

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

Interim Final

Date of Interim Audit Report: - N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 2/16/2021

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 78102
Telephone: (210) 790-7402	Date of Facility Visit: Nov. 17-18, 2020

Agency Information

Name of Agency: Land Manor, Inc			
Governing Authority or Parent Agency (If Applicable): -			
Physical Address: 4655 Collier St.		City, State, Zip: Beaumont Texas 77706	
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: Carl White, LCDC	
Email: cwhite@landmanor.org	Telephone: (409) 838-3946

Agency-Wide PREA Coordinator

Name: Jessica Bean, LCDC	
Email: jbean@landmanor.org	Telephone: (409) 838-3946
PREA Coordinator Reports to: Associate Executive Director	Number of Compliance Managers who report to the PREA Coordinator: 2

Facility Information

Name of Facility: Franklin House South

Physical Address: 1635 Avenue A

City, State, Zip: Beaumont Texas 77701

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: -

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: Vacant

Email: -

Telephone: -

Facility PREA Compliance Manager

Name: Jessica Bean, LCDC

Email: jbean@landmanor.org

Telephone: (409) 838-3946

Facility Health Service Administrator N/A

Name: -

Email: -

Telephone: -

Facility Characteristics	
Designated Facility Capacity:	48
Current Population of Facility:	38
Average daily population for the past 12 months:	22
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 days
Facility security levels/resident custody levels	low
Number of residents admitted to facility during the past 12 months	259
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	258
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	232
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input 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 checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	13
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>	1
<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>	1
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	1
<p>Number of open bay/dorm housing units:</p>	7
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>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:</p>	<p>0</p>
<p>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.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>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?</p>	<p>3</p>
<p>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</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><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</p>

Audit Findings

Audit Narrative (including Audit Methodology)

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 Land Manor, Incorporation-Franklin House South in Beaumont, Texas was conducted on November 17-18, 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.

CDC COVID Procedures:

The facility was 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 access of the facility and answer COVID-19 questions as part of the protocol, present identification as part of the process. The auditor was required to remain 6 feet apart from others, wear a mask covering my nose and mouth, use of 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. 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. The auditor and facility point of contact maintained good communication overall through emails and phone calls due to the rescheduling of the audit because of COVID-19 and overall safety of everyone involved.

Notice of Audit:

The Franklin House South posted the notice of audit on 9/25/2020 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 housing units on large dayroom area. The auditor observed the notice of audit in the Food service/visitation area, resident work areas, and offices. The auditor observed the notice of audit dated 9/25/2020 during the site review and through random resident interviews identifying the notice of audit was posted in both English and Spanish.

Correspondence:

The residents at the facility were given the opportunity to write the auditor in a confidential manner if needed. The auditor did not receive resident correspondence from Franklin House South prior to the audit. 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 the housing areas, hallways and dayrooms 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 closets. There was no pressure during the audit or prohibited access by the Agency Chief Executive Officer, Associate Executive Director and PREA Compliance Manager 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, Agency Chief Executive Officer and Associate Executive Director maintained constant communication throughout the duration of the audit. The auditor established a positive working rapport with the Facility Administration engaging in a productive working atmosphere. The Agency Chief Executive Officer and Associate Executive Director were both receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Agency Chief Executive and Associate Executive Director 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 Agency Chief Executive Officer 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 Agency Chief Executive Officer, PREA compliance manager and auditor discussed information regarding the 90-day appeal process.

Litigation/Internet Search:

The Agency Chief Executive Officer and Associate Executive Director were interviewed during the onsite portion of the audit and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding Land Manor Franklin House South with the following website links and information:

<https://www.rehab.com/land-manor-franklin-house/6587262-r>

[https://www.addiction-programs.net/directory/...](https://www.addiction-programs.net/directory/)

Point of Contact:

A point of contact (POC) was established with the Agency Chief Executive Officer and Associates Executive 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 Land Manor, Inc/Franklin House South secured a Memorandum of Understanding with the Rape and Suicide Crisis Center of Southwest Texas dated 1/14/2020. The Rape and Suicide Crisis Center of Southeast Texas, Inc. and Land Manor, Inc/Franklin House South agrees to provide the services specified in the agreement. The Rape and Suicide Crisis of Southeast Texas Inc. agreed to provide services for adult clients diagnosed with chemical abuse and or dependence such as survivors of sexual assault, were molested as children, were victims of sexual harassment, and suffer from rape trauma syndrome and/or Post Traumatic Stress disorder. Services provided by the Rape and Suicide Crisis Center of Southwest Texas, Inc. will include the following: screenings, assessments, individual and group counseling, educational groups, case management and referrals. The auditor reached out to the Executive Director and conducted a telephonic interview on 4/20/2020 regarding the Memorandum of Understanding and services provided by the Crisis Center. The Executive Director explained that the facility administration and center had a good working relationship and worked together through COVID. The Executive Director expressed that the facility maintains communication with Land Manor on a frequent basis.

Video Surveillance:

The Franklin House South had three surveillance cameras on the facility in the following locations: front entrance, right side of back yard and on the left side of the back yard. The recordings are available for the past year and are serviced by Grinnell. The auditor conducted a camera review during the onsite portion of the audit and reviewed the cameras on different dates and times. The auditor reviewed all the cameras and navigated through them with clear coverage and in working condition. There were no cameras in the housing areas and none in view of the bathroom or resident housing.

On-Site Audit Phase:

The site review was conducted on 11/17/2020 and the introductory meeting was held with the Associate Executive Director, PREA Compliance Manager and Texas Department of Criminal Justice (TDCJ) oversight staff. The auditor and director discussed the logistics of a workspace to conduct staff, 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 Associate Executive Director, PREA Compliance Manager and Texas Department of Criminal Justice (TDCJ) oversight staff for the site review.

The auditor observed the daily operations at the facility on both days of the audit 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: front entrance, house manager's office, living/dining area, room 1, bathroom, room 2, hallway, room 3, bathroom, room 4, kitchen, storage, laundry room, storage, staff bathroom, group room/conference room, counselor office, bathroom, room 7/DSHS, hallway, room 8, bathroom, room 5, counselor offices, administrative assistant, program director office, recreation area outside and parking lot.

The Executive Director, Associate Executive Director, PREA Compliance Manager and TDCJ contract monitor accompanied the auditor during the site review on 11/17/2020. The auditor observed the house managers 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 38 male residents. The auditor observed the notice of audit in both English and Spanish dated 9/25/2020 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 house manager 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 housing manager 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, Franklin House South 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:

Franklin House South offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call the Beaumont Police Department (phone number 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 Franklin House South Program Director at (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:

Franklin House South has partnered with the Victim Advocacy Agency to provide survivors of sexual abuse with emotional support services. To access these services, please contact or send a letter to:

- Rape and Suicide Crisis Center of Southeast Texas (address and phone number provided)
- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

The Franklin House South had a PREA sign posted by the resident phones with the following information: If you feel you have been sexually harassed, abused or assaulted, report this to a staff member immediately. You may do so verbally or in writing. You may use the staff telephone at any time to contact any of the following:

- Beaumont Police Department (address and phone number)
- Parole Office (address and phone number)
- Probation Office (address and phone number)
- PALM Center (address and phone number)
- Rape Crisis Center (address and phone number)
- Family Service (address and phone number)
- Jefferson County Victim Assistance (address and phone number)
- PREA Ombudsman office (address, fax, phone number, email address)
- Office of Inspector General (address, fax, phone number, email address)
- TDCJ Ombudsman Office (address, fax, phone number, email address)
- TDCJ Parole Division Ombudsman (address, fax, phone number, email address)

Staff telephones are located in the House Manager's Office, Administrative Assistant Office, Program Director's Office, and each Counselor Office. General Offender status information may be obtained at www.tdcj.texas.gov Agency Toll-Free telephone number 1-800-***-****. You have the right to be free from sexual abuse and sexual harassment. You have the right to be free from retaliation for reporting sexual abuse and sexual harassment. This form is provided to each resident upon arrival to include the residents signature that they understood the rights concerning PREA. The counselor is required to sign and date the form upon completion.

Food Service: The auditor observed the Food Service Department on 11/17/2020 and randomly informally interviewed the house manager which had been employed with the facility for eleven years. The food service area was small with the PREA signs displayed in both English and Spanish for staff and residents. The auditor observed the dry storage area to be open with no clutter in the area. The food service department had a freezer #2 and #4. There were no surveillance cameras in the food service department. The informal interview determined that breakfast was served between 6:00AM-7:00AM Monday through Friday (including weekend schedule); Lunch was served between 12:00 noon-12:30PM Monday through Friday (including weekend schedule), and dinner was served between 5:00PM-5:30PM Monday through Friday (including weekend schedule).

The No Means No signs were displayed in the food service department.

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- 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:

Franklin House South offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call the Beaumont Police Department (phone number 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 Franklin House South Program Director at (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:

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- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

The dayroom/programming was being utilized for group during the site review. The auditor observed residents discussing rules, regulations, and responsibilities with open dialogue amongst the group. The dayroom had working pay phones with no surveillance cameras in the area. The PREA phone numbers were displayed next to the phones for easy accessibility.

The Franklin House South had a PREA sign posted by the resident phones with the following information: If you feel you have been sexually harassed, abused or assaulted, report this to a staff member immediately. You may do so verbally or in writing. You may use the staff telephone at any time to contact any of the following:

- Beaumont Police Department (address and phone number)
- Parole Office (address and phone number)
- Probation Office (address and phone number)
- PALM Center (address and phone number)
- Rape Crisis Center (address and phone number)
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The dayroom was a large open space utilized as dayroom use, visitation, programs, with a TV, tables, desk, chairs, vending machine and pay phones. There was a second bulletin board with the same information displayed in the dayroom for all residents.

Resident Housing Dorm 8 & 5: The auditor observed opposite gender staff knock on the door and announce prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The auditor observed the sign on the wall that said, "Opposite Gender Must knock and announce themselves before entering". The Notice of Audit was displayed in each hallway and living area in both English and Spanish of the audit with the auditor's full name, address, and information. The opposite gender announcement was also displayed in the resident bathroom area for all staff. The rooms had lockers, beds, a bathroom with a full door, sinks, good lighting, another door inside the bathroom that separated the sink area and the shower area. The shower area and toilet had a door for additional privacy and a shower curtain in the shower area for the resident population and privacy. There were no surveillance cameras in the housing areas and residents were provided with plenty of privacy from the opposite gender, staff, and residents. The living areas were clean, free of clutter and organized during the site review.

The zero tolerance posters were displayed in the hallways and bulletin boards throughout the facility and resident housing units in both English and Spanish.

The No Means No were displayed with the following information.

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Franklin House South 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:

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- Call the Beaumont Police Department (phone number 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 Franklin House South Program Director at (phone number provided).
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- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

Resident Housing Dorm 1, 2, 3, & 4: The auditor observed opposite gender staff knock on the door and announce prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The auditor observed the sign on the wall that said, "Opposite Gender Must knock and announce themselves before entering". The Notice of Audit was displayed in each hallway and living area in both English and Spanish of the audit with the auditor's full name, address, and information. The opposite gender announcement was also displayed in the resident bathroom area for all staff. The rooms had lockers for storage, bunk beds and a separate with two toilets, a shower curtain and a half curtain with privacy and no cross-gender viewing from the opposite gender. There were no surveillance cameras in the housing areas and residents were provided with plenty of privacy from the opposite gender, staff, and residents. The dorm had a small closet with a door. The auditor walked across through the restroom area to the other dorm. The other dorm was facilitated with bunks, lighting, lockers, and an exit door into the hallway. The zero tolerance posters were displayed in the hallways and bulletin boards throughout the facility and resident housing units in both English and Spanish.

The No Means No

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Franklin House South 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:

Franklin House South offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call the Beaumont Police Department (phone number 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 Franklin House South Program Director at (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:

Franklin House South has partnered with the Victim Advocacy Agency to provide survivors of sexual abuse with emotional support services. To access these services, please contact or send a letter to:

- Rape and Suicide Crisis Center of Southeast Texas (address and phone number provided)
- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

The bulletin boards in the hallway had the Notice of Audit dated 9/25/2020 in both English and Spanish. The following information was displayed:

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The Laundry room had a bulletin board with the PREA information in both English and Spanish displayed for the residents. There were no cameras in the laundry area, but the location is right next to the food service department and visible from the dayroom and upon entrance to the facility. The laundry area had two washers and two dryers for resident use. There was a closet with lighting observed by the auditor and an ice machine in the area. The laundry schedule was displayed in the area for the residents. There was a staff restroom observed to be labeled for staff use. The auditor observed and utilized the facility conference room for the audit process.

The auditor observed the other hallway and housing areas during the site review. Dorm housing #5 had a full door with the opposite gender announcement displayed on the door.

The auditor observed opposite gender staff knock on the door and announce prior to entering the dorm. Staff of the opposite gender stopped at the door, knocked, and verbally announced their presence prior to entering the resident housing area. The auditor observed the sign on the wall that said, "Opposite Gender Must knock and announce themselves before entering". The Notice of Audit was displayed in each hallway and living area in both English and Spanish of the audit with the auditor's full name, address, and information. The opposite gender announcement was also displayed in the resident bathroom area for all staff. The rooms had lockers, beds, a bathroom with sinks, good lighting, and privacy. The shower area and toilet had a door for additional privacy and a shower curtain in the shower area for the resident population and privacy. There were no surveillance cameras in the housing areas and residents were provided with plenty of privacy from the opposite gender, staff, and residents. The living areas were clean, free of clutter and organized during the site review.

The zero tolerance posters were displayed in the hallways and bulletin boards throughout the facility and resident housing units in both English and Spanish.

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There were several counselor offices and DSHS offices on the facility with no cameras and PREA information in all the areas. The auditor walked to the back door to the outside of the facility where the residents were allowed to recreate. There was one camera in the back with full view of the area. There was one shed utilized as a food storage and another utilized for the ground tools. The front parking lot was observed in the front utilized for staff and visitor parking.

The resident population was comprised of male adult residents with a total of 38 on 11/17/2020. The auditor entered through the front entrance/parking area. The auditor was required to present identification at the technician's office where all residents and staff must present ID.

All residents and staff were required to follow CDC COVID rules and regulations by wearing a mask at all times, temperature check, questions, and the continuous wash of hands/hand sanitizer. The COVID signs were displayed throughout the facility for all staff and residents. The auditor was provided with a workspace 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 20 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 13 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 38 on 11/17/2020.

Investigation Review: The facility did not have any sexual abuse reports or investigations of alleged staff-on-resident sexual harassment that were completed by the facility in the past 12 months. The auditor reviewed the policy and procedures and conducted interviews with investigative staff. The auditor conducted interviews with the residents of the reporting procedures and PREA laws.

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 Land Manor/Franklin House South 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 17-18, 2020, in a private setting on an individual basis with no distractions or delays. The staff selections consisted of employees on different shifts and specialized staff utilizing the Paper Audit Instrument (PAI) for Community Confinement which included the pre-audit questionnaire, auditor compliance tool and instructions for the interview protocols.

Staff Interview Category	
Agency head or designee/Agency contract Administrator	1
Associate Executive Director/Investigative Staff/Staff on incident review team/	1
PREA Coordinator/Investigative Staff/designated staff charged with monitoring for retaliation	1
Random Staff* (<i>diverse cross-section of work assignments and one from each shift</i>)	6
Specialized Staff	8
Medical Health staff	None employed by facility
Non-medical staff involved in cross-gender strip or visual searches	0
Administrative (human resources) staff	1
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff	None employed by facility
Volunteers who have contact with inmates	0
Contractors who have contact with inmates	0
Staff who perform screening for risk of victimization and abusiveness/i	2
First responders, non-security staff	1
Intake	1

Resident Interviews:

The auditor conducted the resident interviews on November 17-18, 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. The Land Manor Franklin House South population on the first day of the audit was 38.

Facility population	38
Community Confinement Facility	
Interview Type	Total 20
Overall Minimum Number	
Minimum Random	10
Minimum Targeted	10
Breakdown of Targeted (Random Interviews conducted in lieu of the no residents onsite meeting the target population)	
Youthful Inmates (Random Interviews)	0
Inmates with a Physical Disability (Random Interviews)	0
Inmates who are Blind, Deaf, or Hard of Hearing (Random Interviews)	
Inmates who are LEP (Random Interviews)	0
Inmates with a Cognitive Disability (Random Interviews)	0
Inmates who identify as LGB (Random Interviews)	0
Inmates who identify as Transgender or Intersex (Random interviews)	0
Inmates Who Reported Sexual Abuse (Random Interviews)	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 11/18/2020 with the Land Manor-Franklin House South 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 17-18,2020, by Noelda Martinez, the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period. The facility was determined to have four exceed standards: 115.211, 115.231, 115.233, 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 Land Manor-Frank House South is located at 1635 Avenue A in Beaumont, Texas 77701. The facility onsite population was 38 on the first day of the audit. Land Manor, Inc. is a non-profit organization licensed by the Texas Department of State Health Services to provide you with the tools you need to achieve recovery from alcohol and drug addiction. Land Manor, Inc. operates three residential/outpatient substance abuse treatment programs and one intervention/outreach program and has been servicing Jefferson, Hardin, and Orange Counties, as well as all of Southeast Texas and beyond for over 50 years. Under the management of a board of directors and licensed and credentialed professionals, each facility maintains a staff of licensed counselors, counselor interns, direct care staff and administrative staff professionals. All facilities are located in Beaumont, Texas. Franklin House South is a 59-bed facility that offers a residential program for the Texas Department of Criminal Justice adult males.

The program uses the principles and teachings of behavior modification to help the client to grow emotionally, spiritually and to take responsibility for themselves. This facility also offers outpatient treatment. The auditor met with all the Executive Staff during the onsite portion of the audit which included the LCDC Executive Director, Associate Executive Director, and LCDC Quality Management. The facility had a vacancy for Facility Director, a designated PREA Compliance Manager, and no medical staff employed. The designated facility capacity was 48 and a current population of 38 during the site review. The average daily population for the past 12 months was 22. The facility has not been over capacity in the past 12 months. The age range population was 18 years and older. The average length of stay or time under supervision was 60 days and the number of residents admitted in the past 12 months was 259. The number of staff currently employed by the facility who may have contact with residents was 13 and staff hired by the facility during the past 12 months who may have contact with residents was 3. There were no contractors or volunteers assigned to the facility in the past 12 months due to COVID restrictions. The facility had one building and seven open/dorm housing units with no video surveillance cameras in the housing areas. The facility did not employ any medical or mental health staff.

The Land Manor Inc had a website page www.landmanor.org with the PREA Policies, Land Manor, Inc Zero Tolerance Policy and Third-Party Reporting providing information which included phone numbers, mailing addresses and online form. Referrals of allegations for investigation and links to the National PREA Resource Center, Land Manor, Inc. Coordinated Response Plan, and Land Manor, Inc PREA Compliance Report.

The mission of Land Manor, Inc. is to assist individuals to live independently within the confines of their particular disability. To accomplish this task, specific treatment modalities have been utilized in the program design of each substance abuse program.

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: 5

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

Standards Met

Number of Standards Met: 34

- 115.212 Contracting with other entities for the confinement of residents.
- 115.213 Supervision and monitoring.
- 115.214 Reserved.
- 115.215 Limits to cross-gender viewing and searches
- 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.
- 115.234 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.
- 115.243 Reserved.
- 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.
- 115.268 Reserved.
- 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.
- 115.281 Reserved.
- 115.282 Access to emergency medical and mental health services.
- 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.
- 115.286 Sexual abuse incident reviews.
- 115.287 Data collection.

115.288 Data review for corrective action.
115.289 Data storage, publication, and destruction

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: -

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.)

Land Manor Inc-Franklin House South PREA Policy

Organizational Chart

PREA Compliance Manager

Interviews:

PREA Coordinator/PREA Compliance Manager
Executive Director/Associate

Site Observations:

Organizational Chart
PREA Signs

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- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

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

115.211 (a) Land Manor, Inc. Franklin House South PREA Policy 448.601 (Q) had zero-tolerance towards all forms of sexual abuse and sexual harassment in the facilities. Land Manor, Inc. will not tolerate verbal or physical conduct by anyone which harasses, disrupts or that creates an intimidating, offensive or hostile environment. While all forms of harassment are prohibited it is the Agency's policy to emphasize that sexual harassment is specifically prohibited. It is the responsibility of each Supervisor and Program Director to maintain an environment free of any form of sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

115.211 (b) The Land Manor-Franklin House South had an organizational chart with the Executive Director, Associate Executive Director and Quality Management/PREA Coordinator assigned to the facility. The designation of upper-level staff to coordinate development and training awareness to all staff. Monitoring, implementing, and overseeing Franklin House South efforts to comply with PREA standards and in all residential programs. Executive Director and Associate Executive 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. The facility had the following information on the website: <http://www.landmanor.org/>

Prison Rape Elimination Act of 2003 (PREA)

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

Land Manor, Inc has a mandatory zero tolerance for all forms of Sexual Abuse and Sexual Harassment in all its facilities. Land Manor, Inc will comply with all PREA regulations as required.

Land Manor

PREA Coordinator

Contact Information

PREA Coordinator Office

MA/ PREA Coordinator

4655 Collier St.

Beaumont, TX 77706

Land Manor, Inc. Zero Tolerance Policy

Third Party Reporting

- Third Party Additional Reporting Method(s):
- PREA Ombudsman Office
- PO Box 99 Huntsville, TX 77342-0099 (936) 437-2133

If you wish you can send correspondence by mail or fill out below online form:

Mail a letter to the facility:

Land Manor, Inc,

4655 Collier St.
Beaumont, TX 77706

Online form:

Please complete the following to report allegations of sexual abuse, or sexual harassment through this website.

- First Name
- Last Name
- Address
- Email
- Phone
- Names and locations of alleged persons involved
- Add answer here
- Names of any witnesses to the alleged incident; Individual's number (if known) *
- Add answer here
- Brief description of the alleged incident *
- Add answer here
- Date, time, and location of where the alleged incident occurred *
- Add answer here

Submit Answers

Referrals of allegations for investigation
(corresponding to 115.222 PREA)

Land Manor, Inc. shall ensure that all allegations of sexual assault/harassment/assault are referred for investigation to the Beaumont Police Department if the client wishes to provide a report.

Upon knowledge of allegations, the Program Director/designee or PREA Coordinator shall immediately contact the TDCJ Contract Monitor within 1 hour and the EAC at the direction of the Contract Monitor. The allegation will also be reported to TDSHS within 24 hours.

Land Manor, Inc Investigators shall: Ensure that a criminal and/or administrative investigation is completed on all allegations of sexual abuse and/or sexual harassment. Shall fully cooperate in any and all investigations. As requested by local law enforcement, assist in gathering and preserving direct and circumstantial evidence. This may include collecting any available physical and DNA evidence and any available electronic monitoring data. As requested by local law enforcement, may interview alleged victims, suspected perpetrators, and witnesses.

Shall review prior complaints and reports of sexual abuse involving the suspected perpetrator and report those to local law enforcement.

Shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Land Manor, Inc will be secondary to Beaumont Police Department and TDCJ who will be primary investigators for any and all allegations. Local law enforcement will take the lead in all criminal investigations and will refer any individual(s) for criminal prosecution. Land Manor, Inc. shall ensure that a written report is completed for all allegations of sexual abuse/harassment/assault. Staff shall document all reports, notifications, responses, outcomes, etc.

Links / Documents

National PREA Resource Center

Land Manor, Inc. Coordinated Response Plan (doc)

Land Manor, Inc. PREA Compliance

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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Executive Director

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

115.212 (a) Land Manor-Franklin House South does not contract for the confinement of their residents.

115.212 (b) Land Manor-Franklin House South does not contract for the confinement of their residents.

115.212 (c) Land Manor-Franklin House South 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.)

Land Manor-Franklin House South PREA Policy
Annual PREA Staffing Plan
Surveillance Cameras
Facility layout
Staffing Plan

Interviews:

Executive Director
PREA Coordinator

Findings: Supervision and monitoring.

115.213 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Texas Department of State Health Services standards regarding client-to-staff ratio and client supervision/monitoring will be followed. A review of facility staffing patterns will be conducted annually by the PREA Coordinator (Quality Management Coordinator). Staffing plans shall provide for adequate levels of staffing, and where applicable, video monitoring, to protect clients against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Land Manor, Inc. shall take into consideration:

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

Franklin House South takes into consideration video monitoring and 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: 48. The auditor conducted interviews with the Director or Designee and the PREA Coordinator during the onsite portion of the audit.

115.213 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: In circumstances where the staffing plan is not complied with, Land Manor, Inc. shall document and justify all deviations from the plan. The auditor conducted an interview with the Executive Director during the onsite portion of the audit.

115.213 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Whenever necessary, but no less frequently than annually, Land Manor, Inc. shall assess, determine, and document whether adjustments are needed to:

- 1) The staffing plan
- 2) Prevailing staffing patterns
- 3) The deployment of the video monitoring systems and other monitoring technologies
- 4) The 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.)

Land Manor-Franklin House South PREA Policy
PREA Training Curriculum/Signature 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 (no residents onsite)

Site Observations:

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

The No Means No signs were displayed throughout the facility.

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Franklin House South 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:

Franklin House South offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call the Beaumont Police Department (phone number 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 Franklin House South Program Director at (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:

Franklin House South has partnered with the Victim Advocacy Agency to provide survivors of sexual abuse with emotional support services. To access these services, please contact or send a letter to:

- Rape and Suicide Crisis Center of Southeast Texas (address and phone number provided)
- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

The Franklin House South had a PREA sign posted by the resident phones with the following information:

If you feel you have been sexually harassed, abused or assaulted, report this to a staff member immediately. You may do so verbally or in writing. You may use the staff telephone at any time to contact any of the following:

- Beaumont Police Department (address and phone number)
- Parole Office (address and phone number)
- Probation Office (address and phone number)
- PALM Center (address and phone number)
- Rape Crisis Center (address and phone number)

- Family Service (address and phone number)
- Jefferson County Victim Assistance (address and phone number)
- PREA Ombudsman office (address, fax, phone number, email address)
- Office of Inspector General (address, fax, phone number, email address)
- TDCJ Ombudsman Office (address, fax, phone number, email address)
- TDCJ Parole Division Ombudsman (address, fax, phone number, email address)

Staff telephones are located in the House Manager's Office, Administrative Assistant Office, Program Director's Office, and each Counselor Office. General Offender status information may be obtained at www.tdcj.texas.gov Agency Toll-Free telephone number 1-800-***-****. You have the right to be free from sexual abuse and sexual harassment. You have the right to be free from retaliation for reporting sexual abuse and sexual harassment. This form is provided to each resident upon arrival to include the residents signature that they understood the rights concerning PREA. The counselor is required to sign and date the form upon completion.

Findings: Supervision and monitoring.

115.215 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility shall not conduct cross-gender searches or pat-downs of any type under any circumstances. Facility staff are required to loudly announce their entrance into a dorm housing resident of the opposite gender. Likewise, staff are prohibited from entering the restroom area in opposite gender dorms without loudly announcing their presence and gaining verbal assurance that the occupants are fully clothed. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Clients shall be allowed to shower, perform bodily functions, and change clothing without staff viewing their breasts, buttocks, or genitalia excluding exigent circumstances. If staff have observed said body parts, excluding exigent circumstances, the staff member is responsible for making an immediate report and submitting a written statement describing the circumstances that resulted in the incident. This report must be submitted to the Program Director prior to the end of the employee's work shift. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the client's genital status. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). 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. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: The auditor reviewed employee training files and signature logs determining that all staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. 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.)

Land Manor-Franklin House South 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
Zero-Tolerance (PREA Ombudsman/OIG)

Interviews:

Executive 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. will seek available resources (verbal and written) for clients with disabilities (deaf/hearing impaired, blind, intellectual, psychiatric, or speech disabilities, etc.) or clients who do not speak/read English. Resources will include interpreter services, written materials (Braille, Spanish version, etc.), and/or other local resources (such as Department of Assistive and Rehabilitative Services). 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/Executive Director and residents with disabilities or who are limited English proficiency (no LEP residents onsite for interviews) during the onsite portion of the audit. The population assigned to the facility spoke English as a primary Language.

115.216 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall take reasonable steps to ensure meaningful access to all aspects of efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The population assigned to the facility spoke English as a primary Language.

115.216 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall not rely on client interpreters/readers/assistants except where a delay in obtaining an interpreter could compromise the client's safety, performance of first-response duties, or the investigation of the client'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 there were no 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.)

Land Manor-Franklin House South PREA Policy
 PREA Training/Acknowledgement forms
 Employee Files/Background checks
 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: All Land Manor, Inc. employees who have direct contact with clients are approved for hire through a NCIC/TCIC criminal background records check, including previous employers, conducted by the Texas Department of Criminal Justice. The auditor reviewed a sample of employee files during the onsite portion of the audit for the background checks and required documentation.

115.217 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall inquire of all applicants through documented interview forms about previous personal relationships with clients, and/or history of sexual misconduct, including any incidents of sexual harassment. The auditor conducted an interview with the Administrative (Human Resources) staff during the onsite portion of the audit and discussed the employee files and application process.

115.217 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Any allegation of sexual abuse and sexual harassment by a staff member will be reported to the TDCJ Contract Monitor within 1 hour and the Emergency Action Center (EAC) at the direction of the Contract Monitor. The allegation will also be reported to the Texas Department of State Health Services (TDSHS) within 24 hours. In the past 12 months: The number of persons hired who may have contact with residents who have had criminal background record checks: 3. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall perform a PREA pre-employment questionnaire. The facility shall not hire or any individuals who:

- 1) Disclose, or we discovered, substantiated allegations of sexual abuse or sexual harassment.
- 2) 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).
- 3) 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.
- 4) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (A)(2) of this section. Further, the agency will consider any and all incidents of sexual harassment prior to hiring any employee or contracting with any contractor.

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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an intuitional employer for whom such employee has applied to work. Land Manor, Inc. shall not promote anyone or enlist services of any contractor who may have contact with clients who meet the requirements of (d) (2-4 above). Land Manor, Inc. does not perform records checks every five years. During the initial criminal history check, each employee's information is entered into CJIS. The DPS will immediately provide an automatic notification to TDCJ by email of any new criminal activity and will forward this information to Land Manor, Inc. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: All employees are required to disclose any such misconduct immediately. Omission regarding such misconduct or the provision of materially false information related to PREA shall be grounds for termination. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.217 (g) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc., imposes upon all employees and contractors a continuing affirmative duty to disclose any sexual abuse, sexual harassment or any allegation of misconduct related to paragraph (d) of this policy to their immediate supervisor within 24-hours of the allegation.

115.217 (h) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall perform a criminal background records check before enlisting the services of any contractor, in the event one is ever used, who may have contact with the client. Land Manor, Inc. makes an effort 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. 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.)**

Land Manor-Franklin House South PREA Policy
Surveillance Cameras/Monitors
Facility Layout

Interviews:

Executive Director

Site Observations:

Surveillance Cameras/Monitors
Site Observation/locations

Findings: Upgrades to facilities and technology.

115.218 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: When designing or acquiring a new facility and in planning any substantial expansion or modification of existing facilities, Land Manor, Inc. shall consider the effect of the design, acquisition, expansion, or modification upon Land Manor's ability to protect clients from sexual abuse. The auditor conducted an interview with the Executive Director during the onsite portion of the audit regarding the surveillance cameras as part of the audit process.

115.218 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, Land Manor, Inc. shall consider how such technology may enhance Land Manor's ability to protect clients from sexual abuse. The Franklin House South three surveillance cameras on the facility in the following locations: front entrance, right side of back yard and on the left side of the back yard. The recordings can be viewed for the past year and are serviced by Grinnell. The auditor conducted a camera review during the onsite portion of the audit and reviewed the cameras on different dates and times. The auditor reviewed all the cameras and navigated through them with clear coverage and in working condition. There were no cameras in the housing areas and none in view of the bathroom or resident housing. The auditor conducted an interview with the Executive Director during the onsite portion of the audit regarding the surveillance cameras as part of the audit process.

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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Random Sample of Staff

PREA Coordinator

Residents who reported a sexual abuse

Findings: Evidence protocol and forensic medical examinations.

115.221 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall conduct an administrative investigation of all allegations of sexual abuse and sexual harassment. Land Manor, Inc. will follow all uniform-evidence collection procedure. The auditor conducted interviews with a random sample of staff during the onsite portion of the audit.

115.221 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. notify law enforcement asking them to utilize the proper protocol. The protocol shall be developmentally appropriate and adapted from the most recent edition of the DOJ's Violence Against Women Publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authorized protocols developed after 2011.

115.221 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall offer all victims of sexual assault a referral and access to the Rape and Suicide Crisis Center of Southeast Texas and/or Child Abuse & Forensic Services, Inc. to obtain any necessary services, including a forensic medical examination and/or victim advocate. Forensic medical exams are offered at no cost to the victim through Child Abuse & Forensic Services, Inc. Child Abuse & Forensic Services, Inc. utilize Sexual Assault Nurse Examiners (SANE) for examinations. 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 monitor all self-medications. Victims of sexual abuse have access to forensic medical examinations and forensic exams are not performed at the Franklin House South. In the past 12 months, there have been no residents who have required a SANE exam.

115.221 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: If requested by the client, a victim advocate, Land Manor, Inc. clinical staff member, or qualified community-based organization staff member shall accompany the client to any medical examination process and investigation interviews. The auditor conducted an interview with the PREA coordinator and there were no residents onsite who reported a sexual abuse for interviews during the audit.

115.221 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: Any physical evidence identified at the time of a report of sexual assault will be left as found by Land Manor, Inc. staff. Staff will ensure that no one has access to the evidence through continuous visual sight of the evidence or securing of the area until such time as the Beaumont Police Department arrives to secure such evidence. The auditor conducted an interview with the PREA coordinator and there were no residents onsite who reported a sexual abuse for interviews during the audit. The facility had three specialized trained investigators responsible for conducting administrative investigations.

115.221 (f) Land Manor-Franklin House South PREA Policy 448.601 QQ:

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.)

Land Manor-Franklin House South 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment and are referred for investigation to the Beaumont Police Department for criminal investigation, unless the allegations do not involve potentially criminal behavior.

- 1) Any staff who become aware of an alleged incident of sexual abuse/harassment are to immediately inform the Lead House Manager, who is to inform the Program Director, and document the incident accordingly in an Incident Report.
- 2) The Program Director is to contact local law enforcement
- 3) Law enforcement determines if the incident is a criminal matter. If so law enforcement follows investigative procedures. In all incidents, criminal or not, the Program Director informs the PREA Coordinator who conducts an agency internal investigation.
- 4) Upon knowledge of allegations, the Program Director/designee or PREA Coordinator shall immediately contact the TDCJ Contract Monitor within 1 hour and the EAC at the direction of the Contract Monitor. The allegation will also be reported to TDSHS within 24 hours.

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 Executive Director and there were no reports for review of a sexual abuse or sexual harassment for review.

115.222 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc Investigators shall: 1) Ensure that a criminal and/or administrative investigation is completed on all allegations of sexual abuse and/or sexual harassment. 2) Shall fully cooperate in any and all investigations. 3) As requested by local law enforcement, assist in gathering and preserving direct and circumstantial evidence. This may include collecting any available physical and DNA evidence and any available electronic monitoring data. 4) As requested by local law enforcement, may interview alleged victims, suspected perpetrators, and witnesses. 5) Shall review prior complaints and reports of sexual abuse involving the suspected perpetrator and report those to local law enforcement. 6) Document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

The auditor conducted interviews with the specialized staff trained to conduct administrative investigations during the onsite portion of the audit.

115.222 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Local law enforcement will take the lead in all criminal investigations and will refer any individual(s) for criminal prosecution. The PREA Coordinator will be the point of contact between Land Manor, Inc., and local law enforcement. The PREA Coordinator will ensure the investigators stay informed about the progress of the investigation and make this information available to the alleged victim. Land Manor, Inc. shall ensure that a written report is completed for all allegations of sexual abuse and sexual harassment. Staff shall document all reports, notifications, responses, outcomes, etc. The facility has the following information on the website: <http://www.landmanor.org/>. Referrals of allegations for investigation (corresponding to 115.222 PREA)

Land Manor, Inc. shall ensure that all allegations of sexual assault/harassment/assault are referred for investigation to the Beaumont Police Department if the client wishes to provide a report. Upon knowledge of allegations, the Program Director/designee or PREA Coordinator shall immediately contact the TDCJ Contract Monitor within 1 hour and the EAC at the direction of the Contract Monitor. The allegation will also be reported to TDSHS within 24 hours.

Land Manor, Inc Investigators shall: Ensure that a criminal and/or administrative investigation is completed on all allegations of sexual abuse and/or sexual harassment. Shall fully cooperate in any and all investigations. As requested by local law enforcement, assist in gathering and preserving direct and circumstantial evidence. This may include collecting any available physical and DNA evidence and any available electronic monitoring data. As requested by local law enforcement, may interview alleged victims, suspected perpetrators, and witnesses. Shall review prior complaints and reports of sexual abuse involving the suspected perpetrator and report those to local law enforcement. Shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Land Manor, Inc will be secondary to Beaumont Police Department and TDCJ who will be primary investigators for any and all allegations. Local law enforcement will take the lead in all criminal investigations and will refer any individual(s) for criminal prosecution. Land Manor, Inc. shall ensure that a written report is completed for all allegations of sexual abuse/harassment/assault. Staff shall document all reports, notifications, responses, outcomes, etc.

Links / Documents

National PREA Resource Center

Land Manor, Inc. Coordinated Response Plan (doc)

Land Manor, Inc. PREA Compliance Report (doc)

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.)

Land Manor-Franklin House South PREA Policy
PREA Training/Curriculum
PREA Acknowledgement forms
Employee Files

Interviews:

Random Sample of Staff
Employee Files

Site Observations:

Sample of Training Records

Findings: Employee Training

115.231 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: (a) Land Manor, Inc. shall train all employees who have contact with a client on:

- 1) The Zero-Tolerance Policy for sexual abuse and sexual harassment
- 2) How to fulfill their responsibility related to sexual abuse and harassment prevention, detection, reporting, and response policies and procedures
- 3) Client's right to be free from sexual abuse and harassment
- 4) The right of clients and employees to be free from retaliation for reporting sexual abuse and harassment
- 5) The dynamics of sexual abuse and sexual harassment in confinement
- 6) The common reactions of sexual abuse and harassment victims
- 7) How to detect and respond to signs of threatened and actual sexual abuse
- 8) How to avoid inappropriate relationships with clients
- 9) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming client
- 10) How to comply with relevant laws to mandatory reporting of sexual abuse to outside authorities.

The auditor conducted an interview with a random sample of staff on the facility during the onsite portion of the audit and found to be knowledgeable of the PREA protocols and how to report sexual abuse and sexual harassment. The auditor reviewed a Sample of training records as part of the review for all staff who has been trained.

115.231 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Trainings shall be tailored to the gender of the client assigned to the facility. The auditor reviewed a sample of training records as part of the review for all staff who were trained.

115.231 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Refresher trainings shall be provided annually; employees who are reassigned from facilities housing the opposite gender shall be given additional training. The number of staff employed by the facility, who may have contact with residents, who were trained or retrained in PREA requirements: 13. The auditor reviewed a random sample of training records during the onsite portion of the audit.

115.231 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall document, through employee signature, that the employees understand the training they have received. The auditor reviewed a sample of employee files from pre-service training and in-service training with the required material and documentation. The employee files reviewed had the acknowledgement forms and signatures required.

Corrective Action: The auditor recommends no corrective action.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

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

Land Manor-Franklin House South PREA Policy

Interviews:

Volunteer and Contractors who may have contact with residents

Findings: Volunteer and contractor training.

115.232 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall ensure that all volunteers or contractors who have contact with clients have been trained on their responsibilities under Land Manor, Inc.'s policy regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level of type of training shall be based on the services they provide and the level of contact they have with the client, but all volunteers and contractors shall be notified of Land Manor, Inc.'s Zero-Tolerance policy regarding sexual abuse

and sexual harassment and informed how to report such incidents, advised that local law enforcement will be called for all claims of sexual abuse, and claims for sexual harassment will be investigated internally by Land Manor, Inc. 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 contractors or volunteers for the past 12 months and no interviews were conducted.

115.232 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall document, through signature confirmation, that volunteers and contractors understand the training they have received. The facility did not have any contractors or volunteers for the past 12 months and no interviews were conducted.

115.232 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility did not have any contractors or volunteers for the past 12 months and no interviews were conducted.

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.)

Land Manor-Franklin House South PREA Policy
 PREA Video/PREA Information
 PREA Orientation/Acknowledgement
 PREA pamphlet

Observation:

The No Means No signs were displayed in all departments, housing areas and resident mass movement.

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Franklin House South 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:

Franklin House South offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call the Beaumont Police Department (phone number 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 Franklin House South Program Director at (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:

Franklin House South has partnered with the Victim Advocacy Agency to provide survivors of sexual abuse with emotional support services. To access these services, please contact or send a letter to:

- Rape and Suicide Crisis Center of Southeast Texas (address and phone number provided)
- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

The dayroom/programming was being utilized for group during the site review. The auditor observed residents discussing rules, regulations, and responsibilities with open dialogue amongst the group. The dayroom had working pay phones with no surveillance cameras in the area. The PREA phone numbers were displayed next to the phones for easy accessibility.

The Franklin House South had a PREA sign posted by the resident phones with the following information: If you feel you have been sexually harassed, abused or assaulted, report this to a staff member immediately. You may do so verbally or in writing. You may use the staff telephone at any time to contact any of the following:

- Beaumont Police Department (address and phone number)
- Parole Office (address and phone number)
- Probation Office (address and phone number)
- PALM Center (address and phone number)
- Rape Crisis Center (address and phone number)
- Family Service (address and phone number)

- Jefferson County Victim Assistance (address and phone number)
- PREA Ombudsman office (address, fax, phone number, email address)
- Office of Inspector General (address, fax, phone number, email address)
- TDCJ Ombudsman Office (address, fax, phone number, email address)
- TDCJ Parole Division Ombudsman (address, fax, phone number, email address)

Staff telephones are located in the House Manager’s Office, Administrative Assistant Office, Program Director’s Office, and each Counselor Office. General Offender status information may be obtained at www.tdcj.texas.gov Agency Toll-Free telephone number 1-800-***-****. You have the right to be free from sexual abuse and sexual harassment. You have the right to be free from retaliation for reporting sexual abuse and sexual harassment. This form is provided to each resident upon arrival to include the residents signature that they understood the rights concerning PREA. The counselor is required to sign and date the form upon completion.

The facility had the following information on the website: <http://www.landmanor.org/>

Prison Rape Elimination Act of 2003 (PREA)

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

Land Manor, Inc has a mandatory zero tolerance for all forms of Sexual Abuse and Sexual Harassment in all its facilities. Land Manor, Inc will comply with all PREA regulations as required.

Land Manor

PREA Coordinator

Contact Information

PREA Coordinator Office

MA/ PREA Coordinator

4655 Collier St.

Beaumont, TX 77706

Land Manor, Inc. Zero Tolerance Policy

Third Party Reporting

Third Party Additional Reporting Method(s):

PREA Ombudsman Office

PO Box 99 Huntsville, TX 77342-0099 (936) 437-2133

If you wish you can send correspondence by mail or fill out below online form:

Mail a letter to the facility:

Land Manor, Inc,

4655 Collier St.

Beaumont, TX 77706

Online form:

Please complete the following to report allegations of sexual abuse, or sexual harassment through this website.

- First Name
- Last Name
- Address
- Email
- Phone
- Names and locations of alleged persons involved
- Add answer here
- Names of any witnesses to the alleged incident; Individual's number (if known) *
- Add answer here
- Brief description of the alleged incident *
- Add answer here
- Date, time, and location of where the alleged incident occurred *
- Add answer here

Submit Answers

Referrals of allegations for investigation

(corresponding to 115.222 PREA)

Land Manor, Inc. shall ensure that all allegations of sexual assault/harassment/assault are referred for investigation to the Beaumont Police Department if the client wishes to provide a report.

Upon knowledge of allegations, the Program Director/designee or PREA Coordinator shall immediately contact the TDCJ Contract Monitor within 1 hour and the EAC at the direction of the Contract Monitor. The allegation will also be reported to TDSHS within 24 hours.

Land Manor, Inc Investigators shall: Ensure that a criminal and/or administrative investigation is completed on all allegations of sexual abuse and/or sexual harassment. Shall fully cooperate in any and all investigations. As requested by local law enforcement, assist in gathering and preserving direct and circumstantial evidence. This may include collecting any available physical and DNA evidence and any available electronic monitoring data. As requested by local law enforcement, may interview alleged victims, suspected perpetrators, and witnesses. Shall review prior complaints and reports of sexual abuse involving the suspected perpetrator and report those to local law enforcement.

Shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Land Manor, Inc will be secondary to Beaumont Police Department and TDCJ who

will be primary investigators for any and all allegations. Local law enforcement will take the lead in all criminal investigations and will refer any individual(s) for criminal prosecution. Land Manor, Inc. shall ensure that a written report is completed for all allegations of sexual abuse/harassment/assault. Staff shall document all reports, notifications, responses, outcomes, etc.

Links / Documents

National PREA Resource Center

Land Manor, Inc. Coordinated Response Plan (doc)

Land Manor, Inc. PREA Compliance

Interviews:

Intake Staff

Random Sample of Residents

Findings: Resident education.

115.233 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: During the intake process, within their first 24-hours, clients shall receive information on Land Manor Inc.'s Zero-Tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse/harassment, and to be free from retaliation for reporting such incidents, and regarding policies and procedures for responding to such incidents. Key information regarding PREA will be available or visible to clients through postings in the facility. 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. Of residents admitted during the past 12 months:

- The number who were given this information at intake: 259. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall: Provide refresher information in the event the client is released and then returns. 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. The auditor determined through a file review of documentation that 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 if needed 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.

115.233 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Provide client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as clients who have limited reading skills.

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 for residents requiring the service.

115.233 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: Maintain documentation of client participation in the education sessions. The auditor reviewed resident files for the required documentation during the onsite portion of audit.

115.233 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: Ensure that key information is continuously readily available or visible to clients through posters 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.)

Land Manor-Franklin House South PREA Policy
 Specialized Investigator Training
 Training Curriculum

Interviews:

Investigative Staff

Site Observations:

Training Records/Curriculum

Findings: Specialized Training: Investigations.

115.234 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility had two specialized trained investigators trained to conduct administrative investigations. The auditor conducted interviews with two investigators who have been trained in conducting sexual abuse or sexual harassment administrative investigations.

115.234 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility had two specialized trained investigators trained to conduct administrative investigations. The auditor conducted interviews with two investigators who have been trained in conducting sexual abuse or sexual

harassment administrative investigations. The investigators have been trained in conducting administrative investigations for the facility.

115.234 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility did not have any reports of sexual abuse and or sexual harassment in the past 12 months. The facility had a total of two specialized trained investigators who conduct administrative investigations.

115.234 (d) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

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

Land Manor-Franklin House South PREA Policy

Findings: Specialized training: Medical and mental health care.

115.235 (a) Land Manor, Inc. does not employ mental health care or medical practitioners.

115.235 (b) Land Manor, Inc. does not employ mental health care or medical practitioners.

115.235 (c) Land Manor, Inc. does not employ mental health care or medical practitioners.

115.235 (d) Land Manor, Inc. does not employ mental health care or medical practitioners.

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.)

Land Manor-Franklin House South PREA Policy
Resident Files/Documentation
PREA Assessments
PREA Reassessments

Interviews:

Staff Responsible for Risk Screening
Random Sample of Residents
PREA Coordinator

Site Observations:

Records of initial assessments/reassessments

Findings: Screening for risk of victimization and abusiveness.

115.41 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: All clients shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other clients or sexually abusive towards other clients. Such assessments shall be conducted using an objective screening tool. In addition to a specific screening instrument, the staff documents the bulleted items in the psychosocial assessment. The auditor conducted interviews with the Staff Responsible for Risk Screening (counselors) 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: The intake screening shall consider, at a minimum, the following criteria to assess client's risk of sexual victimization:

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

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: 259. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Residents during the onsite portion of the audit during the onsite portion of the audit.

115.241 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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, in assessing clients for risk of being sexually abusive. The auditor observed and reviewed the initial and reassessment screening tool to include the resident files for compliance. The auditor reviewed 13 resident files as part of the review and interviewed the Counselors responsible for the training, risk assessment and reassessments on the facility.

115.241 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: Within 30 days from the client's arrival at the facility, the facility will reassess the client's risk of victimization or abusiveness based upon any additional relevant information received since the intake screening; and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance.

115.241 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: Within 30 days from the client's arrival at the facility, the facility will reassess the client's risk of victimization or abusiveness based upon any additional relevant information received since the intake screening; and when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance.

115.241 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: Clients may not be disciplined for refusing to answer, or for not disclosing complete information in response to, specific questions asked pursuant to the U.S. DOJ standards. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance. Resident interviews determined that residents are not disciplined for not disclosing information.

115.241 (f) Land Manor-Franklin House South PREA Policy 448.601 QQ: Only clinical staff within facilities shall have access to client's screening information. 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: 0. 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. The auditor reviewed a total of 13 resident files for PREA training, assessments, and reassessments during the onsite portion of the audit.

115.241 (g) Land Manor-Franklin House South PREA Policy 448.601 QQ: The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The auditor conducted interviews with Staff Responsible for Risk Screening and reviewed the initial and reassessment for the overall compliance. The auditor 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

- Whether or not the resident has a mental, physical, or developmental disability.
- Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether or not the resident has previously experienced sexual victimization; and
- The resident's own perception of vulnerability.

The auditor conducted an interview with Staff Responsible for Risk Screening during the audit.

115.241 (i) Land Manor Franklin House South 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 the following corrective action.

Finding: 115.241 (a, b) The auditor conducted a review of the Community Confinement Facilities Documentation Review-Resident Files/Records Standards 115.233, 115.241, & 115.281. The auditor reviewed a total of 13 files during the site review. One of thirteen files reviewed did not have the reassessment within 30 days from arrival at the facility 115.241. The interviews with staff who are responsible for the assessments/reassessments determined that the facility had designated staff responsible for conducting the interviews upon arrival on a one-on-one basis. The sexual abuse questionnaire is conducted, the PREA information is provided to the resident to include a client signature and a counselor signature, and another client profile entered in the database.

Corrective Action: The auditor and facility administration discussed the sexual abuse questionnaire for resident file reviewed dated 11/17/2020. The resident admission date was 10/12/2020. The auditor was unable to verify the resident assessment upon arrival to the facility. The facility and administration discussed the corrective action process together to ensure all required documents are completed. The facility is responsible for the following as part of the corrective action plan: (1) Initiate training on standard/policy 115.241, (2) Conduct training with staff who are responsible for conducting the initial assessments and reassessments, (3) Provide the training documentation to the auditor (4) provide the signature log to the auditor, (5) and Monitor Status: 30-day monitoring of the assessments and reassessments by the Executive Director or Associate Executive Director. The facility completed all required steps to obtain compliance with the standard and no further action was required.

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.)

Land Manor-Franklin House South PREA Policy
PREA Risk Assessments/Reassessments
Dorm room/bathroom/shower with privacy
Transgender Review (if available)

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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall use information from the risk screening shall be used to inform housing, bed, work, education, and program assignments to maintain separation of those clients at high risk of being sexual 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall make individualized determination about how to ensure the safety of each client and will determine on a case-by-case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: A transgender or intersex client's own view with respect to his or her own safety shall be given serious consideration. Transgender and intersex clients shall be given the opportunity to shower separately from other clients.

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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall not place any client in dedicated facilities, units, or wings solely on the basis of their sexual orientation. 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 (e) 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.

115.242 (f) Land Manor Franklin House South 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 Associate Executive Director and PREA Compliance Manager 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.)

Land Manor-Franklin House South PREA Policy
Resident Handbook
Zero-Tolerance Signs English/Spanish
PREA information

Interviews:

Random Sample of Staff
Random Sample of Residents
PREA Coordinator

Site Observations:

The No Means No were displayed with the following information.

Right to Report: if you or someone you know, are experiencing sexual abuse or sexual harassment, Franklin House South 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:

Franklin House South offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call the Beaumont Police Department (phone number 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 Franklin House South Program Director at (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:

Franklin House South has partnered with the Victim Advocacy Agency to provide survivors of sexual abuse with emotional support services. To access these services, please contact or send a letter to:

- Rape and Suicide Crisis Center of Southeast Texas (address and phone number provided)
- Family Services (address and phone number provided)
- Jefferson County Victim Assistance (address and phone number provided)

Findings: Resident Reporting.

115.251 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall provide multiple internal ways (verbal and letter) for clients to privately report sexual abuse and sexual harassment, retaliation by other client or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Land Manor, Inc. shall maintain postings visible to all clients specifying multiple avenues for reporting alleged sexual abuse and sexual harassment. Postings will include options to report allegations to facility staff, TDCJ, and the Beaumont Police Department, including contact information. Clients will also be provided a copy of this information upon intake. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Verbal reports are to be documented within 24 hours. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Staff may privately report sexual abuse and sexual harassment of clients verbally or via written statement to the Program Director/designee or PREA Coordinator (Land Manor, Inc. Quality Management Coordinators). 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) The Land Manor Franklin House South provides a method for staff to privately report sexual abuse and sexual harassment of residents. 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 115.252: 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.)

Land Manor-Franklin House South PREA Policy
Client Grievance Procedure 448.702
Client Grievance Form

Interviews:

PREA Compliance Manager

Site Observations:

Resident Handbook
Client Grievance Forms

Findings: Exhaustion of administrative remedies.

115.252 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. will not impose a time limit on reporting allegations of sexual abuse and sexual harassment, nor will clients be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse and sexual harassment and may submit a grievance without submitting it to a staff member who is the subject of the complaint, and said grievance will not be 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 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. will make a final determination regarding allegations of sexual abuse and sexual harassment within 7 days of the submission of the grievance, unless extenuating circumstances are present which interfere with the determination of validity of the allegation. If necessary, Land Manor, Inc. will request an extension of time to respond, of up to 14 days, from the Texas Department of Criminal Justice, and will notify the client in writing of any such extension and provide a date by which a decision will be made. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Third parties, including but not limited to, fellow clients, staff members, family members, etc., will be permitted to assist clients in

filing requests for administrative remedies relating to allegations of sexual abuse and sexual harassment and to file such requests on behalf of clients. If the client declines to have the request processed on his or her behalf, Land Manor, Inc. shall document the client's decision. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Emergency grievances will be accepted at any time in which a grievance alleges that a client is subject to a substantial risk of imminent sexual abuse. In such cases, staff shall immediately forward the grievance to the Program Director/designee or PREA Coordinator regardless of the time of day/night, and immediate safety measures (bed assignment change, programmatic change, etc.) will be taken until such time as an investigation can be conducted. The Program Director/designee or PREA Coordinator shall provide an initial response within 48 hours and shall issue a final determination within 5 calendar days to include the determination if the client is at substantial risk of imminent sexual abuse and the action taken. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Franklin House South and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: The Franklin House South has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. 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 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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.)

Land Manor-Franklin House South PREA Policy
Memorandum of Understanding-Rape and Crisis Center of Southeast Texas

Interviews:

Random Sample of Residents
Residents who reported sexual abuse

Findings: Resident access to outside confidential support services.

115.253 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility shall offer all client victims of sexual assault a referral and access to the Rape and Suicide Crisis Center of Southeast Texas and Child Abuse & Forensic Services, Inc. Clients shall be referred to the above services and provided with mailing addresses and telephone numbers; reasonable communication between the client and these organizations shall be made in as confidential a manner as possible. In the event the rape crisis center is not available to provide victim advocate services immediately, Land Manor, Inc. shall refer the client to other available local resources (such as Family Services or Victim’s Assistance Program). 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 sexual abuse onsite for interviews during the audit.

115.253 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall attempt to enter into memoranda of understanding with community service providers that are able to provide clients with confidential emotional support services related to sexual abuse and shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

115.253 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility secured a Memorandum of Understanding between Land Manor Inc./Franklin House South and Rape and Suicide Crisis Center of Southeast Texas signed on 1/14/2020 by both parties. The Rape and Suicide Crisis Center of Southeast Texas, Inc. and Land Manor, Inc/Franklin House South is entering into an agreement with the purpose of treating persons who have been victims of rape, violence and of trauma. This memorandum serves as a working agreement in which the Rape and Suicide Crises Center of Southwest Texas, Inc. and Land Manor, Inc. Franklin House South agrees to provide the services specified below. The services are listed on the memorandum of understanding.

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.)

Land Manor-Franklin House South PREA Policy
Third Party Posting
Resident Handbook

Interviews:

PREA Compliance Manager

Findings: Third-party reporting.

115.254 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall accept third-party reports of sexual abuse and sexual harassment and shall make reporting procedures on behalf of a client available through request to the Program Director/designee or PREA Coordinator. The facility had a website <http://www.landmanor.org/> with the following information:

Third Party Reporting

Third Party Additional Reporting Method(s):

PREA Ombudsman Office
PO Box 99 Huntsville, TX 77342-0099
936-437-2133

If you wish you can send correspondence by mail or fill out below online form:

Mail a letter to the facility:

Land Manor, Inc,
4655 Collier St.
Beaumont, TX 77706

Online form:

Please complete the following to report allegations of sexual abuse, or sexual harassment through this website.

- First Name
- Last Name
- Address

- Email
- Phone
- Names and locations of alleged persons involved
- Add answer here
- Names of any witnesses to the alleged incident; Individual's number (if known) *
- Add answer here
- Brief description of the alleged incident *
- Add answer here
- Date, time, and location of where the alleged incident occurred
- Add answer here

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.)

Land Manor-Franklin House South PREA Policy
Employee Training/Files

Interviews:

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

Findings: Staff and agency reporting duties.

115.261 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall require all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against client 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The auditor interviewed a random sample of staff during the site review which have all been trained as first responders.

115.261 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the Beaumont Police Department. The facility does not employ medical or mental health staff.

115.261 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility does not house youthful residents. The auditor interviewed the Director/PREA manager during the onsite portion of the audit.

115.261 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the Beaumont Police Department. The auditor interviewed the Executive 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.)**

Land Manor-Franklin House South PREA Policy

Interviews:

Agency Head/Director
Random Sample of Staff

Findings: Agency protection duties.

115.262 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: When Land Manor, Inc. staff learns that a client is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the client. 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 Executive 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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Agency Head/Director

Findings: Reporting to other confinement facilities.

115.263 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Upon receiving an allegation that a client was sexually abused while confined at another facility, the Program Director/Designee shall notify the head of the facility where the alleged abuse occurred no later than 72 hours after receiving the allegation and shall document that it has provided such notification. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Should Land Manor, Inc. facilities receive such notification, the Program Director/designee or PREA Coordinator shall ensure that the allegation is investigated according to the procedures delineated within this policy. No reports were received from other confinements.

115.263 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: There were no reports received from other confinements.

115.263 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities. 0. 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.)

Land Manor-Franklin House South PREA Policy
Staff First Responders

Interviews:

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

Findings: Staff first responder duties.

115.264 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Upon learning of an allegation that a client was sexually abused, the first 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, request that the alleged victim not take any actions to destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- 3) 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 action 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: All employees have been trained as first responders on the facility. 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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Executive Director

Findings: Coordinated response.

115.265 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Upon receiving an allegation of sexual abuse and sexual harassment, the Program Director/designee or PREA Coordinator will coordinate with staff and client to ensure that required procedures are followed, to include:

- 1) Separation of alleged victim and alleged abuser.
- 2) Notification to the TDCJ Contract Monitor within 1 hour, EAC at the direction of the Contract Monitor, and Beaumont Police Department, if the client wishes to provide a report. The allegation will also be reported to TDSHS within 24 hours.
- 3) Securing of any physical evidence
- 4) Thorough investigation
- 5) Appropriate referrals provided for the client such as medical exam, mental health services, pregnancy testing, victims advocate, etc. The auditor conducted an interview with the Executive 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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Executive Director

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

115.266 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall not enter into/renew any agreement that limits its ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or determination of disciplinary actions to be taken. The auditor conducted an interview with the Executive Director during the onsite portion o

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.)

Land Manor-Franklin House South PREA Policy

Interviews:

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

Findings: Agency protection against retaliation.

115.267 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff.

115.267 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: The PREA Coordinator will investigate all reports of retaliation towards clients/staff who report sexual abuse and sexual harassment or cooperate with such 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. There were no investigations or reports of a sexual abuse or sexual harassment for the past 12 months.

115.267 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: If any other individual expresses a fear of retaliation, Land Manor, Inc. shall take appropriate measures to protect that individual against retaliation.

Such measures may include housing changes/transfers for client victims/abusers, removal of alleged staff/ abusers from contact with victims, and emotional support services for clients/staff in fear of retaliation. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: The Program Director/PREA Coordinator shall monitor (for 90 days after a report) the conduct/treatment of clients or staff who report sexual abuse and of clients who alleged sexual abuse to identify any possible retaliation and shall act promptly to remedy any such retaliation. Interviews with the PREA Compliance Manager determined that monitoring for retaliation will continue beyond 90 days if the initial monitoring indicates a continuing need. There were no sexual abuse investigations reported in the past 12 months and no monitoring for retaliation was required.

115.267 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: If any individual who cooperates with an investigation expresses fear of retaliation, Land Manor, Inc. shall take appropriate measures to protect that individual against retaliation. Land Manor, Inc.'s obligation to monitor shall terminate if it is determined that the allegation is unfounded. The auditor conducted an interview with the Executive 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.)

Land Manor-Franklin House South PREA Policy
PREA Specialized Investigative Staff

Interviews:

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

Findings: Criminal and administrative agency investigations.

115.271 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. does not conduct any criminal investigations into allegations of sexual abuse and sexual harassment; however, it does complete an administrative investigation on all allegations of sexual abuse and sexual harassment. Upon receiving an allegation of sexual harassment/abuse against a client from any individual, the Program Director/designee or PREA Coordinator shall immediately begin an in-house investigation, to include written statements, verbal statements, and any other data collected. A thorough Incident Report will be completed, and notification will be provided to the assigned TDCJ Contract Monitor within 1 hour, the allegation will also be reported to TDSHS within 24 hours. Any data collected will be forwarded to the Beaumont Police Department for a formal investigation. The auditor conducted interviews with the investigative staff during the onsite portion of the audit. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review.

115.271 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Staff shall make efforts to preserve physical data, interview alleged victims, suspected abuser, and witnesses. In-house investigations should include attempts to determine whether staff actions or failures to act contributed to the abuse; and will be documented in written reports that include possible physical evidence, witness statements, and any and all other potential evidence. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Investigations will be conducted in their entirety, regardless of whether the alleged abuser or victim leaves the facility for any reason, and written reports will be maintained for 10 years. When outside agencies investigate sexual abuse, Land Manor, Inc. shall cooperate with outside investigators and shall attempt to remain informed about the progress of the investigation. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (f) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (g) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (h) Land Manor-Franklin House South PREA Policy 448.601 QQ: Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (i) Land Manor-Franklin House South PREA Policy 448.601 QQ: The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (j) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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. There were no sexual abuse or sexual harassment investigations reported in the past 12 months for review. The auditor conducted interviews with investigative staff during the onsite portion of the audit.

115.271 (k) N/A

115.271 (l) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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 Executive Director, Associate Executive Director, PREA Compliance Manager and Investigative Staff.

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.)

Land Manor-Franklin House South PREA Policy
Specialized Investigative Staff/Training

Interviews:

Investigative Staff

Findings: Evidentiary standards for administrative investigations.

115.272 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. 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.)

Land Manor-Franklin House South PREA Policy
Specialized Investigative Staff

Interviews:

Director or Designee
Investigative Staff
Residents who Reported a Sexual Abuse

Findings: Reporting to residents.

115.273 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Following an investigation into a client's allegation of sexual abuse and sexual harassment, the Program Director/designee or PREA Coordinator shall inform the client 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 facility: 0. The number of residents who were notified, verbally or in writing, of the results of the investigation: 0. The auditor conducted interviews with the Executive Director, Investigative Staff, and no Residents who reported a Sexual Abuse were onsite for interviews.

115.273 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: If local legal authorities (Beaumont Police Department) conduct the investigation, Land Manor, Inc. shall request the relevant information from the investigative agency in order to inform the client. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Following a client's allegation that a staff member has committed sexual abuse against a client, Land Manor, Inc. shall inform the client (unless Land Manor, Inc. has determined that the allegation is unfounded) whenever:

1) The staff member is no longer posted within the client's program. 2) The staff member is no longer employed at the facility 3) Land Manor, Inc. learns the staff member has been indicted on a charge related to sexual abuse within the facility. 4) Land Manor, Inc. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Following a client's allegation that another client has committed sexual abuse against a client, Land Manor, Inc. shall inform the

alleged victim whenever: 1) Land Manor, Inc. learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility 2) Land Manor, Inc. learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility 3) All such notifications or attempted notifications are documented 4) Land Manor, Inc.'s obligation to report under this standard terminates if the client is released from the agency's custody. There were no Residents who Reported a Sexual Abuse assigned to the facility during the onsite portion of the audit.

115.273 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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.)

Land Manor-Franklin House South PREA Policy
Disciplinary Sanctions (if any)

Findings: Disciplinary sanctions for staff.

115.276 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Staff will be terminated immediately upon facility identifying evidence that he/she has violated Land Manor, Inc. sexual abuse/harassment policies.

115.276 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: All terminations for violations of Land Manor, Inc. sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the Beaumont Police Department, unless the activity was clearly not criminal, and TDCJ and TDSHS. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, 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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Executive Director

Findings: Corrective Action for Contractors and Volunteers.

115.277 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Any contractor/ volunteer who engages in sexual abuse shall be prohibited from contact with clients and shall be reported to the Beaumont Police Department, unless the activity was clearly not criminal, and TDCJ and TDSHS. If the act was determined to be criminal, the contractor/volunteer will not be allowed to enter Land Manor, Inc. premises again. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents 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 Executive 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.)

Land Manor-Franklin House South PREA Policy
PREA Acknowledgement form
Resident Handbook

Interviews:

Executive Director
Counselors

Findings: Disciplinary sanctions for residents.

115.278 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Clients shall be subject to disciplinary sanctions following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. Sanctions shall be determined through a Treatment Team Meeting with the client's supervision officer (Parole Officer/CSO), barring any legal action which may be taken by law enforcement. 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) Land Manor-Franklin House South PREA Policy 448.601 QQ: The disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be enforced. Land Manor, Inc. shall not deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The auditor conducted an interview with the Executive Director during the audit process.

115.278 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall consider whether to require the offending client to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse as a condition of access to programming or other benefits. The auditor conducted an interview with the Executive Director during the audit process.

115.278 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility does not employ medical or mental health staff and no medical or mental health staff were interviewed.

115.278 (e) Land Manor, Inc. may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no reports made in the past 12 months.

115.278 (f) Land Manor-Franklin House South PREA Policy 448.601 QQ: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. prohibits all sexual activity between clients and may discipline clients for such activity. Land Manor, Inc. 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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Medical and Mental Health Staff (none employed by facility)

Residents who Reported a Sexual Abuse (none reported)

Security Staff and Non-Security Staff First Responders (Residential monitor/counselors)

Findings: Access to emergency medical and mental health services.

115.282 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Client victims of sexual abuse shall receive immediate, 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 and mental health staff and no interviews were conducted. There were no residents who reported a sexual abuse in the past 12 months.

115.282 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Staff first responders shall take preliminary steps to protect the victim pursuant to 115.262 and shall immediately notify their supervisor for transport to appropriate medical and mental health practitioners. The auditor conducted interviews with the monitors and counselors assigned to the facility during the onsite portion of the audit

115.282 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Client victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate through Child Abuse & Forensic Services, Inc., and Rape & Suicide Crisis Center of Southeast Texas.

This will be accomplished through immediate referral and consent by client. The auditor conducted interviews with the monitors and counselors assigned to the facility during the onsite portion of the audit.

115.282 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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 does not employ medical or mental health staff and no interviews were conducted. There were no residents who reported a sexual abuse in the past 12 months.

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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Medical and Mental Health Staff (no medical staff employed at the facility)

Residents who Reported a Sexual Abuse (none reported)

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

115.283 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility shall offer access to medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility through referral/client consent and transportation to a Child Abuse & Forensic Services, Inc., Rape and Suicide Crisis Center, Spindletop MHMR or other local service agency qualified to provide such services.

115.283 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Client victims of sexual abuse while a resident shall be offered tests for sexually transmitted infections as medically appropriate. The facility does not employ medical or mental health staff and no interviews were conducted. The facility did not have any residents who reported a sexual abuse in the past 12 months.

115.283 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Client victims of sexually abusive vaginal penetration shall be offered a pregnancy test, as well as pregnancy-related medical services through the Hope Center or other local resource agency. The facility does not employ medical or mental health staff and no interviews were conducted. The facility did not have any residents who reported a sexual abuse in the past 12 months.

115.283 (d) N/A all-male facility.

115.283 (e) N/A all-male facility.

115.283 (f) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor-Franklin House South PREA Policy 448.601 QQ: 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 did not have any residents who reported a sexual abuse in the past 12 months.

115.283 (g) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor-Franklin House South PREA Policy 448.601 QQ: Client victims of sexual abuse while a resident shall be offered tests for sexually transmitted infections as medically appropriate. The facility does not employ medical or mental health staff and no interviews were conducted. The facility did not have any residents who reported a sexual abuse in the past 12 months.

115.283 (h) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall attempt to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The facility does not house female residents. The facility did not have any residents who reported a sexual abuse in the past 12 months.

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.)

Land Manor-Franklin House South PREA Policy
Investigative Staff
Incident Review Team

Interviews:

Director/PREA Coordinator
Incident Review Team

Findings: Sexual abuse incident reviews.

115.286 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0.

115.286 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: The review shall occur within 30 days of the conclusion of the investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0.

115.286 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: The review team shall consist of upper-level management officials - the Program Director, PREA Coordinator, and Executive Director and allow for input from facility staff, investigators, and medical or mental health practitioners, as applicable. The auditor conducted an interview with the Director or Designee during the audit.

- 115.286 (d)** Land Manor-Franklin House South PREA Policy 448.601 QQ: The review team shall:
- 1) determine if policies need modification in order to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; sexual orientation; gang affiliation; or was motivated/caused by other group dynamics at the facility.
 - 2) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
 - 3) assess the adequacy of staffing levels in that area during different shifts.
 - 4) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - 5) prepare a thorough, complete report of its findings/recommendation for improvement, and submit such report to the designated TDCJ Contract Monitor and TDSHS.

The auditor conducted an interview with the Director or Designee/PREA Coordinator and Incident review team during the onsite portion of the audit.

115.286 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall implement the recommendations for improvement or shall document its reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

Standard 115.287: Data collection

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

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

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

115.287 (c)

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

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

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

Land Manor-Franklin House South PREA Policy Reports

Findings: Data Collection.

115.287 (a/c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall collect accurate, uniform data for every allegation of sexual abuse at its facilities under its direct control using a standardized instrument and set of definitions. Land Manor, Inc. shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. Land Manor, Inc. shall use data collected from the facility.

115.287 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall aggregate the incident-based sexual abuse data at least annually. The data collected shall include, at a minimum, the data necessary to answer all the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.287 (d) Upon request, Land Manor, Inc. shall provide all such data from the previous calendar year to the requesting Texas Department of Criminal Justice staff/division.

115.287 (e) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

115.287 (f) N/A

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.)

Land Manor-Franklin House South PREA Policy

Interviews:

Agency Head/Executive Director
PREA Coordinator

Findings: Data review for corrective action.

115.288 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall review collected data 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 the facility, as well as Land Manor, Inc. as a whole. The auditor conducted interviews with the Executive Director regarding the annual data.

115.288 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: 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 Land Manor, Inc.’s progress in addressing sexual abuse.

115.288 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc.’s report shall be approved by Land Manor, Inc. Executive Director and made readily available to the public when requested.

115.288 (d) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. 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.)

Land Manor-Franklin House South PREA Policy Reports

Interviews:

PREA Coordinator

Findings: Data storage, publication, and destruction.

115.289 (a) Land Manor-Franklin House South PREA Policy 448.601 QQ: Land Manor, Inc. shall ensure that collected data are securely locked and retained for a period of 10 years and shall make all sexual abuse data readily available to the public at least annually through requests for the information. Before making such sexual abuse data publicly available, Land Manor, Inc. shall remove all personal identifiers. The auditor conducted an interview with the PREA Coordinator during the onsite portion of the audit. The auditor conducted an interview with the Executive Director/PREA Coordinator during the onsite portion of the audit.

115.289 (b) Land Manor-Franklin House South PREA Policy 448.601 QQ: The facility website displays the following information: <http://www.landmanor.org/> Links / Documents

- National PREA Resource Center
- Land Manor, Inc. Coordinated Response Plan (doc)
- Land Manor, Inc. PREA Compliance Report (doc)

115.289 (c) Land Manor-Franklin House South PREA Policy 448.601 QQ: Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The auditor conducted an interview with the Executive Director/PREA Coordinator during the onsite portion of the audit.

115.289 (d) The auditor conducted an interview with the Executive 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 Land Manor Inc. Franklin House South facility demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. The auditor interviewed a representative sample of residents, monitors, supervisors, contractors/volunteers, and administrators.

The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Corrective Action: The auditor recommends no corrective action.

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.

The Land Manor Inc. Franklin House South will ensure that the auditor's final report is published on the website in order to be readily available to the public. The information is displayed on the Land Manor website: <http://www.landmanor.org/>

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

2/16/2021

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.