the surveillance cameras as part of the audit process.

115.218 (b) Abundance Living Inc PREA Policy: When installing or updating a video monitoring system, electronic monitoring technology, the agency shall consider how such technology may enhance ABL’s ability to protect residents from sexual abuse. The auditor conducted an interview with the Facility Director during the onsite portion of the audit regarding the surveillance cameras as part of the audit process. Video Surveillance: The Abundance Living Inc. had 10 surveillance cameras in the following locations: front entrance, rear side, and outside area. The facility did not have any surveillance cameras in the housing areas or bedroom units. The auditor reviewed the surveillance camera locations throughout the onsite portion of the audit to have good coverage and positioned well. The auditor conducted a surveillance camera review during the onsite portion of the audit in the central office where the monitors are located and viewed. The auditor reviewed all the cameras and navigated through them with clear coverage and in working condition. The auditor conducted an interview with Classified Security responsible for servicing the cameras during the onsite audit. The Classified Security advised the auditor that the cameras were serviced as needed and a few were upgraded prior to the audit. The digital analog systems had the capability of recording up to 60-days if needed.

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.)

Abundance Living Inc PREA Policy
Memorandum of Understanding-Montrose Center

Interviews:

Random Sample of Staff
PREA Coordinator
Residents who reported a sexual abuse

Site Observations:

Rape Crisis Information

Findings: Evidence protocol and forensic medical examinations.

115.221 (a) Abundance Living Inc PREA Policy: ABL is not responsible for investigating criminal investigations of sexual abuse; ABL will ensure the investigating entity follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative

proceedings and criminal precautions. The Abundance Living Incorporation PREA policy and procedure outlines the facilities requirements as it applies to the standard. Abundance Living Inc. is responsible for investigating administrative investigations and trained specialized staff as investigators. The ABL refers all criminal investigations to the Harris County Police Department. The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit.

115.221 (b) Abundance Living Inc PREA Policy: The protocol is adapted from a National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

115.221 (c) Abundance Living Inc PREA Policy: ABL offers 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 will 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. ABL will document its efforts to provide SAFEs and SANEs. The auditor reviewed the Memorandum of Understanding between Abundance Living, Inc. and the Montrose Center dated 12/10/2020. 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 does not have any medical and mental health staff assigned or employed at the facility. The residents self-administer the medications and staff provide security. Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at ABL. Residents in need of SANE exams are provided by the Lyndon B. Johnson Hospital or Montrose Center Rape Crises Center at no cost to the resident. In the past 12 months, there have been no residents who have required a SANE exam. Abundance Living has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services.

115.221 (d) Abundance Living Inc PREA Policy: ABL will attempt to make available to the victim to provide advocate services, the ABL will make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. ABL will document efforts to secure services from rape crises centers. For the purposes of this standard, a rape crises 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. ABL may utilize rape crises center that is part of a governmental unit as long as 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 auditor conducted interviews with the PREA coordinator and there were no residents onsite who reported a sexual abuse for interviews.

115.221 (e) Abundance Living Inc PREA Policy: As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals. The auditor conducted interviews with the PREA coordinator and there were no residents onsite who reported a sexual abuse for interviews.

115.221 (f) Abundance Living Inc PREA Policy: To the extent, the agency itself is not responsible for investigating allegations of sexual abuse, the agency will request that the investigating agency follow

the requirements of paragraphs (A) through (E) of this section. The facility had two investigators responsible for conducting administrative investigations.

115.221 (g) N/A

115.221 (h) 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.)

Abundance Living Inc PREA 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) Abundance Living Inc PREA Policy: ABL will 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: 0. The number of allegations referred for criminal investigation: 0. The auditor conducted an interview with the Facility Director and there were no reports for review of a sexual abuse or sexual harassment for review.

115.222 (b) Abundance Living Inc PREA Policy: ABL has in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigations to an agency with the legal authority to conduct criminal investigations (local police department/Department of State Health). The facility conducted interviews with the investigative staff during the onsite portion of the audit. All PREA allegations are referred to the Houston Police Department. The TDCJ Contract monitor is notified of any PREA allegations. The policy ensures that upon receipt of an allegation, the facility initiates an administrative investigation and if it is determined that the allegation involved criminal activity, a referral is made to the Houston Police Department to conduct a criminal investigation and prosecution if warranted.

115.222 (c) Abundance Living Inc PREA Policy: Services/TDCJ, unless the allegation does not involve potentially criminal behavior. ABL publishes such policy in its handbook or other means. The agency documents all referrals on the incident report.

115.222 (d) N/A

115.222 (e) 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.)

Abundance Living Inc PREA Policy
PREA Training/Curriculum
PREA Acknowledgement forms
Employee Files

Interviews:

Random Sample of Staff

Site Observations:

Sample of Training Records

Documentation of Employee signature/training Volunteer/Contractor Training

Findings: Employee Training

115.231 (a) Abundance Living Inc PREA Policy: ABL trains all employees who may have contact with residents on the following: ABL trains all employees who may have contact with residents on: (1) the 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' rights 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 and assigned to ABL.

115.231 (b) Abundance Living Inc PREA Policy: Such training is tailored to the gender or the residents at the employee's facility. Abundance Living employees receive training on the zero tolerance for sexual abuse and sexual harassment at the initial hiring process and annually on how to fulfill their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents rights to be free from sexual abuse and sexual harassment; the right of resident and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threat and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor reviewed a Sample of training records as part of the review for all staff who has been trained.

115.231 (c) Abundance Living Inc PREA Policy: All current employees who have not received such training will be trained within one year of the effective date of the PREA standards, and ABL provides 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 provides 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: 20. The percent of staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements: 100%.

115.231 (d) Abundance Living Inc PREA Policy: ABL documents, through employee signature or electronic verification, that employees understand the training they have received. Abundance Living also provides additional training for each staff member utilizing the Blue Basin on-line program covering cross-gender/transgender training for sexual abuse and sexual harassment.

PREA topics are reviewed with staff during short briefings and meetings referring to the zero-tolerance policy of sexual abuse and sexual harassment. All employees have received the required training and will follow up with refresher training every two years to ensure that staff understands the facilities sexual abuse and sexual harassment policies and procedures. The auditor reviewed a sample of employee files from pre-service training and in-service training provided the required material and documentation. The employee files reviewed had the acknowledgement forms and signatures required during the onsite portion of the audit.

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.)

Abundance Living Inc PREA Policy
Training Curriculum Volunteer/Contractors
Acknowledgement form

Interviews:

Volunteer and Contractors who may have contact with residents

Findings: Volunteer and contractor training.

115.232 (a). Abundance Living Inc PREA Policy: ABL ensures 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. The number of volunteers and individual contractors who have contact with residents who have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 0. The facility did not have any volunteers or contractors assigned to the facility.

The agency policy ensures that all volunteers and ABL who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility was under COVID restrictions and did not have any current volunteers or contractors on the facility.

115.232 (b) Abundance Living Inc PREA Policy: The level and type of training provided to volunteers and contractors are based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility was under COVID restrictions and did not have any current volunteers or contractors on the facility.

115.232 (c). Abundance Living Inc PREA Policy: ABL maintains documentation confirming that volunteers and contractors understand the training they have received. The agency shall maintain documentation confirming that volunteers and ABL understand the training they have received. The facility was under COVID restrictions and did not have any current volunteers or contractors on the facility.

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.)

Abundance Living Inc PREA Policy
PREA Brochure
PREA Video/PREA Information
PREA Orientation/Acknowledgement

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, Abundance Living Inc. wants to know. We want you to report right away. Why?

- We want 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 irrelevant information and support services.

How to report:

Abundance Living Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Rape Crisis Hotline at (phone number provided)
- Call Montrose Center at (phone number and address provided)
- 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.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).
- 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:

Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email.

Findings: Resident education.

115.233 (a) Abundance Living Inc PREA Policy: During the intake process, residents 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. All 30 residents onsite received the required training. The information included: No Means No (right to report English/Spanish), Sexual Assault Awareness Resident brochure (English/Spanish), TTY Machine/Deaf residents as needed. Language Line Services available if needed, PREA resident orientation/signature, PREA Ombudsman Office pamphlet and Zero-Tolerance (PREA Ombudsman/OIG. 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) Abundance Living Inc PREA Policy: ABL provides refresher information as new information is provided to facility from TDCJ. In the past 12 months: The number of residents transferred from a different community confinement facility: 0. The number of residents transferred from a different community confinement facility who received refresher information: 0. Abundance Living provides an orientation packet during the intake process to all residents upon arrival or transfer to Abundance Living. The residents sign an acknowledgement form after receiving the PREA information packet governing the zero-tolerance and reporting procedures of sexual abuse and sexual harassment. The resident education material is in formats accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. The Spanish speaking residents receive the PREA information in Spanish and Abundance Living has a language line for residents requiring the service. The auditor conducted interviews with the staff responsible for the intake portion and a random sample of residents to ensure the information was provided upon arrival.

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) Abundance Living Inc PREA Policy: ABL provides residents 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. Abundance Living provides an orientation packet during the intake process to all residents upon arrival or transfer to Abundance Living. The residents sign an acknowledgement form after receiving the PREA information packet governing the zero-tolerance and reporting procedures of sexual abuse and sexual harassment. The resident education material is in formats accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. The Spanish speaking residents receive the PREA information in Spanish and Abundance Living has a language line for residents requiring the service.

115.233 (d). Abundance Living Inc PREA Policy: ABL maintains documentation of resident participation in these education sessions. The auditor reviewed resident files for the required documentation during the onsite portion of audit.

115.233 (e). Abundance Living Inc PREA Policy: In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to residents through poster, resident handbooks, or other written formats. The facility had multiple informational material such signs posted and displayed in the resident housing area for easily accessibility and in the privacy of their own room.

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.)

Abundance Living Inc PREA Policy
 PREA Investigator Training Certificate
 Training Curricula

Interviews:

Investigative staff

Site Observations:

Training Records

Findings: Specialized Training: Investigations.

115.234 (a). Abundance Living Inc PREA Policy: ABL conducts all administrative investigations, its investigations will receive training in conducting such investigations in confinement settings.

Observation: The auditor conducted interviews with Investigative Staff and was unable to review the training records/logs during the onsite portion of the audit. The facility had new administration and immediately initiated the sexual abuse investigative training during the onsite portion of the audit. The facility had the Facility Director (new employee) and facility counselor. The training was initiated, completed and certificate/training records was provided to the auditor during the onsite portion.

115.234 (b). Abundance Living Inc PREA Policy: ABL shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Notifications will be made to TDCJ and DSHS. The auditor conducted interviews with Investigative Staff and was unable to review the training records/logs during the onsite portion of the audit. The facility had new administration and immediately initiated the sexual abuse investigative training during the onsite portion of the audit. The facility had the Facility Director (new employee) and facility counselor. The training was initiated, completed and certificate/training records was provided to the auditor during the onsite portion.

115.234 (c). Abundance Living Inc PREA Policy: ABL does not conduct sexual abuse investigations. Awareness that sexual abuse/harassment has occurred results in referral to the local law enforcement/TDCJ/DSHS. 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 to conduct administrative investigations: 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.

Findings: Specialized training: Medical and mental health care.

115.235 (a). ABL does not employ full or part-time medical or mental health care practitioners. Counselors and other employees who have contact with residents receive the mandated training per 115.231-232. Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement/TDCJ/DSHS. The monitors/employees only function is to provide medication management to the residents at the facility.

115.235 (b). ABL does not employ full or part-time medical or mental health care practitioners. Counselors and other employees who have contact with residents receive the mandated training per 115.231-232. Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement/TDCJ/DSHS. The monitors/employees only function is to provide medication management to the residents at the facility..

115.235 (c). ABL does not employ full or part-time medical or mental health care practitioners. Counselors and other employees who have contact with residents receive the mandated training per 115.231-232. Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement/TDCJ/DSHS. The monitors/employees only function is to provide medication management to the residents at the facility.

115.235 (d). ABL does not employ full or part-time medical or mental health care practitioners. Counselors and other employees who have contact with residents receive the mandated training per 115.231-232. Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement/TDCJ/DSHS. The monitors/employees only function is to provide medication management to the residents at the facility.

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.)

Abundance Living Inc PREA Policy
Assessments/Reassessments
Resident files

Interviews:

Staff Responsible for Risk Screening
Random Sample of Residents
PREA Coordinator

Site Observations:

Records of initial assessments and reassessments

Findings: Screening for risk of victimization and abusiveness.

115.241 (a). Abundance Living Inc PREA Policy: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other resident. 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. The auditor conducted a resident file review and determined that residents are assessed upon arrival.

115.241 (b). Abundance Living Inc PREA 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: 160. 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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 residents 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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: 160. The auditor conducted interviews with staff Responsible for Risk Screening and a Random Sample of Residents during the onsite portion of the audit. The auditor reviewed files for the initial assessment and reassessment for risk of sexual victimization or abusiveness.

115.241 (g). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA Policy: ABL implements 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.)

Abundance Living Inc PREA Policy
PREA Risk Assessments/Reassessments
Dorm room/bathroom/shower with privacy
Transgender Review

Interviews:

PREA Coordinator
Staff responsible for risk screening
Transgender/Intersex residents (no residents assigned)
LGBTI residents (no residents assigned)

Site Observations:

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

Findings: Use of screening information.

115.242 (a). Abundance Living Inc PREA Policy: ABL uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed the PREA coordinator and staff responsible for risk screening during the audit. The facility did not have any assigned residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (b). Abundance Living Inc PREA Policy: ABL makes 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. The facility did not have any assigned residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (c). Abundance Living Inc PREA 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 residents health and safety, and whether the placement would present management or security problems. The auditor interviewed the PREA coordinator during the onsite audit. The facility did not have any assigned residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (d). Abundance Living Inc PREA 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 and staff responsible for risk screening during the onsite portion of the audit. The facility did not have any assigned residents who identified as transgender or intersex during the onsite portion of the audit.

115.242 (e). Abundance Living Inc PREA Policy: Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The auditor interviewed the following staff: PREA coordinator and staff responsible for risk screening during the onsite portion of the audit. The facility did not have any assigned residents who identified as transgender or intersex during the onsite portion of the audit.

The auditor conducted a site review of the dorms and each dorm had rooms, door for privacy, a bathroom with a full door and the shower also had a full curtain for privacy with no possibility of cross-gender viewing. There was sufficient privacy to house residents and residents who identified as transgender and intersex is needed.

115.242 (f). Abundance Living Inc PREA Policy: ABL does 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 Facility Director explained how the facility utilized the screening information for these decisions. In the past 12 months, there have been no high risk of sexual abuse or harassment clients at this time requiring program assignments.

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.)

Abundance Living Inc PREA 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, Abundance Living Inc. wants to know. We want you to report right away. Why?

- We want 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 irrelevant information and support services.

How to report:

Abundance Living Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Rape Crisis Hotline at (phone number provided)
- Call Montrose Center at (phone number and address provided)
- 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.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).
- 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:

Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email.

Findings: Resident Reporting.

115.251 (a). Abundance Living Inc PREA Policy: ABL provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor conducted interviews with a random sample of staff and a random sample of residents during the onsite portion of the audit. The facility had multiple ways and options posted and displayed in each dorm room for easy accessibility and access if needed.

115.251 (b). Abundance Living Inc PREA Policy: ABL informs 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. The facility provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment. Residents are made aware of methods of reporting available to them through the PREA Orientation packet upon arrival through intake, Sexual Assault Awareness brochure, PREA Ombudsman Office and continuously by posters displayed throughout the facility.

115.251 (c). Abundance Living Inc PREA Policy: Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The auditor conducted interviews with a random sample of staff and a random sample of residents during the onsite portion of the audit. In the past 12 months, there have been no third-party reports of sexual abuse or sexual harassment.

115.251 (d). Abundance Living Inc PREA Policy: The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. ABL staff have access to private reporting by calling the PREA Ombudsman Office. The auditor conducted an interview with a random sample of staff during the onsite portion of the audit.

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 files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes 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.)

Abundance Living Inc PREA Policy
Grievance Log/Grievance Tracking Log

Interviews:

PREA Compliance Manager

Site Observations:

Resident Handbook
Grievance Log

Findings: Exhaustion of administrative remedies.

115.252 (a). Abundance Living Inc PREA Policy: ABL has an administrative procedure for dealing with resident grievances regarding sexual abuse. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (b). Abundance Living Inc PREA Policy: ABL will not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section restricts ABL'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. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (c). Abundance Living Inc PREA Policy: ABL ensures 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. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (d). Abundance Living Inc PREA Policy: ABL will 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. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (e). Abundance Living Inc PREA 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. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (f). Abundance Living Inc PREA Policy: ABL has established 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. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

115.252 (g). Abundance Living Inc PREA Policy: ABL 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. There were no reports made by any resident in past 12 months of a sexual abuse through a grievance during the audit process.

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.)

Abundance Living Inc PREA Policy
Memorandum of Understanding-Montrose Center
Montrose Center Information

Interviews:

Random Sample of Residents
Residents who reported sexual abuse

Site Observations:

Montrose Center Information

How to report:

Abundance Living Inc. offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Houston Rape Crisis Hotline at (phone number provided)
- Call Montrose Center at (phone number and address provided)
- 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.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on behalf by calling (phone number provided).

- 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:

Abundance Living Inc. has partnered with the Montrose Center to provide survivors of sexual abuse with emotional support services. To access these services, contact the Montrose Center (phone number provided) or send a letter to Montrose Center (address provided).

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email.

Findings: Resident access to outside confidential support services.

115.253 (a). Abundance Living Inc PREA Policy: provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The facility secured a Memorandum of Understanding (on 12/10/2020) with the Montrose Center to provide survivors of sexual abuse with emotional support services. The facility provided the residents in each dorm room with the address and phone number if needed in both English and Spanish. The auditor conducted interviews with a Random Sample of Residents who were aware of the information posted in their dorm rooms. There were no residents who reported sexual abuse onsite for interviews during the audit.

115.253 (b). Abundance Living Inc PREA 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. The facility secured a Memorandum of Understanding (on 12/10/2020) with the Montrose Center to provide survivors of sexual abuse with emotional support services. The facility provided the residents in each dorm room with the address and phone number if needed in both English and Spanish. The auditor conducted interviews with a Random Sample of Residents who were aware of the information posted in their dorm rooms. There were no residents who reported sexual abuse onsite for interviews during the audit.

115.253 (c). Abundance Living Inc PREA Policy: Abundance Living entered 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 auditor reviewed the Memorandum of Understanding between Abundance Living and the Montrose Center signed by both parties and dated 12/10/2020.

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.)

Abundance Living Inc PREA Policy
Resident Handbook
Third Party Poster

Findings: – Third-party reporting.

115.254 (a). Abundance Living Inc PREA Policy: ABL established 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.

PREA Ombudsman Office: reporting sexual assaults to staff, residents, family, and friends, and providing helpful information. The contact information: PREA Ombudsman phone numbers, addresses, and email; Office of Inspector General addresses, phone numbers, and email; TDCJ Ombudsman

Office addresses, phone numbers and email; TDCJ Parole Division Ombudsman addresses, phone numbers and email.

TDCJ Correctional Institutions Division: Safe Prisons/PREA Program Management Office, addresses, phone numbers and email. General Offender status information may be obtained at www.tdcj.texas.gov. Agency Toll-free telephone number (listed).

Brochure with the following information: 1. What is PREA, 2. Zero-Tolerance Policy, 3. Texas Response to Sexual Assaults in Correctional Facilities, 4. PREA Ombudsman Office.

Prison Rape Elimination Act sign with the following information: Stop Rape Now, No Means No, Zero-Tolerance on Sexual Harassment. Please report allegations to staff/proper authorities. PREA Ombudsman Office address, phone number and email; Office of Inspector General (OIG) address, phone number and email.

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.)

Abundance Living Inc PREA Policy
 Employee Training
 PREA Reports

Interviews:

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

Site Observations:

Sample of reports/Investigations

Findings: Staff and agency reporting duties.

115.261 (a). Abundance Living Inc PREA Policy: 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 which have all been trained as first responders.

115.261 (b). Abundance Living Inc PREA 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 which have all been trained as first responders.

115.261 (c). Abundance Living Inc PREA 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 facility does not employ Medical health staff or Mental Health staff at the facility.

115.261 (d). Abundance Living Inc PREA 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 portion of the audit.

115.261 (e). Abundance Living Inc PREA Policy: ABL reports 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.)

Abundance Living Inc PREA Policy:

Interviews:

Agency Head/Director
Random Sample of Staff

Findings: Agency protection duties.

115.262 (a). Abundance Living Inc PREA Policy: When ABL 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 Facility Director 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.)

Abundance Living Inc PREA Policy

Interviews:

Agency Head/Director

Site Observations:

No reports received from other confinements.

Findings: Reporting to other confinement facilities.

115.263 (a). Abundance Living Inc PREA 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. No reports were received from other confinements.

115.263 (b). Abundance Living Inc PREA Policy: Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. No reports were received from other confinements.

115.263 (c). Abundance Living Inc PREA Policy: ABL documents that it has provided such notification ensures that the allegation is investigated in accordance with PREA Standards. No reports were received from other confinements.

115.263 (d) Abundance Living Inc PREA 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. No reports were received from other confinements.

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.)

Abundance Living Inc PREA Policy
Staff First Responders
PREA Reports

Interviews:

Security Staff and Non-Security staff first responders
Random Sample of Staff

Findings: Staff first responder duties.

115.264 (a). Abundance Living Inc PREA 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 no Residents who Reported a Sexual Abuse assigned to the facility during the audit.

115.264 (b). Abundance Living Inc PREA 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.)

Abundance Living Inc PREA Policy

Interviews:

Facility Director

Findings: Coordinated response.

115.265 (a). Abundance Living Inc PREA Policy: As ABL is a substance abuse transitional treatment center, it does not have security staff, medical personnel, or mental health practitioners. The agency has developed written procedures regarding coordination of staff actions, to include leadership, taken in response to an incident of sexual abuse. The auditor conducted an interview with the Facility Director 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.)

Abundance Living Inc PREA Policy

Interviews:

Facility Director

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

115.266 (a). Abundance Living Inc PREA Policy: Neither ABL 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. Nothing in this standard restricts the entering into or renewal of agreements that govern: the conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.272 and 115.276. Whether a no-contract assignment that is imposed pending the outcome of an investigation is to be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. 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.)

Abundance Living Inc PREA Policy
PREA Retaliation monitoring
PREA Investigation

Interviews:

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

Site Observations:

PREA Investigation

Findings: Agency protection against retaliation.

115.267 (a). Abundance Living Inc PREA Policy: ABL protects 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). Abundance Living Inc PREA Policy: ABL employs 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 there were no Residents who Reported a Sexual Abuse during the onsite portion of the audit.

115.267 (c). Abundance Living Inc PREA Policy: For at least 90 days following a report of sexual abuse, the ABL 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 number of times an incident of retaliation occurred in the past 12 months: 0. The auditor conducted an interview with the Director or Designee and Designated Staff Member Charged with Monitoring Retaliation.

115.267 (d). Abundance Living Inc PREA 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. The auditor reviewed a sexual abuse investigation during the onsite portion of the audit.

115.267 (e). Abundance Living Inc PREA 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 Facility Director 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.)

Abundance Living Inc PREA Policy
PREA Specialized Investigative staff and curricula
Memorandum of Understanding-Montrose Center
PREA Investigations

Interviews:

Investigative Staff

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

Site Observations:

Sample of investigative reports

Investigation Review: The facility had a one investigation of alleged staff-on-resident sexual harassment that was 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 staff-on-resident sexual harassment report was investigated and determined to be unsubstantiated which was conducted by a facility investigator. The case was unsubstantiated. The resident departed and the retaliation monitor was no longer required.

Description	Status	Type
Staff-on-Resident	Unsubstantiated	Administrative

115.271 (a). Abundance Living Inc PREA Policy: ABL does not conduct its own criminal investigations of sexual abuse and sexual harassment. All criminal investigations are referred to the local law enforcement. The facility conducts administrative agency investigations. The auditor conducted interviews with the facility administrative investigators during the audit process. 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). Abundance Living Inc PREA Policy: The Program Director will ensure a thorough incident report is completed along with written statements, verbal statements, and any other data collected is forwarded to the Texas Department of State Health Services (TDCJ) for formal investigation. Efforts will be made to preserve physical data. The auditor reviewed the files of staff who received the specialized training/transcript and certificate of completion. The specialized training was completed during the onsite portion of the audit.

115.271 (c). Abundance Living Inc PREA Policy: Administrative investigations by ABL include an effort to determine whether staff actions or failures to act contributed to the abuse and investigation is documented in written reports that include a description of the physical testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 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. The specialized training was completed during the onsite portion of the audit.

115.271 (d). Abundance Living Inc PREA Policy: ABL retains all written reports referenced above for as long as the alleged abuser is housed at the facility or employed by the agency, for a period of five years. The auditor interviewed investigative staff who were trained to conduct sexual abuse investigations. A sample of investigative reports were reviewed by the auditor. There were no residents onsite who reported sexual abuse during the onsite portion of the audit.

115.271 (e). Abundance Living Inc PREA Policy: The departure of the alleged abuser or victim from the employment or control of ABL does not provide a basis for terminating an investigation. 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 investigative staff who were trained to conduct sexual abuse investigations. A sample of investigative reports were reviewed by the auditor. There were no residents onsite who reported sexual abuse during the onsite portion of the audit.

115.271 (f). Abundance Living Inc PREA Policy: Any State entity or Department of Justice component that conducts such investigations does so pursuant to the above requirements. 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). Abundance Living Inc PREA 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 an investigative report was reviewed.

115.271 (h). Abundance Living Inc PREA Policy: Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The auditor conducted an interview with investigative staff and one investigative report was reviewed.

115.271 (i). Abundance Living Inc PREA Policy: ABL retains 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 one investigative report was reviewed.

115.271 (j) Abundance Living Inc PREA 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) Abundance Living Inc PREA 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 Facility Director, 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.)

Abundance Living Inc PREA 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). Abundance Living Inc PREA 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.)

Abundance Living Inc PREA 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.

Site Observations:

Sample of investigative reports

Investigation Review: The facility had a one investigation of alleged staff-on-resident sexual harassment that was 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 staff-on-resident sexual harassment report was investigated and determined to be unsubstantiated which was conducted by a facility investigator. The case was unsubstantiated. The resident departed and the retaliation monitor was no longer required.

Description	Status	Type
Staff-on-Resident	Unsubstantiated	Administrative

Findings: Reporting to residents.

115.273 (a). Abundance Living Inc PREA 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 Facility Director, Investigative Staff, and no Residents who Reported a Sexual Abuse were onsite for interviews.

115.273 (b). Abundance Living Inc PREA Policy: If ABL did not conduct the investigation, it requests 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). Abundance Living Inc PREA 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. There were no Residents who Reported a Sexual Abuse assigned to the facility during the onsite portion of the audit.

115.273 (d). Abundance Living Inc PREA 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. There were no Residents who Reported a Sexual Abuse assigned to the facility during the onsite portion of the audit.

115.273 (e). Abundance Living Inc PREA 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: 0. The number of those notifications that were documented: 0. The facility had one investigation and the resident department prior to the completion of the investigation.

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.)

Abundance Living Inc PREA Policy

Site Observations:

Sample records/documentation

Findings: Disciplinary sanctions for staff.

115.276 (a). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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.)

Abundance Living Inc PREA Policy

Interviews:

Facility Director

Findings: Corrective Action for Contractors and Volunteers.

115.277 (a). Abundance Living Inc PREA Policy: Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and is reported to law enforcement agencies unless the activity was clearly not criminal 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). Abundance Living Inc PREA Policy: ABL takes appropriate remedial measures, and considers whether to prohibit further contact with resident's, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor 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.)

Abundance Living Inc PREA Policy
Resident Acknowledgement of rules and regulations
Resident Handbook

Interviews:

Facility Director

Findings: Disciplinary sanctions for residents.

115.278 (a). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA Policy: As ABL offers counseling and other interventions designated to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

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. The facility does not employ medical or mental health staff.

115.278 (e). Abundance Living Inc PREA Policy: ABL 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA Policy: ABL 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.)

Abundance Living Inc PREA Policy
Memorandum of Understanding-Montrose Center

Interviews:

Medical and Mental Health Staff (none employed by facility)
Residents who Reported a Sexual Abuse
Security Staff and Non-Security Staff First Responders (Residential monitor/counselors)

Findings: Access to emergency medical and mental health services.

115.282 (a). Abundance Living Inc PREA 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 facility does not employ Medical or Mental Health Staff and there were no Residents who Reported a Sexual Abuse on the facility. The facility had Memorandums of Understanding with Montrose Center. ABL does not have on-staff medical or mental health practitioners, first responder staff take preliminary steps to protect the victim pursuant to 115.262 and immediately notify administrative staff to include Program Director, Executive Director and counselors who will ensure the victim has access to medical/treatment health personnel by referral to the local emergency room.

115.282 (b). Abundance Living Inc PREA 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 Staff First Responders (Residential Monitors, Counselors, and Facility Director) during the onsite portion of the audit. The facility had Memorandums of Understanding with the Montrose Center.

115.282 (c). Abundance Living Inc PREA 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 facility does not employ Medical and Health Staff and there were no Residents who Reported a Sexual Abuse on the facility. The facility had Memorandums of Understanding with the Montrose Center.

115.282 (d). Abundance Living Inc PREA 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 Montrose 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.)

Abundance Living Inc PREA Policy
Memorandum of Understanding-Montrose Center

Interviews:

Medical and Mental Health Staff (no medical staff employed at the facility)
Residents who Reported a Sexual Abuse

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

115.283 (a). Abundance Living Inc PREA Policy: ABL offers 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). Abundance Living Inc PREA 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 facility does not employ medical or mental health staff. There were no residents onsite who reported sexual abuse during the audit.

115.283 (c). Abundance Living Inc PREA Policy: ABL provides, through referrals, 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). Abundance Living Inc PREA Policy: The facility does not house female residents and had a population of male residents. The facility does not employ medical or mental health staff. There were no residents onsite who reported sexual abuse during the audit.

115.283 (e). Abundance Living Inc PREA Policy: The facility does not house female residents and had a population of male residents. The facility does not employ medical or mental health staff. There were no residents onsite who reported sexual abuse during the audit.

115.283 (f). Abundance Living Inc PREA Policy: Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The facility does not employ medical or mental health staff. There were no residents onsite who reported sexual abuse during the audit.

115.283 (g). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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 facility does not employ medical or mental health staff. There were no residents onsite who reported sexual abuse during 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.)

Abundance Living Inc PREA Policy
Sexual Abuse Incident Review

Interviews:

Director/PREA Coordinator
Incident Review Team

Site Observations:

Investigation Review: The facility had a one investigation of alleged staff-on-resident sexual harassment that was 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 staff-on-resident sexual harassment report was investigated and determined to be unsubstantiated which was conducted by a facility investigator. The case was unsubstantiated. The resident departed and the retaliation monitor was no longer required.

Description	Status	Type
Staff-on-Resident	Unsubstantiated	Administrative

Findings: Sexual abuse incident reviews.

115.286 (a). Abundance Living Inc PREA Policy: ABL conducts 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: 1.

115.286 (b). Abundance Living Inc PREA 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: 1.

115.286 (c). Abundance Living Inc PREA Policy: The review team shall include upper-level management officials, with input from line supervisors, investigators, and reports from medical or mental health practitioners will be included. The auditor conducted an interview with the Director or Designee during the audit.

115.286 (d). Abundance Living Inc PREA Policy: (1) Considers 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). Abundance Living Inc PREA Policy: ABL implements 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.)

Abundance Living Inc PREA Policy
Annual Reports

Findings: Data collection.

115.287 (a/c). Abundance Living Inc PREA Policy: ABL collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using 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). Abundance Living Inc PREA Policy: ABL aggregate the incident-based sexual abuse data at least annually.

115.287 (d). Abundance Living Inc PREA Policy: ABL 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). Abundance Living Inc PREA 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). Abundance Living Inc PREA 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.)

Abundance Living Inc PREA Policy

Interviews:

Agency Head

PREA Coordinator

Findings: Data review for corrective action.

115.288 (a). Abundance Living Inc PREA Policy: ABL reviews 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. The auditor conducted interviews with the Facility Director regarding the annual data.

115.288 (b). Abundance Living Inc PREA 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. The auditor reviewed the annual data in comparison to the previous year.

115.288 (c). Abundance Living Inc PREA Policy: ABL'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. The facility does not have a website but does make the reports readily available to the public.

115.288 (d). Abundance Living Inc PREA Policy: ABL 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

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.)
Abundance Living Inc PREA Policy

Annual Reports

Interviews:

PREA Coordinator

Findings: Data storage, publication, and destruction.

115.289 (a). Abundance Living Inc PREA Policy: ABL ensures that data collected pursuant to § 115.287 are securely retained. The auditor conducted an interview with the Facility Director/PREA Coordinator during the onsite portion of the audit.

115.289 (b). Abundance Living Inc PREA Policy: ABL makes 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.

115.289 (c). Abundance Living Inc PREA Policy: Before making aggregated sexual abuse data publicly available, ABL will remove all personal identifiers. The auditor conducted an interview with the Facility Director/PREA Coordinator during the onsite portion of the audit.

115.289 (d). Abundance Living Inc PREA Policy: ABL maintains sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the collection unless Federal, State, or local law requires otherwise. The auditor conducted an interview with the Facility Director/PREA Coordinator during the onsite portion of the audit.

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 Abundance Living Incorporation 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.

Abundance Living Incorporation will ensure that the auditor's final report is published and made publicly available to the public.

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

2/1/2021

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.