

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

Interim       Final

Date of Report    5/1/2020

### Auditor Information

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

### Agency Information

Name of Agency: Amarillo Transitional Treatment Center		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 9300 SE Third Ave		City, State, Zip: Amarillo, Texas 79118	
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: <a href="http://ATTC.org/prea/">http://ATTC.org/prea/</a>			

### Agency Chief Executive Officer

Name: Paul Walker/CEO	
Email: paul.walker@serenitycenter.org	Telephone: (806) 292-0017

### Agency-Wide PREA Coordinator

Name: Melissa Langford/Program Director	
Email: Melissa.landford@serenitycenter.org	Telephone: (806) 494-1973
PREA Coordinator Reports to: Paul Walker/CEO	Number of Compliance Managers who report to the PREA Coordinator: 3

## Facility Information

**Name of Facility:** Amarillo Transitional Treatment Center

**Physical Address:** 9300 SE Third Ave

**City, State, Zip:** Amarillo, Texas 79118

**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:** serenitycenter.org

**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: PREA 2017)

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Monthly contract reviews and the PREA Audit 2017.

### Facility Director

**Name:** Melissa Langford/Program Director

**Email:**  
Melissa.langford@serenitycenter.org

**Telephone:** (806) 494-1973

### Facility PREA Compliance Manager

**Name:** Debbie Hobgood/Program Supervisor

**Email:**  
Debbie.hobgood@serenitycenter.org

**Telephone:** (806) 398-9115

### Facility Health Service Administrator N/A

**Name:** -

**Email:** -

**Telephone:** -

Facility Characteristics	
Designated Facility Capacity:	59
Current Population of Facility:	41
Average daily population for the past 12 months:	47
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	Adults 18-70
Average length of stay or time under supervision	60 to 90 days
Facility security levels/resident custody levels	Community-minimal level
Number of residents admitted to facility during the past 12 months	283
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	283
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	260
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	12
Number of staff hired by the facility during the past 12 months who may have contact with residents:	12

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
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></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>	5
<p><b>Number of resident housing units:</b></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>	59
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	59
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input checked="" type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

<b>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:</b>	0
<b>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.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department (special victims 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: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

#### Administrative Investigations

<b>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?</b>	3
<b>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</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<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: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Amarillo Transitional Treatment Center (ATTC) in Amarillo, Texas was conducted on March 12-13, 2020, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor. The previous PREA Audit was conducted by David "Will" Weir on February 17, 2017. The previous auditor completed the audit with 39 met standards. The facility contract was secured through Martinez Auditing Services, LLC. The contract described the specific work requirements according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit, and post-audit.

The facility was provided with the pre-audit questionnaire and process map six to eight weeks prior to the audit. The facility was prepared by forwarding the information through email to the auditor as required. The information received included the pre-audit questionnaire, supporting documentation and required PREA data. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed.

### Notice of Audit

The facility posted the notice of audit with the auditor information prior to the audit in both English and Spanish for residents to send confidential information or correspondence to the auditor. The auditor verified the process by a date-stamped photo. Residents were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include visitation, housing areas, resident work areas, and offices. The auditor observed the notice of audit posted during the site review and through random resident interviews identifying the notice in both English and Spanish.

### Correspondence

The residents at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail, if needed. The auditor did not receive resident correspondence from the facility. During the 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. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administration during the site review, the facility administration was transparent with policies, procedures, resident, and staff interviews. Good communication was established and maintained throughout the duration of the audit with the Program Director and facility staff.

### **Audit Methodology (Pre-Onsite Audit Phase)**

The auditor utilized the Community Confinement paper audit instruments which included the pre-audit questionnaire, auditor compliance tool, instructions for PREA site review, interview protocols: agency head or designee, facility director or designee, PREA coordinator, specialized staff, random staff, and residents. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents. The auditor contacted the Program Director prior to the audit to discuss the audit process and offer any assistance needed.

The auditor established a positive working relationship with Program Director and key facility staff engaging in a productive working atmosphere. The Program Director was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Program Director and her staff about the importance to have unfettered access to all areas of the facility, to include file reviews of 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 Executive Director the 45-day time frame for the submission of the final PREA report. The auditor also notified the Program Director and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The Program Director and auditor discussed information regarding the 90-day appeal process.

### **Litigation/Internet Search**

The CEO/Program Director was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the ATTC with the following website links and information.

[https://www.nlr.gov/case/16-CA-108239?order=ds\\_activity&sort=asc](https://www.nlr.gov/case/16-CA-108239?order=ds_activity&sort=asc)

### **Point of Contact**

A point of contact (POC) was established with the facility prior to the audit and constant communication was maintained. Staff and resident interviews were conducted in an office setting with plenty of room and privacy for one on one interviews. During the audit planning and logistics phase, the auditor remained engaged with the Program Director regarding 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 Amarillo Transitional Treatment Center (ATTC) has a memorandum of understanding with the Family Support Services (FSS) of Amarillo Texas for services related to goals and implementation of the Prison Rape Elimination Act (PREA) mandates. Amarillo Transitional Treatment Center has partnered with Family Support Services to provide survivors of sexual abuse with emotional support services. To access these services, contact 806-654-\*\*\*\*. You can send a letter to Park West Complex Building B 7116 W I40 Amarillo Texas. FSS advocate by mail or telephone while the client is a resident of the ATTC. ATTC will also provide FSS contact information, provide residents with confidential 24-hour access to FSS rape crisis hotline, at no cost through resident telephone system. Respect the confidential nature of communication between FSS advocates and clients residing at ATTC.

During the site review, the auditor observed the rape crisis center contact information displaying addresses and phone numbers in the resident housing areas. The auditor observed the rape crisis center information in the following locations: Main lobby, visitation/food service, hallways, housing bulletin boards and dayrooms.

Random resident interviews conducted by the auditor determined that residents were aware of the information displayed throughout the facility in both English and Spanish. Random resident interviews determined their knowledge of how to obtain and contact the individual rape crisis center information if needed.

### **Video Surveillance/Security Mirrors**

VIDEO MONITORING SYSTEMS: There are a total of 17 surveillance cameras that provide coverage in major areas in the facility. Staff with access to the video feed include the Chief Executive Officer, Program Director and Program Supervisor.

The cameras are currently placed in the following locations:

- Resident Dining/Visitation area (2)
- Courtyard East
- Administration Office (2)
- Kitchen
- East Rear View
- Courtyard West
- Men's DCT Office
- 3<sup>rd</sup> Street
- Men's Common
- Rear View West
- Parking North
- East View
- Women's Common
- Rear of Women's Dorm
- Women's DCT

### **On-Site Audit Phase**

On the first day of the audit 3/12/2020, an introductory meeting was held with the following staff in attendance: ATTC Program Director, PREA Compliance Manager, Program Supervisor, and TDCJ Private Facility Contract Monitoring/Oversight Division Contract Monitor. The auditor and Program Director discussed a workspace to conduct staff and resident 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 key staff for the site review. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent two days on the facility to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety.

During the site review, the auditor conducted informal interviews with random residents and staff. The staff interviewed during the site review were able to describe the process in a consistent manner. The auditor reviewed the following functions to include cross-gender announcements in housing areas, cross-gender viewing in housing areas, grievance drop boxes, resident dining area, Zero-Tolerance posters/third party reporting, auditor notice of onsite visit, Family Support Services, No Means No, What is PREA, PREA Ombudsman, access to reporting entities, housing activity, resident activity, restroom and shower procedures, privacy curtains, staffing ratios, surveillance cameras, working telephones, and supervision practices.

## **Site Review/Locations**

The following information describes the areas observed by the auditor during the site review which included: Main lobby, staff restroom, offices, A building/restroom area (male residents), Cafeteria/Activity room, closets, restroom, dry storage, kitchen, freezer, cooler, B building/restroom area (female residents) with bedrooms, living room, dining area, kitchen, and restrooms. C building/restroom area (male residents) with lower balcony/upper balcony, family room, men's lower level dormitory, utility room, office, bedroom, closets, and outside area.

The auditor observed the PREA Zero-Tolerance signs in both English and Spanish displayed, No Means No signs in English and Spanish, Notice of Audit, PREA Ombudsman Office, and Family Support Services, on the wall for the resident population. The facility had 17 surveillance cameras positioned throughout the building for the prevention of blind spots and overall safety of staff and the resident population. The auditor observed phones available, grievance boxes, and mailboxes for the residents.

The auditor observed the notice of audit displayed in the resident housing area in both English and Spanish. The auditor requested staff to open a janitor/utility closets during the site review for good lighting and limited access. The auditor reviewed the surveillance cameras and did not observe any cameras in direct view of the showers or toilet areas. The administration hallways and offices had the PREA signs and notice of audit in both English and Spanish. The signs provided the following information:

### NO MEANS NO-RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Amarillo Transitional Treatment Center 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 investigate the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

### HOW TO REPORT

Amarillo Transitional offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Family Support Services at 806-374-\*\*\*\*.
- 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 your behalf by calling (806)-374-\*\*\*\*.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

### VICTIM SUPPORT SERVICES

Amarillo Transitional Treatment Center has partnered with Family Support Services to provide survivors of sexual abuse with emotional support services. To access these services, contact 806-654-\*\*\*\*. You can send a letter to Park West Complex Building B 7116 W I40 Amarillo Texas.

The auditor entered the facility on 3/12/2020 and initiated the site review starting from the main lobby. The main lobby area is a central location for staff activity and time clock is kept. The auditor observed the Program Directors office and the Counselor (LCDC) offices in the area available to the resident population.

There was a staff restroom available and cameras observed in the area to include the following resident and staff information: PREA Zero-Tolerance signs in both English and Spanish displayed, No Means No signs in English and Spanish, Notice of Audit, PREA Ombudsman Office, and Family Support Services, on the wall for the resident population to include staff information. The auditor observed direct care staff wearing a solid color with the facility logo to differentiate from residents. The direct care staff were observed walking around conducting normal duties, answering phones, and making the opposite gender announcement upon entrance to the floor in a loud consistent manner.

A-Building: The auditor observed A building which was a dorm setting and housed male residents only. The staff made the opposite gender announcement prior to entering the dorm. The dorms were facilitated with full doors with bunk beds, lockers for storage and a restroom/shower. The restroom had a full door and a shower curtain for privacy. The auditor observed the following signs in the dorms: PREA Zero-Tolerance signs in both English and Spanish displayed, No Means No signs in English and Spanish, Notice of Audit, PREA Ombudsman Office, and Family Support Services, on the wall for the resident population. The auditor randomly interviewed a resident in the housing area and asked questions regarding the notice of audit and reporting procedures. The area was clean and organized with good lighting and no surveillance cameras in the dorms. All pat-searches and strip searches are prohibited at the Amarillo Transitional Treatment Center. The surveillance cameras were positioned in areas to provide coverage of potential blind spots and for the overall safety of staff and residents.

The auditor observed the Cafeteria/Activity room and Kitchen. The auditor entered through the large doors to the cafeteria which is used as the resident activity room and visitation at different times. The auditor observed the grievance boxes in the cafeteria/activity room for the resident population. The area is also utilized for the intake process and orientation. The cafeteria/activity room had surveillance cameras in the area.

The Cafeteria had a large display of signs on the wall in frames easily visible for the resident population: PREA Zero-Tolerance signs in both English and Spanish displayed, No Means No signs in English and Spanish, Notice of Audit in English and Spanish, What is PREA, PREA Ombudsman Office, and Family Support Services. The auditor observed the restroom and opened a few closet doors for staff/resident access and lighting. The dry storage was observed to have items keep in an orderly fashion. The kitchen was observed with surveillance cameras in the area, resident workers, dishwash area, cooking area, a freezer, and a cooler. The facility provides three meals a day served according to the schedule. The monitor explained that the meals are distributed to the male residents first and once the dining hall is clear female residents are served. All restrooms were labeled for easy identification and resident use.

B-Building: The auditor observed B building which was a dorm setting and housed female residents only. The staff made the opposite gender announcement prior to entering the dorm. The auditor entered the foyer and observed two pay phones to the right and PREA signs displayed in English and Spanish by the phone. The female staff member working the area was informally interviewed about the reporting process. The auditor observed a second bulletin board with the following information: PREA Zero-Tolerance signs in both English and Spanish displayed, No Means No signs in English and Spanish, Notice of Audit in English and Spanish, What is PREA, PREA Ombudsman Office, and Family Support Services.

The auditor observed a staff office with a surveillance camera for view of all activity. The auditor entered and observed three rooms each with beds, lockers, a full restroom with a door and a shower with a shower curtain. The restrooms had a sink and toilet with full lighting and clear visibility in the area. The living room area was large with plenty of space, a dining area with a table and chairs, a kitchen with all needed appliances, a laundry area, and a restroom with a full door. The male staff present during the site review made the opposite gender announcement prior to entering the female dorms. There was one female resident in one of the housing areas and the auditor informally asked a few questions regarding the reporting process.

The PREA signs were visible throughout the dorm. The dorms were facilitated with full doors with bunk beds, lockers for storage and a restroom/shower. The area was clean and organized with good lighting and no surveillance cameras in the dorms. Pat searches and strip searches are prohibited at the Amarillo Transitional Treatment Center.

**C-Building:** The auditor observed C building which was a dorm setting and housed male residents only. The staff made the opposite gender announcement prior to entering the dorm. The auditor entered the vestibule and noticed the notice of audit in both English and Spanish made visible to the residents entering and exiting the housing area. The kitchen was to the right with a large table and chairs. The dining area had a large wall full of information displayed to include the following: PREA Zero-Tolerance signs in both English and Spanish displayed, No Means No signs in English and Spanish, Notice of Audit in English and Spanish, What is PREA, PREA Ombudsman Office, and Family Support Services.

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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 investigate the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

## HOW TO REPORT

Amarillo Transitional offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Family Support Services at 806-374-\*\*\*\*.
- 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 your behalf by calling (806) 374-\*\*\*\*.
- You also can 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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The auditor entered the first resident male housing area and staff announced prior to entering the room. The door was opened, and no residents were in the area. The room had beds, lockers a restroom with a full door and a shower with a shower curtain. The area was clean, and items were organized. The living area had a television with a seating area. The auditor observed a camera in the men's common area near the upper balcony. The men's DCT office had a surveillance camera for ongoing observation. A second resident living area was observed with beds, lockers and a full restroom with a door and a shower with a shower curtain for privacy. The auditor walked down the stairs to the men's lower level dormitory. The auditor observed a lower balcony, a family room, a resident living area with beds, lockers, a restroom with a full door and a shower with a shower curtain.

There was a fireplace that was not being used, a laundry/utility area and a second resident living area. The staff made the opposite gender announcement prior to entering the area, and the resident housing areas. The lower level had the PREA Zero-Tolerance signs in both English and Spanish displayed. No Means No signs in English and Spanish, Notice of Audit in English, and Spanish, What is PREA, PREA Ombudsman Office, and Family Support Services.

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The facility did not have any attics or basement observed at the ATTC. The auditor walked the around the back area of the facility where the auditor viewed the fenced backyard, a shed in the back area where items were stored and a small Building at the front entrance with a staff member assigned to the area.

The ATTC housed male and female residents with a population of 41 on the first day of the audit (3/12/2020). The facility designated capacity was 59. The facility had 35 male residents housed in A and C buildings and 6 female residents housed in B building. The auditor was provided a workspace to review documentation, conduct interviews with staff and residents. The Program Director was engaged and involved throughout the entire process from the beginning to the end. She was prompt in obtaining information, required documentation, updates and contacting staff. 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 13 Employee Files/Records for standards 115.217, 115.231, 115.232, 115.234, 115.235 (criminal history checks, administrative adjudication checks, 5-year criminal history, PREA training documentation/acknowledgement forms, specialized trainings, & PREA refresher.

Resident Files: The auditor reviewed a total of 13 Resident Files/Records for standards 115.233, 115.241, 115.281 (PREA intake screening within 72 hours, LGBTI, Reassessment, warranted reassessment, PREA information @ intake or upon transfer. The ATTC housed male and female residents with a population of 41 on the first day of the audit (3/12/2020).

Investigation Review: The facility did not have any criminal and or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. The auditor reviewed three investigations alleged in 2018 during the onsite portion of the audit.

The information provided to the auditor included the Pre-Audit questionnaire, sexual abuse screening tool, sexual abuse reports, ATTC PREA policy, educational materials, training curriculums, organizational charts, posters, brochures, reports, resident population, memorandums of agreement, community based contact information, facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards. Staff/Resident Interviews: The auditor conducted the staff and resident interviews on March 12-13, 2020, in a private setting on an individual basis with no distractions or delays.

Category of Staff	Interviews Conducted
Specialized Staff	8
Random Staff	10
<b>Total Staff Interviews</b>	<b>18</b>
Agency Head	1
Facility Administrator/PC/ Designated staff member charged with monitoring retaliation/ Staff on incident review team	1
Agency Contract Administrator/Investigative staff	1
Medical/Mental Health	0 (ATTC does not employ medical staff)
Administrative (Human Resource) staff	1 (telephonic interview)
Volunteer	0
Contractor	0
Investigative staff/First responder Security	1
Staff who perform risk screening for risk of victimization/abusiveness/Intake staff	1
First responder Non-Security	2

Resident Interviews: The auditor conducted the resident interviews on March 12-13, 2020 with no refusals. The auditor selected a geographically diverse sample of male and female residents for the audit process to ensure a fair overall selection. The facility population was 41 on the first day of the onsite audit.

Category of Residents	Interviews
Target Resident	10
Random Resident Interviews	12
<b>Total Resident Interviews</b>	<b>22</b>
Residents with a physical disability	0
Residents LEP	0
Residents with Cognitive Disability	0
Residents who identify as LGB	1
Residents who identify as Transgender/Intersex	0
Residents who reported sexual abuse	0 (on residents onsite for interviews)
Residents who reported sexual victimization during risk screening	0
Random Residents interviewed (to supplement the target resident population)	9

Resident interviews were conducted in an office 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 residents to report sexual abuse and sexual harassment. The majority of the residents were interviewed using the random resident interview questions due to no other targeted residents on site during the audit process. The residents understood their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. There were no resident refusals during the interview process.

An exit meeting was held on 3/12/2020 with the Chief Executive Officer, Facility Director, Program Supervisor, and TDCJ Private Facility Contract Monitoring/Oversight Division Contract Monitor 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 and secondary documentation with resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and resident 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, staff, and residents. The auditor allowed the facility administration to ask questions and address any concerns in a professional manner.

The previous PREA Audit was conducted by David “Will” Weir on February 17, 2017. The previous auditor conducted the audit with 39 met standards and 1 non-applicable. During the recertification audit conducted on March 12-13, 2020 by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review. The facility exceeded the following standard 115.211 Zero tolerance of sexual abuse and sexual harassment: PREA Coordinator.

115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

## Facility Characteristics

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

The Amarillo Transitional Treatment Center (ATTC) is located at 9300 S.E Third Ave. Amarillo, Texas 79118 with Plainview Serenity Center, Inc. as the governing authority. The ATTC houses both female and male residents on the facility. The ATTC population on the first day of the audit was 41 (6 females/35 males). The age range of population is 18-70 with the average length of stay or time under supervision 60 to 90 days. The facility security levels/resident custody levels: minimal level. The ATTC had a total of five buildings and 59 multiple occupancy/rooms.

Plainview Serenity Center, Inc. is an adult intensive, supportive, and outpatient chemical dependency and dual diagnosis treatment agency. Family involvement and education prioritized and encouraged throughout the treatment process. The staff are licensed professionals who specialize in chemical dependency and dual disorder populations. Plainview Serenity Center, Inc. is licensed and funded in part by Department of State and Health Services. A non-profit organization dedicated to reach the community.

Recovery Solutions provides family services that are personalized to meet the level of needs required by family circumstances, including those who are also involved with probation, parole, and child protective services.

Our services are designed to help the needs of each individual working towards gaining independence and recovery from alcohol and drug addiction.

- Each person's individualized plan includes the following treatment factors:
- Individualized therapy sessions.
- Group therapy sessions.
- Life skills focus groups that assist with wellness and health promotion.
- Parenting skills.
- Family Education
- Introduction to Community Support and 12-step meetings.
- Transportation
- Employment assistance

Mission Statement: Plainview Serenity Center, Inc. exists for the sole purpose of providing substance abuse treatment and an atmosphere in which the alcoholic/addict or dually diagnosed individual will be inspired to accept recovery; thereby know honest acceptance of others, and receive that for which we all strive, human dignity.

## 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:** 1  
**List of Standards Exceeded:** 115.211

### Standards Met

**Number of Standards Met:** 38

### Standards Not Met

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

## 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.*

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

Amarillo Transitional Treatment Center Policy and Procedures  
Prevention Planning: Zero Tolerance of Sexual Abuse & Sexual Harassment: PREA Coordinator  
Agency PREA Coordinator  
ATTC Organizational Chart

## Pre-Audit Questionnaire

### Interviews:

PREA Coordinator/Facility Director

### Site Observations:

PREA Zero-Tolerance signs

No Means No signs

Notice of Audit

What is PREA

PREA Ombudsman Office

PREA Offender Reporting Procedures

Family Support Services

Opposite Gender Announcements

Resident Handbook

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

**115.211 (a)** ATTC Policy and Procedure: mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

**115.211 (b)** ATTC Policy and Procedure: ATTC employs an upper-level, agency wide PREA coordinator, with enough time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The facility designates the Facility Director as the PREA Coordinator and the Program Supervisor as the PREA Compliance Manager. The auditor conducted an interview with the PREA Coordinator during the onsite portion of the audit. The auditor observed the following information displayed throughout the facility. The PREA Zero-Tolerance signs in both English and Spanish, No Means No signs in English and Spanish, Notice of Audit in English, and Spanish, What is PREA, PREA Ombudsman Office, and Family Support Services.

### NO MEANS NO-RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Amarillo Transitional Treatment Center 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 investigate the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

### HOW TO REPORT

Amarillo Transitional offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Family Support Services at 806-374-\*\*\*\*.
- 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 your behalf by calling (806) 374-\*\*\*\*.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

#### VICTIM SUPPORT SERVICES

Amarillo Transitional Treatment Center has partnered with Family Support Services to provide survivors of sexual abuse with emotional support services. To access these services, contact 806-654-\*\*\*\*. You can send a letter to Park West Complex Building B 7116 W I40 Amarillo Texas.

#### The PREA Zero-Tolerance Sign:

The Texas Legislature has adopted a Zero-Tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department.

Any such violation must be reported to the:

- Unit Supervisor
- Office of Inspector General
- PREA Ombudsman, correspondence shall be considered "Special Mail" and can be sent anonymous at P.O. Box 99 in Huntsville, TX 77342.

#### PREA Ombudsman Office Contact Information:

PREA Ombudsman Office  
P.O. Box 99  
Huntsville, Texas 77342-0099  
(936) 437-\*\*\*\*/ (936) 437-\*\*\*\*  
[Prea.ombudsman@tdcj.texas.gov](mailto:Prea.ombudsman@tdcj.texas.gov)

Office of Inspector General (OIG)  
P.O. Box 4003  
Huntsville, Texas 77342  
(936) 437-\*\*\*\*/ (936) 437-\*\*\*\*  
[Oig.records@tdcj.texas.gov](mailto:Oig.records@tdcj.texas.gov)

TDCJ Ombudsman Office  
P.O. Box 99  
Huntsville, Texas 77342-0099  
[ombudsman@tdcj.texas.gov](mailto:ombudsman@tdcj.texas.gov)

TDCJ Parole Division Ombudsman  
P.O. Box 13401  
Austin, Texas 78711  
(512) 406-\*\*\*\*/ (512) 406-\*\*\*\*  
[Parole.div@tdcj.texas.gov](mailto:Parole.div@tdcj.texas.gov)

General offender status information may be obtained at [www.tdcj.texas.gov](http://www.tdcj.texas.gov)

Agency Toll-Free Telephone number  
1-800-535-\*\*\*\*

**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.*

**115.212 (a)** The facility does not contract with private agencies or other entities for the confinement of residents and the standard is not applicable.

**115.212 (b)** The facility does not contract with private agencies or other entities for the confinement of residents. The auditor interviewed the agency contract administrator.

**115.212 (c)** The facility does not contract with private agencies or other entities for the confinement of residents. The auditor interviewed the agency contract administrator.

**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.*

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

ATTC Policy & Procedure (Staffing and Monitoring)  
 Staffing Plan  
 Position Control Number (PCN)  
 Video Monitoring  
 Pre-Audit Questionnaire  
 Average Daily Population  
 Physical Layout

#### **Interviews:**

Program Director/PREA Coordinator

#### **Site Observations:**

Staff Roster  
 Unannounced rounds  
 Annual PREA Staffing Plan Assessment  
 Video Cameras

### **Findings: Supervision and monitoring**

**115.213 (a)** ATTC Policy & Procedure (Staffing and Monitoring). The ATTC facility shall develop and document a staffing plan that provides for adequate levels of staffing, prevailing staffing patterns; in calculating staffing levels and determining the need for video monitoring, agencies shall take into consideration the resources the facility has available to commit to ensure adequate staffing levels. In circumstances where the staffing plan is not complied with the ATTC facility will document and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, the ATTC facility shall assess, determine, and document whether adjustments are needed.

- The physical layout of the facility
- The composition of the client population
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 50. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 50. The auditor interviewed the Program Director/PREA Coordinator during the onsite portion of the audit.

**115.213 (b)** ATTC Policy & Procedure (Staffing and Monitoring) pg. 1. In circumstances where the staffing plan is not complied with the ATTC facility will document and justify all deviations from the plan. The Program Director/PREA Coordinator was interviewed and determined that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. There were no deviations to the staffing plan in the past 12 months.

**115.213 (c)** ATTC Policy & Procedure (Staffing and Monitoring) pg. 1. Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:

- The staffing plan
- Prevailing staffing patterns
- The contractor's deployment of video monitoring systems and other monitoring technologies; and
- The resources the contractor has available to commit to ensure adequate staffing levels. The auditor interviewed 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.*

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

ATTC Policy and Procedures: Limits to cross-gender viewing and searches  
Pre-Audit Questionnaire

#### Interviews:

Non-medical staff (involved in cross-gender strip or visual searches) no interviews  
Random Sample of Staff  
Random Sample of Residents  
Transgender/Intersex Residents (no residents onsite for interviews)

#### Site Observations:

PREA Zero-Tolerance Signs English/Spanish  
Surveillance Cameras  
Full doors/shower doors/shower curtains for privacy

#### Findings: Limits to cross-gender viewing and searches

**115.215 (a)** ATTC Policy and Procedures: Limits to cross-gender viewing and searches/pat-searches: The ATTC prohibits all forms of pat-searches or strip searches of residents. ATTC prohibits cross-gender or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. In the past 12 months, 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. ATTC does not employ medical staff and all forms of searches are prohibited.

**115.215 (b)** ATTC Policy and Procedures: Limits to cross-gender viewing and searches/pat-searches: ATTC facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Cross-gender strip searches and visual body cavity searches (meaning a search of the anal or genital opening) are prohibited. The number of pat-down searches of female residents that were conducted by male staff: 0.

The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s): 0. The auditor interviewed a random sample of staff and residents both male and female during the onsite audit and all forms of searches are prohibited. The auditor conducted a spot-check on the surveillance cameras on 3/12/2020 and no there was no evidence of searches conducted.

**115.215 (c)** ATTC Policy and Procedures: Limits to cross-gender viewing and searches/pat-searches: ATTC prohibits all forms of pat-searches or strip searches on the facility.

**115.215 (d)** ATTC Policy and Procedures: Limits to cross-gender viewing and searches/pat-searches: ATTC has policies and procedures that enable residents to shower, perform bodily functions, and change 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. ATTC require staff of the opposite gender to announce their presence when entering a resident housing. The auditor observed both male and female staff announce their presence prior to entering a resident housing. The residents were provided with a door prior to entering their room and a restroom area with a full door and a shower curtain for privacy and prevention of cross-gender viewing. There were no surveillance cameras in the housing areas or restrooms. The auditor interviewed a random sample of staff and residents both male and female during the onsite audit. The auditor made observations during the site review and informally interviewed staff and residents.

**115.215 (e)** ATTC Policy and Procedures: Limits to cross-gender viewing and searches/pat-searches: ATTC prohibits all forms of pat searches and strip searches. ATTC prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The auditor interviewed a random sample of staff during the onsite portion of the audit. There were no transgender/intersex residents assigned to the facility for interviews.

**115.215 (f)** ATTC Policy and Procedures: Limits to cross-gender viewing and searches/pat-searches: ATTC prohibits all forms of pat-searches, strip searches or the searches of transgender or intersex residents. Residents will not be physically searched and are prohibited. The residents will be asked to remove contents from their pockets and empty contents of clothing without revealing areas of the body or any form of staff contact of the resident. All searches are prohibited. Client property searches will be random and same gender staff will be present with the resident. The auditor interviewed a random sample of staff during the onsite portion of the audit.

**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.*

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

ATTC Policy and Procedures: Residents with disabilities  
 Interpreter Services Available  
 ATTC Resident Handbook  
 PREA Zero-Tolerance signs English/Spanish  
 ADA Checklist  
 Pre-Audit Questionnaire

### Interviews:

Program Director  
 Residents (with disabilities or who are limited English proficient)  
 Random Sample of Staff

### Site Observations:

PREA Zero-Tolerance signs (English/Spanish)  
 ADA Checklist

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

**115.216 (a)** ATTC Policy and Procedures: Residents with Disabilities. Residents with disabilities will be given the opportunity to be included in the prevention, detection, and respond to sexual abuse and

sexual harassment (pg. 2 of 18). The CEO was interviewed during the onsite portion of the audit and the facility did not have any residents in the category of residents with disabilities or LEP for interviews. The auditor reviewed the facility Americans with Disabilities Act, 28 CFR 35.164 checklist provided by the Program Director.

**115.216 (b)** ATTC Policy and Procedures: Residents with Disabilities. ATTC will provide information in a language other than English when necessary. The auditor reviewed PREA signs and other documents in Spanish. Special needs residents will be provided learning and visual aids when necessary. Residents with disabilities will be given the opportunity to be included in the prevention, detection, and respond to sexual abuse and sexual harassment (pg. 2 of 18). The facility did not have any residents in the category of residents with disabilities or LEP for interviews. The auditor reviewed the facility Americans with Disabilities Act, 28 CFR 35.164 checklist provided by the Program Director.

**115.216 (c)** ATTC Policy and Procedures: Residents with Disabilities. No resident will be used as an interpreter or reader. One may be used if the preservation of evidence or getting an interpreter/reader would take too long and jeopardized the evidence or investigation, but only in rare cases and would obtain CEO/PREA Coordinator approval and document. 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 interviewed a random sample of staff during the onsite portion of the audit. There were no residents with disabilities or who were limited English proficient for interviews 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.*

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

ATTC Policy and Procedures: Hiring and promotion decisions  
Pre-Audit Questionnaire  
Employee Files/Records

#### Interviews:

Administrative (Human Resources) Staff

#### Site Observations:

Employee File Reviews  
Criminal Background checks  
Five-year criminal background checks  
PREA Training/Acknowledgement forms

**Findings: Hiring and promotion decisions.**

**115.217 (a)** ATTC Policies and Procedures: Hiring and promotion decisions. ATTC will not hire or promote anyone who may have contact with client, and shall not enlist the services of any contractor who may have contact with client, 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).
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The contractor shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with client. The auditor reviewed files of persons hired/promoted in the past 12 months to determine whether proper criminal record background checks had been conducted.

The auditor conducted a documentation review of employee files/records for standards 115.217, 115.231, 115.232, 115.234, 115.235. 2/13 files did not have the questions regarding previous misconduct described in paragraph 115.217 (a/f) (1), (2), (3). The auditor and Facility Director discussed the standard and reviewed the requirements. The auditor and facility administration worked together on a corrective action plan. The facility immediately reviewed the file/records of employees as a precautionary measure and initiated the plan.

**115.217 (b)** ATTC Policies and Procedures: Hiring and promotion decisions. ATTC facility requires the consider of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with client. The auditor interviewed the administrative staff during the onsite portion of the audit.

**115.217 (c)** ATTC Policies and Procedures: Hiring and promotion decisions. Before hiring new employees, who may have contact with client, the ATTC will complete criminal background checks through the Texas Department of Criminal Justice (TDCJ) and that background will be satisfactory to the TDCJ prior to making an offer of employment and allowing staff to have access to residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0. The auditor interviewed the administrative (human resources) staff during the onsite portion of the audit.

**115.217 (d)** ATTC Policies and Procedures: Hiring and promotion decisions. The ATTC will utilize the criminal background and arrest system used by TDCJ to ensure compliance and complete a Public Information Act Request (PIAR) if applicant had worked for TDCJ or a contracted TDCJ agency. TDCJ perform all criminal record background checks, for the contractor, on all newly hired employees during the clearance process. This is done regardless of whether they may have contact with resident. The employee information is entered into the Criminal Justice Information System (CJIS) and a response is sent back by the Texas Department of Public Safety (DPS). The DPS also immediately provides an automatic notification to the facility through e-mail if any criminal charges are brought against any employee or contractor during their employment. The auditor interviewed the administrative staff during the onsite portion of audit. 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.

**115.217 (e)** ATTC Policies and Procedures: Hiring and promotion decisions. The ATTC will utilize the criminal background and arrest system used by TDCJ to ensure compliance and complete a PIAR if applicant had worked for TDCJ or a contracted TDCJ agency. The contractor 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 e-mail of any new criminal activity and will forward this information to the contractor. The auditor interviewed the administrative staff during the onsite portion of audit.

**115.217 (f)** ATTC Policies and Procedures: Hiring and promotion decisions. Any applicant with previous misconducted related to this section will not be considered for employment at the ATTC. The auditor interviewed the administrative staff during the onsite portion of audit.

**115.217 (g)** ATTC Policies and Procedures: Hiring and promotion decisions. Any commissions of errors on the application found will be cause for termination of the employee.

**115.217 (h)** ATTC Policies and Procedures: Hiring and promotion decisions. The ATTC will disclose with consent from the former employee all substantiated allegations of sexual harassment or sexual abuse to the requesting employer whom the former employees applies for work. The auditor interviewed the administrative staff during the onsite portion of audit.

#### **Corrective Action:**

The auditor recommends the following corrective action. The auditor conducted a documentation review of employee files/records for standards 115.217, 115.231, 115.232, 115.234, 115.235. 2/13 files did not have the questions regarding previous misconduct described in paragraph 115.217 (a/f) (1), (2), (3). The auditor and Facility Director discussed the standard and reviewed the requirements. The auditor and facility administration worked together on a corrective action plan. The facility immediately reviewed the file/records of employees as a precautionary measure and initiated the plan. The auditor required the facility to provide a questionnaire document with the following questions: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The facility director implemented the form immediately on 3/13/2020. The auditor instructed the facility to conduct the PREA questionnaire on the two files/records requiring the form. The facility completed the PREA questionnaire for the two files reviewed by the auditor. The facility and auditor remained engaged throughout the process to ensure the standard was implemented. The corrective action plan was completed for standard 115.217 and the Program Director created the PREA questionnaire and implemented the form immediately. The Human Resources staff will follow up annually with all employees for the completion of the form. The auditor required the Program Director to monitor the process for a 30-day period. The monitoring was completed, and no further action was required.

## **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.*

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

ATTC Policy and Procedures: Upgrades to facilities and technologies  
 Surveillance Camera  
 Pre-Audit Questionnaire

### Interviews:

Program Director

### Site Observations:

Surveillance Cameras

### Findings: Upgrades to facilities and technology

**115.218 (a)** ATTC Policy and Procedures: Upgrades to facilities and technologies. ATTC will consider effect, design, expansion of physical plant or updating video monitoring with our ability to protect

residents from sexual abuse. The auditor interviewed the Program Director during the onsite portion for the audit. The auditor toured the facility for observation and surveillance cameras.

**115.218 (b) ATTC Policy and Procedures: Upgrades to facilities and technologies.** When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, ATTC shall consider how such technology may enhance the contractor's ability to protect clients from sexual abuse. The auditor interviewed the Program Director during the onsite portion for the audit.

#### Video Surveillance/Security Mirrors

**VIDEO MONITORING SYSTEMS:** There are a total of 17 surveillance cameras that provide coverage in major areas in the facility. Staff with access to the video feed include the Chief Executive Officer, Program Director and Program Supervisor. The cameras are currently placed in the following locations:

- Resident Dining/Visitation area (2)
- Courtyard East
- Administration Office (2)
- Kitchen
- East Rear View
- Courtyard West
- Men's DCT Office
- 3rd Street
- Men's Common
- Rear View West
- Parking North
- East View
- Women's Common
- Rear of Women's Dorm
- Women's DCT

**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.*

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

ATTC Policies and Procedures Evidence protocol and forensic medical examinations  
Agreement Amarillo Police Department  
Memorandum with Family Support Services (FSS)  
Pre-Audit Questionnaire

#### **Interviews:**

Random Sample of Staff  
Program Director/PREA Coordinator  
Residents who reported a sexual abuse (no residents onsite)

**Findings: Evidence protocol and forensic medical examinations**

**115.221 (a)** ATTC Policy and procedure: ATTC is responsible for conducting administrative (including resident on resident sexual abuse or staff sexual misconduct). The facility has a working agreement with the Amarillo Police Department (Special Victims Unit) and follows the uniform evidence protocol. The auditor interviewed a random sample of staff during the onsite portion of the audit.

**115.221 (b)** ATTC Policy and procedure: The protocol shall be developmentally appropriate and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents, or similarly comprehensive and authorized protocols developed after 2011. This maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility does not house youthful residents.

**115.221 (c)** ATTC Policy and procedure will offer all victims of sexual abuse access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners. The facility has an agreement with the Family Support Services (FSS). The number of forensic medical exams conducted during the past 12 months: 0. The number of exams performed by SANEs/SAFEs during the past 12 months: 0. The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

**115.221 (d)** ATTC Policy and procedure: ATTC has an agreement with the Family Support Services (FSS). The auditor interviewed the PREA coordinator during the site review. There were no residents who reported sexual abuse currently assigned to the facility for interviews during the audit.

**115.221 (e)** ATTC Policy and procedure: ATTC has an agreement with the Family Support Services (FSS). The auditor interviewed the PREA coordinator during the site review. There were no residents who reported sexual abuse currently assigned to the facility for interviews during the audit.

**115.221 (f)** The facility is responsible for conducting administrative investigations.

**115.221 (g)** N/A

**115.221 (h)** N/A

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.222: Policies to ensure referrals of allegations for investigations**

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

**115.222 (a)**

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

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

#### 115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

ATTC Policies and procedures: Policies to ensure referrals of allegations for investigations  
Pre-Audit Questionnaire

**Interviews:**

Program Director  
Investigative Staff

**Site Observations:**

Investigation review

**Findings: Policies to ensure referrals of allegations for investigations**

**115.222 (a)** ATTC Policy and Procedure: ATTC shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. During the past 12 months, the number of allegations resulting in an administrative investigation: 0. During the past 12 months, the number of allegations referred for criminal investigation: 0. The Program Director was interviewed for the onsite portion of the audit.

**115.222 (b)** ATTC Policy and Procedure: shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. ATTC shall publish such policy on its Web site or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. The auditor reviewed the investigator specialized training and conducted an interview during the onsite portion of the audit.

**115.222 (c)** ATTC Policy and procedure: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

**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.*

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

ATTC Policy and Procedure: Staff Training and Education  
Employee Training Records  
Training Curriculum  
Pre-Audit Questionnaire

#### Interviews:

Random Sample of Staff

#### Site Observations:

Sample of Training Records

## Findings: Employee training

**115.231 (a)** ATTC Policy and Procedure: Staff Training and Education. All employees will receive training on PREA and Prison Life through online Blue Basin Training prior to being employed and having access to residents. The employee training will include:

- ATTC has zero tolerance for sexual abuse or sexual harassment of residents, visitors, or staff.
- Staff and residents have the right to be free from sexual abuse and assault.
- Preventing, detecting, responding, and reporting sexual abuse and harassment.
- Staff and resident rights to be free from retaliation from reporting sexual abuse or sexual harassment.
- Staff will be trained (BLUE Basin PREA) in the dynamics of sexual abuse and harassment in confinement. Staff will be training on policies, given first responder cards and a copy of PREA policies.
- Staff will learn common reactions of sexual abuse or harassment on victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- Avoid inappropriate relationships with residents.
- What are appropriate boundaries?
- Communication in an effective and professional manner with residents, including LGBTI and gender nonconforming residents.
- How to comply with relevant laws to mandatory reporting of sexual abuse to outside authorities.
- Training will be tailored for both male and female adult populations.
- All employees will be required to receive PREA training annually after the initial training prior to working with residents directly.
- All volunteers and contractors will receive the above training prior to working with residents. The auditor reviewed 13 employee files/records for the required training. The employee files/records had the Prison Rape Elimination Act (PREA) training conducted through the online Blue basin and the supervisor conducts a face-to-face review of material with the student to answer questions and highlight key issues. The PREA training is provided through the initial training for DCT, initial training for Plainview only and initial training for TDCJ. The auditor interviewed a random sample of staff which provided the PREA card with them at all times.

**115.231 (b)** ATTC Policy and Procedure: Staff Training and Education. Such training shall be tailored to the gender of the client assigned to ATTC. The auditor reviewed a random sample of training records during the onsite portion of the audit. All staff assigned to both male and female residences are trained for both genders.

**115.231 (c)** ATTC Policy and Procedure: Staff Training and Education. The current employees have received training and refresher training. The auditor reviewed employee files/records. The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above: 41.

**115.231 (d)** ATTC Policy and Procedure: Staff Training and Education. ATTC shall document, through employee signature or electronic verification that employees understand the training they have received. The auditor reviewed employee files/records with signature training and electronic (Blue basin) training. The auditor interviewed a random sample of staff and specialized staff who have been trained as first responders.

**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.*

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

ATTC Policy and Procedures: Volunteer and contractor training  
Pre-Audit Questionnaire

### Findings: Volunteers and contractor training

**115.232 (a)** ATTC Policies and procedures: Volunteer and contractor training. ATTC shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the facilities sexual abuse and sexual harassment prevention, detection, and

response policies and procedures. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 0. The facility did not have any volunteers or contractors in the past 12 months, no files were reviewed and no interviews were conducted.

**115.232 (b)** ATTC Policies and procedures: Volunteer and contractor training. 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 client, but all volunteers and contractors who have contact with client shall be notified of the contractor's Zero-Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The facility did not have any volunteers or contractors in the past 12 months, no files were reviewed, and no interviews were conducted.

**115.232 (c)** ATTC Policies and procedures: Volunteer and contractor training. ATTC shall documentation confirming that volunteers and contractors understand the training they have received. The facility did not have any volunteers or contractors in the past 12 months, no files were reviewed, 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.*

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

ATTC Policy and procedures: Resident Education  
 PREA Zero-Tolerance (English/Spanish)  
 Resident Handbook  
 ATTC Intake/Acknowledgement  
 Pre-Audit Questionnaire

**Interviews:**

Intake Staff

Random Sample of Residents

**Site Observations:**

Resident Handbook/education materials

PREA poster English/Spanish

Intake documentation

No Means No signs

Notice of Audit

What is PREA

PREA Ombudsman Office

PREA Offender Reporting Procedures

Family Support Services

Opposite Gender Announcements

Resident Handbook

**Findings: Resident education**

**115.233 (a)** ATTC Policy and procedures: Resident Education. All residents will receive information regarding the ATTC's zero tolerance policy for sexual abuse and sexual harassment. The resident received the following information.

- A. There is zero tolerance for sexual harassment and sexual assaults.
- B. How to report sexual harassment or sexual assault or suspicions of sexual harassment or assault.
- C. The right to be free from sexual harassment/assault or retaliation for reporting these incidents.
- D. ATTC management and staff will investigate and prevent sexual harassment or assault.
- E. ATTC will provide orientation if a resident is re-admitted.
- F. Orientation will meet the needs of language, hearing, or other developmental impairment resident.
- G. Orientation verification will include resident orientation on PREA located in their file.
- H. Information will be updated for the resident as needed.
- I. Upon admission and before a bed and room assignment is made.

Staff will check with counselors to ensure that there is no PREA concerns before a bed and room assignment is made. The auditor reviewed the intake process and the residents receive the Amarillo TC Intake packet with information and a signature page which include the following: chart organization, client bill of rights, informed consent to treatment, notice of conditions of service and treatment, client agreement and waiver of liability, confidentiality of substance abuse treatment records, consent for emergency medical care, medical disclaimer, consent for UA testing, receipt of rules, regulations & handbooks, tobacco/smoking policy, and phone policy.

The Intake acknowledgement of emergency procedures for evacuation, emergency medical procedures, facility ingress/egress, passes, client property disposal, visitation, client correspondence, client grievance procedures, facility rules and regulations, PREA information, client disciplinary procedures, assessment, lockers, and tobacco free environment.

The residents are provided with the Amarillo Transitional Treatment Center Resident Handbook. The following information is provided. Amarillo Transitional Treatment Center, staff, its Board of Directors has a zero tolerance for sexual harassment, abuse, or assault from any person as residents, visitors, contractors, or staff. If you have been sexually harassed or assaulted at this facility, at another facility or in the past, please contact the agency below anonymously if you choose or please ask staff for assistance if needed. The auditor randomly selected a resident on 3/13/2020 to call all the numbers provided in the handbook to the Family Support Services. The resident contacted the numbers and was able to reach representatives and provided the information to the center as a test call for the onsite PREA audit.

Notice: if you have been a victim of abuse, sexual harassment or sexual abuse speak out and get help. Call and report sexual abuse and sexual harassment anytime anonymously, by telling staff, writing a letter, have your family report it or call me directly. CEO 800-891-\*\*\*\*. The auditor had the resident call the number and the CEO answered and was notified that the lines were being tested at the auditor's request. The number of residents admitted during past 12 months who were given this information at intake: 283. The auditor interviewed the intake staff and a random sample of residents during the onsite portion of the audit.

**115.233 (b)** ATTC Policy and procedures: Resident Education. ATTC provides residents who are transferred from a different community confinement facility with refresher information. The number of residents transferred from a different community confinement facility during the past 12 months: 0. The auditor interviewed the intake staff and a random sample of residents during the onsite portion of the audit.

**115.233 (c)** ATTC Policy and procedures: Resident Education. ATTC shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as resident who have limited reading skills. The auditor reviewed the resident education material and interviewed the intake and PREA coordinator during the onsite portion of the audit.

**115.233 (d)** ATTC Policy and procedures: Resident Education. The contractor shall maintain documentation of resident participation in these education sessions. The auditor reviewed a sample of documentation of the resident participation provided by the facility. The facility provides the resident with the Amarillo Handbook with PREA information on page 34. The resident is provided with the ATTC Intake packet and signs the intake acknowledgement form stating that he/she received the PREA information, and the facility rules and regulations.

**115.233 (e)** ATTC Policy and procedures: Resident Education. ATTC shall ensure that key information is continuously and readily available or visible to client through posters, client handbooks, or other written formats. The auditor reviewed the education and informational materials including the PREA posters, resident handbook, and signature logs.

## NO MEANS NO-RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Amarillo Transitional Treatment Center 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 investigate the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

## HOW TO REPORT

Amarillo Transitional offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Family Support Services at 806-374-\*\*\*\*.
- 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 your behalf by calling (806) 374-\*\*\*\*.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

## VICTIM SUPPORT SERVICES

Amarillo Transitional Treatment Center has partnered with Family Support Services to provide survivors of sexual abuse with emotional support services. To access these services, contact 806-654-\*\*\*\*. You can send a letter to Park West Complex Building B 7116 W I40 Amarillo Texas.

The PREA Zero-Tolerance Sign:

The Texas Legislature has adopted a Zero-Tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department.

Any such violation must be reported to the:

- Unit Supervisor
- Office of Inspector General
- PREA Ombudsman, correspondence shall be considered "Special Mail" and can be sent anonymous at P.O. Box 99 in Huntsville, TX 77342.

### PREA Ombudsman Office Contact Information:

PREA Ombudsman Office  
P.O. Box 99  
Huntsville, Texas 77342-0099  
(936) 437-\*\*\*\*/ (936) 437-\*\*\*\*  
Prea.ombudsman@tdcj.texas.gov

Office of Inspector General (OIG)  
P.O. Box 4003  
Huntsville, Texas 77342  
(936) 437-\*\*\*\*/ (936) 437-\*\*\*\*  
[Oig.records@tdcj.texas.gov](mailto:Oig.records@tdcj.texas.gov)

TDCJ Ombudsman Office  
P.O. Box 99  
Huntsville, Texas 77342-0099  
[ombudsman@tdcj.texas.gov](mailto:ombudsman@tdcj.texas.gov)

TDCJ Parole Division Ombudsman  
P.O. Box 13401  
Austin, Texas 78711  
(512) 406-\*\*\*\*/ (512) 406-\*\*\*\*  
[Parole.div@tdcj.texas.gov](mailto:Parole.div@tdcj.texas.gov)

General offender status information may be obtained at [www.tdcj.texas.gov](http://www.tdcj.texas.gov)

Agency Toll-Free Telephone number  
1-800-535-\*\*\*\*

**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.*

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

ATTC Policy and procedures: Specialized Training  
 Training Certificates for PREA Investigators  
 Pre-Audit Questionnaire

#### Interviews:

Investigative staff

#### Site Observations:

Training records/Investigative staff

**Findings: Specialized Training: Investigations**

**115.234 (a)** ATTC Policy and procedures: Specialized Training. The agency will work with TDCJ and DSHS to ensure that it conducts sexual assault investigations by appropriate personnel trained in investigations in confined settings. All incidents will be reported immediately to the TDCJ and DSHS investigation staff, and local law enforcement (if applicable) to ensure proper investigations. The auditor reviewed training records for investigative staff and interviewed investigative staff during the onsite portion of the audit. All internal investigations will be conducted by either the CEO, PREA Coordinator or the PREA Compliance Manager.

**115.234 (b)** Investigators will be trained on conducting investigations as per the PREA requirements. Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement, and notifications are made to both TDCJ and DSHS.

**115.234 (c)** The auditor reviewed the Training Certificates for PREA Investigators. The number of investigators currently employed who have completed the required training: 3.

**115.234 (d)** N/A

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.235: Specialized training: Medical and mental health care**

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

**115.235 (a)**

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

### 115.235 (b)

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

### 115.235 (c)

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

### 115.235 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Findings:

**115.235 (a-d)** ATTC does not employ full or part-time medical or mental health care practitioners. The agency refers all medical and mental health care to outside resources. No medical or mental health files were reviewed, and no interviews were conducted.

**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.*

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

ATTC Policy and procedure: Screening for risk of victimization and abusiveness  
Client Assessment Screening  
Pre-Audit Questionnaire

#### Interviews:

Staff Responsible for Risk Screening  
Random Sample of Residents  
PREA Coordinator

#### Site Observations:

Initial assessments  
Reassessments

**Findings: Screening for risk of sexual victimization and abusiveness**

**115.241 (a)** ATTC Policy and procedure: Screening for risk of Victimization and Abusiveness. Within 72 hours of admission the assessment process will include additional information to determine the residents' risk of being sexually abused by other residents or have been sexually abusive toward other residents. The auditor conducted a documentation review of thirteen resident files/records for the following standards: 115.233, 115.241, & 115.281. The PREA intake screenings were conducted within the 72-hour admission as required by standard 115.241 (a). The auditor interviewed staff responsible for conducting the risk screening and a random sample of residents. The auditor randomly and informally asked questions during the site review to staff and residents.

**115.241 (b)** ATTC Policy and procedure: Screening for risk of Victimization and Abusiveness. The auditor conducted a documentation review of thirteen resident files/records for the following standards: 115.233, 115.241, & 115.281. The PREA intake screenings were conducted within the 72-hour admission as required by standard 115.241 (a). The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 283. The auditor interviewed staff responsible for conducting the risk screening and a random sample of residents. The auditor interviewed staff responsible for conducting the risk screening and a random sample of residents.

**115.241 (c)** ATTC Policy and procedure: Screening for risk of Victimization and Abusiveness. The auditor reviewed the PREA program client assessment screening for the intake assessment and 30-day reassessment to be four pages long with the required questions. The auditor interviewed the staff responsible for the risk screening during the onsite portion of the audit.

**115.241 (d-e)** ATTC Policy and procedure: Screening for risk of Victimization and Abusiveness. The auditor reviewed the PREA program client assessment screening for the intake assessment and 30-day reassessment to be four pages long with the required questions. The Client Assessment Screening: Section I: General Information to include name, TDCJ #, SID #, age, gender, height, and weight. Section II: File Review [interviewer shall read the following to each offender at the beginning of the interview: I am (state name and title), and I represent the Amarillo TTC PREA program. What that means is that I am a representative of the PREA program here at Amarillo TTC and I interview all new client arrivals. Every client is asked the same questions. Your response will be provided to the treatment team to help them determine housing, and program assignments. The TDCJ and Amarillo TTC has a Zero-Tolerance policy concerning all forms of sexual abuse and sexual harassment, including consensual sexual contact of clients. You are encouraged to read the client handbook/PREA material contained with the client orientation handbook, Amarillo TTC orientation material, and postings throughout the facilities. If you have any questions or concerns, contact your assigned counselor and the Program Director/PREA Manager on the facility.] Section III: History of Sexual Abuse, Section IV: Interview Follow-up questions and Section V: PREA Coordinator/Committee Review, comments/recommendations, and signature page. The auditor interviewed the staff responsible for the risk screening during the onsite portion of the audit.

**115.241 (f)** ATTC Policy and procedure: Screening for Risk of Victimization and Abusiveness. The resident will be reassessed in 30-days if relevant information is obtained regarding the residents' risk of victimization or abusiveness. A resident's risk level will be reassessed when warranted by information, request, an incident of sexual abuse, or further information that bears that resident is a risk of victimization or abusiveness. The auditor conducted a documentation review of resident files/records for standards 115.233, 115.2241, and 115.281. The review of the files determined an inconsistency in the 30-day reassessments.

The auditor reviewed the tracking sheet maintained by the facility with the resident's length of stay, initial PREA assessment, 30-day update, 60-day PREA and 90 days, arrival date and discharge date. The tracking sheet was an excellent tool utilized by the facility however, there was no consistency in the 30-day reassessment for the month of September, October, and November of 2019.

**115.241 (g)** ATTC 1.8 pg. 1-19; A client's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness. The auditor interviewed the staff responsible for the risk screening and random sample of residents during the onsite portion of the audit. The auditor reviewed records of residents who were reassessed during the onsite portion of the audit for compliance.

**115.241 (h)** ATTC 1.8 pg. 1-19; Clients may not be disciplined for refusing to answer, or for not disclosing complete information. The auditor reviewed staff responsible for the risk screening and verified that residents would not be disciplined for failure to answer any questions on the risk assessment.

**115.241 (i)** ATTC 1.8 pg. 1-19; The contractor shall implement appropriate controls on the dissemination of investigation materials within the facility regarding responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the client's detriment by staff or other clients. The auditor interviewed the PREA coordinator and the staff responsible for the risk screening during the onsite portion of the audit.

**Corrective Action:**

The auditor conducted a documentation review of resident files/records for standards 115.233, 115.2241, and 115.281. The review of the files determined an inconsistency in the 30-day reassessments. The auditor reviewed the tracking sheet maintained by the facility with the resident's length of stay, initial PREA assessment, 30-day update, 60-day PREA and 90 days, arrival date and discharge date. The tracking sheet was an excellent tool utilized by the facility however, there was no consistency in the 30-day reassessment for the month of September, October, and November of 2019. The Program Director explained the lack of a PREA manager during that timeframe and no consistency or trained back up staff to continue the process at the time. The Program Director upon her return to the facility, initiated the process as of December of 2019. The auditor and the facility administration discussed the corrective action methods together to ensure that all residents are reassessed within the required 30-day time frame.

Upon review of the current month, the initial and 30-day reassessments had been conducted and completed within the required timeframes. The auditor required for the facility to train and designate additional staff who are qualified to conduct the initial assessment and reassessments. The Program Director initiated the corrective action plan immediately as of 3/13/2020 by training the Program Manager and designating her as a back-up interviewer. The Program Manager has been trained on standard 115.241 (a-i) and will complete the initial assessments upon a new client's arrival to the program, in order to meet contract expectations. The Program Manager will then schedule the client for a 30-day follow up PREA reassessment once the initial assessment is complete. The Program Manager will maintain a continuous PREA tracking spreadsheet of the assessments/reassessments at the facility at all times. The Counselor was also trained and designated as the PREA screening first back-up for the PREA assessments to be completed if the Program Manager is not available. The Facility Supervisor/PREA compliance manager was trained and will be the second back-up if the Program Manager or Counselor are not available. The facility has established a memorandum of all the individuals who have been trained and responsible for the initial and 30-day assessment screening.

The memorandum was displayed on 3/13/2020 for all responsible parties. The Program Manager will meet with the PREA manager and Counselor on a weekly basis to discuss the upcoming PREA screening and assessments on the PREA tracking spreadsheet. The Program Manager and Counselor will report any PREA concerns immediately to the PREA compliance manager regarding the PREA assessment and 30-day reassessment. The auditor required the facility to provide the training and memorandum upon completion. The facility provided the documentation to the auditor. The facility administrator was required to monitor the process for a duration of 30-days. The monitoring process was completed as required and an updated PREA tracking sheet was forwarded to the auditor with the completion of all 30-day reassessments. The facility complied with the corrective action plan and completed the 30-day monitoring with no further action 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.*

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

ATTC Policy and procedure: Use of screening information  
Initial and Reassessment Screening  
Pre-Audit Questionnaire

#### **Interviews:**

Staff Responsible for Risk Screening  
Random Sample of Residents  
PREA Coordinator

#### **Site Observations:**

Initial assessments and reassessments

#### **Findings: Use of screening information**

**115.242 (a)** ATTC Policy and procedure: Use of screening information. Amarillo Transitional Treatment Center (ATTC) staff will utilize the supplemental risk screening completed at the time of the resident assessment or assessment update to make informed decisions regarding housing, be assignments with the goal of keeping the resident who is at high risk of victimization from those who are a high risk of being abusive. The auditor interviewed the PREA coordinator and staff responsible for risk screening during the onsite portion for the audit.

**115.242 (b)** ATTC Policy and procedure: Use of screening information. The Amarillo Transitional Treatment Center will make individual determinations regarding residents and to ensure resident safety. Before a bed or room assignment is made by Direct Care Staff. The staff will ask the counselor if there is any PREA considerations on deciding room assignments. The sexual abuse information will be safeguarded by the assigned counselor and Program Director. The auditor interviewed staff responsible for risk screening and the PREA coordinator about individual determinations for transgender/intersex residents. There were no transgender/intersex residents onsite for interviews.

**115.242 (c)** ATTC Policy and procedure: Use of screening information. Deciding the placing of transgender or intersex resident to a male or female dorm when other single or same housing is not available. The decision would include consideration of the management, security, and operations of the facility as well as the health, safety, and welfare of the resident being placed. TDCJ and DSHS will be consulted to assist with decision making.

There were no transgender/intersex residents assigned on the facility for interviews during the onsite portion of the audit. The auditor interviewed the PREA coordinator regarding the transgender/intersex housing assignments and decisions.

**115.242 (d)** ATTC Policy and procedure: Use of screening information. ATTC will consider transgender/intersex own views with respect to safety. The auditor interviewed the PREA coordinator and staff responsible for the risk screening process. There were no transgender/intersex residents assigned to the facility during the onsite portion of the audit.

**115.242 (e)** ATTC Policy and procedure: Use of screening information. Transgender and intersex residents shall be given the opportunity to shower separately. During the onsite review, the auditor observed full doors in the rooms, a full door in the restroom and a full shower curtain for individual use and privacy. The auditor interviewed the PREA coordinator and staff responsible for the risk screening process. There were no transgender/intersex residents assigned to the facility during the onsite portion of the audit. The auditor observed the facility to have living areas and accommodations for transgender and intersex residents to shower separately from other residents.

**115.242 (f)** ATTC Policy and procedure: Use of screening information. ATTC did not have a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents. LGB residents were housed in general population but no transgender or intersex residents were assigned at the facility during the time of the audit. The auditor interviewed the PREA coordinator during the onsite portion of the audit. The auditor conducted one interview with a resident in the LGB category.

**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.*

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

ATTC Policy and procedure: Resident Reporting  
PREA Zero Tolerance Posters (English/Spanish)  
ATTC Resident Handbook  
PREA Incident Report  
Pre-Audit Questionnaire

#### **Interviews:**

Random Sample of Staff  
Random Sample of Residents  
PREA Coordinator

#### **Site Observations:**

PREA signs displayed throughout the facility  
PREA Compliance Manager  
PREA Coordinator

#### **Findings: Resident Reporting**

**115.251 (a)** ATTC Policy and procedure: Resident Reporting. A resident may anonymously report sexual abuse or harassment by the following: ATTC will offer multiple ways for residents or staff to report suspicion or allegations of sexual assault or harassment. This will include staff neglect or violation of responsibilities that may have contributed to such incidents.

- a. use slip box by staff and residents
- b. directly report to any staff, and file a grievance at any time formal or informal, written, or verbal etc.
- c. file directly with DSHS and TDCJ by phone, letter at any time.
- d. staff and residents may report anonymously, contact the program supervisor, CEO or file a grievance directly to DSHS Investigations or TDCJ Contract Monitor.
- e. ATTC will take verbal reports, written reports, or from third parties and will document and investigate all reports to ensure sexual harassment or sexual abuse has not occurred.
- f. The staff may report sexual abuse or harassment of residents anonymously anytime verbal or written.
- g. clients can report anonymously to third party that is posted in dorms and given to each client during new client orientation that is located in the handbook. The auditor interviewed a random sample of staff and a random sample of residents during the onsite portion of the audit. The auditor observed the PREA information displayed throughout the facility for the resident population and clear visibility.

## NO MEANS NO-RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, Amarillo Transitional Treatment Center 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 investigate the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

## HOW TO REPORT

Amarillo Transitional offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call Family Support Services at (806)-374-\*\*\*\*.
- 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 your behalf by calling (806) 374-\*\*\*\*.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

## VICTIM SUPPORT SERVICES

Amarillo Transitional Treatment Center has partnered with Family Support Services to provide survivors of sexual abuse with emotional support services. To access these services, contact 806-654-\*\*\*\*. You can send a letter to Park West Complex Building B 7116 W I40 Amarillo Texas.

The PREA Zero-Tolerance Sign:

The Texas Legislature has adopted a Zero-Tolerance policy regarding the sexual abuse, including consensual sexual contact, and sexual harassment of an offender in the custody of the department.

Any such violation must be reported to the:

- Unit Supervisor
- Office of Inspector General
- PREA Ombudsman, correspondence shall be considered "Special Mail" and can be sent anonymous at P.O. Box 99 in Huntsville, TX 77342.

PREA Ombudsman Office Contact Information:

PREA Ombudsman Office  
P.O. Box 99  
Huntsville, Texas 77342-0099  
(936) 437-\*\*\*\*/ (936) 437-\*\*\*\*  
Prea.ombudsman@tdcj.texas.gov

Office of Inspector General (OIG)  
P.O. Box 4003  
Huntsville, Texas 77342  
(936) 437-\*\*\*\*/ (936) 437-\*\*\*\*  
Oig.records@tdcj.texas.gov

TDCJ Ombudsman Office  
P.O. Box 99  
Huntsville, Texas 77342-0099  
ombudsman@tdcj.texas.gov

TDCJ Parole Division Ombudsman  
P.O. Box 13401  
Austin, Texas 78711  
(512) 406-\*\*\*\*/ (512) 406-\*\*\*\*  
Parole.div@tdcj.texas.gov

General offender status information may be obtained at [www.tdcj.texas.gov](http://www.tdcj.texas.gov)

Agency Toll-Free Telephone number  
1-800-535-\*\*\*\*

**115.251 (b)** ATTC Policy and procedure: Resident Reporting. The auditor reviewed the resident handbook and posted information which informs clients how to call, write, and report in at least one way to report abuse or harassment to a public or private entity or office that is not part of ATTC and that is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. The outside source would include PREA Ombudsman Office at (936) 437-\*\*\*\*. The PREA coordinator was interviewed and a sample random of residents. The auditor observed the facility for the information which was displayed in all housing areas for the resident housing.

**115.251 (c)** ATTC Policy and procedure: Resident Reporting. ATTC accepts reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The auditor observed the facility for the information displayed and made accessible to all residents for reporting. The auditor interviewed a random sample of staff and a random sample of residents.

**115.251 (d)** ATTC Policy and procedure: Resident Reporting. ATTC shall provide a procedure for staff to privately report sexual abuse and sexual harassment of client. The auditor interviewed a random sample of staff during the site review for compliance. The facility provided several different methods and ways for the residents to report sexual abuse and sexual harassment. Staff can verbally report to the Facility Director or PREA Compliance Manager. Staff are informed of these procedures in the following ways: initial and annual training.

**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.*

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

ATTC Policies and procedures Exhaustion of Administrative Duties  
Residential Treatment Handbook  
Client Grievance Form  
Pre-Audit Questionnaire

#### Interviews:

PREA Compliance Manager

#### Site Observations:

Grievance Forms  
Resident Handbook

#### Findings: Exhaustion of administrative remedies

**115.252 (a)** ATTC Policies and procedures Exhaustion of Administrative Duties. ATTC will respond to all allegations of sexual abuse and harassment. The facility makes the grievance forms available to the resident population. ATTC has a written client grievance procedure that you will be provided at the time of orientation and within 24 hours of admission in which it is read and explained in language that you can understand. This will be accomplished in clear and simple terms. The procedure will be explained within 24 hours after admission. The grievance procedure is also posted at each dorm with forms readily available as well as posters with information on filing a grievance or complaint.

**115.252 (b)** ATTC Policies and procedures Exhaustion of Administrative Duties. A grievance or notice regarding sexual abuse, or harassment can be submitted at any time by staff or residents. ATTC procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The resident handbook on page 9 addresses the Grievance procedures (references: 448.702).

**115.252 (c)** ATTC Policies and procedures Exhaustion of Administrative Duties. The ATTC will not require any resident to use informal grievance process, or to try to resolve the sexual harassment or assault with staff, or any alleged incident of sexual abuse.

**115.252 (d)** ATTC Policies and procedures Exhaustion of Administrative Duties. The ATTC program supervisor (PREA coordinator) will issue a final disposition on the merits and its decision regarding the grievance alleging sexual abuse within and no later than 30 days of filing. If more time is needed to finalize the investigation and decide the resident will be notified in writing. There were no residents who reported sexual abuse on site during the audit for interviews. In the past 12 months: The number of grievances filed that alleged sexual abuse: 0. There were no resident onsite who reported sexual abuse for interviews.

**115.252 (e)** ATTC Policies and procedures Exhaustion of Administrative Duties. ATTC procedures permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. 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 president's decision to decline: 0.

**115.252 (f)** ATTC Policies and procedures Exhaustion of Administrative Duties. ATTC 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: 0. The number of those grievances in 115.252 (e) – 3 that had an initial response within 48 hours: 0. The auditor reviewed the grievances during the onsite portion of the audit.

**115.252 (g)** ATTC Policies and procedures Exhaustion of Administrative Duties. ATTC has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

**Corrective Action:** The auditor recommends no corrective action.

## **Standard 115.253: Resident access to outside confidential support services**

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

#### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.253 (b)**

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

### 115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

ATTC Policy and procedure: Resident access to outside confidential support services.  
Memorandum of Understanding-Family Support Services (FSS)  
Pre-Audit Questionnaire

### Interviews:

Random Sample of Residents  
Residents who reported sexual abuse

### Site Observations:

Family Support Services displayed

### Findings: Resident access to outside confidential support services

**115.253 (a)** ATTC Policy and procedure: Resident access to outside confidential support services. ATTC will provide residents with support services for victimization of sexual harassment or sexual assault. Referrals for past trauma will also be made available to residents. The Amarillo Transitional Treatment Center (ATTC) has a memorandum of understanding with the Family Support Services

(FSS) of Amarillo Texas for services related to goals and implementation of the Prison Rape Elimination Act (PREA) mandates. Amarillo Transitional Treatment Center has partnered with Family Support Services to provide survivors of sexual abuse with emotional support services. To access these services, contact 806-654-\*\*\*\*. You can send a letter to Park West Complex Building B 7116 W 140 Amarillo Texas. FSS advocate by mail or telephone while the client is a resident of the ATTC. ATTC will also provide FSS contact information, provide residents with confidential 24-hour access to FSS rape crisis hotline, at no cost through resident telephone system. Respect the confidential nature of communication between FSS advocates and clients residing at ATTC.

During the site review, the auditor observed the rape crisis center contact information displaying addresses and phone numbers in the resident housing areas. The auditor observed the rape crisis center information in the following locations: Main lobby, visitation/food service, hallways, housing bulletin boards and dayrooms. Random resident interviews conducted by the auditor determined that residents were aware of the information displayed throughout the facility in both English and Spanish. Random resident interviews determined their knowledge of how to obtain and contact the individual rape crisis center information if needed. The auditor interviewed a random sample of residents and there were no residents who reported sexual abuse onsite.

**115.253 (b)** ATTC Policy and procedure: Resident access to outside confidential support services. ATTC informs clients, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor interviewed a random sample of residents and there were no residents who reported sexual abuse onsite.

**115.253 (c)** ATTC Policy and procedure: Resident access to outside confidential support services. The Amarillo Transitional Treatment Center (ATTC) has a memorandum of understanding with the Family Support Services (FSS) of Amarillo Texas for services related to goals and implementation of the Prison Rape Elimination Act (PREA) mandates. Amarillo Transitional Treatment Center has partnered with Family Support Services to provide survivors of sexual abuse with emotional support services.

**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.*

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

ATTC Policy and procedure: Third-party reporting  
Pre-Audit Questionnaire

#### **Interviews:**

Staff interviews  
Resident Interviews

#### **Site Observations:**

The information was posted and displayed throughout the facility for all staff, visitors, and residents.

#### **Findings: Third-party reporting**

**115.254 (a)** ATTC Policy and procedure: Third-party reporting. ATTC will provide information in all resident handbooks upon admission and during orientation for reporting anonymously any incident of sexual abuse or harassment on behalf of a resident or staff member. The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003) and the PREA standards and final rule.

PREA Ombudsman Office  
P.O. Box 99  
Huntsville, Texas 77342-0099  
(936) 437-\*\*\*\*/ (936) 437-\*\*\*\*  
Prea.ombudsman@tdcj.texas.gov

**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.*

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

ATTC Policy and procedures: Official Response following a resident report  
PREA Incident packets  
Pre-Audit Questionnaire

### **Interviews:**

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

### **Site Observations:**

PREA Incident packets

### **Findings: Staff and agency reporting duties**

**115.261 (a)** ATTC Policy and procedures: Official Response following a resident report. All ATTC staff will report immediately to their supervisor and CEO; then complete an incident report on any knowledge, suspicion, or information they have regarding an incident of sexual abuse or sexual harassment that occurred at the facility. The auditor interviewed a random sample of staff during the onsite portion of the audit.

**115.261 (b)** ATTC Policy and procedures: Official Response following a resident report. Apart from reporting to designated supervisors or officials and designated state or local service agencies, ATTC policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. The auditor interviewed a random sample of staff during the onsite portion of the audit.

**115.261 (c)** ATTC Policy and procedures: Official Response following a resident report. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform clients of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility did not have any medical or mental health staff assigned.

**115.261 (d)** ATTC Policy and procedures: Official Response following a resident report. Staff and agency reporting duties; the facility does not house youthful residents. The auditor interviewed the Program Director/PREA coordinator during the onsite portion of the audit.

**115.261 (e)** ATTC Policy and procedures: Official Response following a resident report. ATTC shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the local Police Department. The auditor interviewed the Program Director and reviewed a sample of reports.

**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.*

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

ATTC Policy and procedure: ATTC Protection Duties  
Pre-Audit Questionnaire

### Interviews:

Program Director  
Random Sample of Staff

### Findings: Agency protection duties

**115.262 (a)** ATTC Policy and procedure: ATTC Protection Duties. When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse. Staff will take immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0. The auditor conducted interviews with the CEO, Program Director and 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 ©**

- 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.*

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

ATTC Policy and procedure: Reporting to other confinement facilities.  
Pre-Audit Questionnaire

**Interviews:**

Program Director

**Site Observations:**

No reports received from other confinements.

**Findings: Reporting to other confinement facilities.**

**115.263 (a)** ATTC Policy and procedure: Reporting to other confinement facilities. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the ATTC will notify the TDCJ contract monitor immediately and create an incident report to be sent to DSHS Investigations and the TDCJ contract monitor within 24 hours of the reported incident. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

**115.263 (b)** ATTC Policy and procedure: Reporting to other confinement facilities. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

**115.263 (c)** ATTC Policy and procedure: Reporting to other confinement facilities. ATTC shall document that it has provided such notification.

**115.263 (d)** ATTC Policy and procedure: Reporting to other confinement facilities. ATTC 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 interviews with the CEO and program director during the onsite portion of the audit.

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.264: Staff first responder duties**

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

**115.264 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes    No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes    No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes    No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes    No

**115.264 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

ATTC Policy and procedures: First Responder-Staff Duties.  
 PREA Zero-Tolerance signs (English/Spanish)  
 PREA Incident Packets  
 Pre-Audit Questionnaire  
 Training Curriculum (Initial/Annually/Refresher)

#### Interviews:

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

#### Findings: Staff first responder duties

**115.264 (a)** ATTC Policy and procedures: First Responder-Staff Duties. Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene. Ask victims to not brush teeth, wash body, change clothes, urinate, defecate, smoke, drink, or eat until police meet with the victim (if incident just happened).
- Call the police immediately.
- Ensure the abuser does not destroy or tamper with any evidence.
- Contact Supervisor, TDCJ Contract monitor
- Complete incident report and fax DSHS Investigator and TDCJ contract monitor immediately.
- First responders will all have a laminated card that they carry on their person (name tag). In addition, the first responder duties are attached to the client accountability clip board with first responder duties and policy to check with counselor prior to making a bed assignment due to potential PREA concerns.

In the past 12 months, the number of allegations that a resident was sexually abused: 0. The auditor conducted interviews with security staff and non-security staff first responders who have been trained as first responders to any sexual abuse allegation. There were no residents who reported sexual abuse during the onsite portion of the audit for interviews.

**115.264 (b)** ATTC Policy and procedures: First Responder-Staff Duties. All employees to include security and non-security are trained as First Responders and carry a laminated First Responder card. 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 who have been trained as first responders to any sexual abuse allegation. There were no residents who reported sexual abuse during the onsite portion of the audit for interviews.

**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.*

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

ATTC Policy and procedure: Coordinated Response  
Pre-Audit Questionnaire

### Interviews:

Program Director

**Site Observations:**

Sample of Investigations  
Sexual Abuse Response Team Protocol

**Findings: Coordinated Response**

**115.265 (a)** ATTC Policy and procedure: Coordinate Response. The ATTC will respond to sexual abuse in the following manner. ATTC shall develop an institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leaders. The facility had procedures in place and the auditor interviewed the Program Director during the onsite portion of 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.*

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

ATTC Policy and procedure: Preservation of ability to protect residents from contact with abusers  
Pre-Audit Questionnaire

**Findings:**

**115.266 (a)** ATTC Policy and procedure: Preservation of ability to protect residents. The facility is not responsible for collective bargaining nor has entered or renewed any collective bargaining agreements. The auditor conducted an interview with the Program Director during the onsite portion of the audit.

**115.266 (b)** N/A

**Corrective Action:** The auditor recommends no corrective action.

**Standard 115.267: Agency protection against retaliation**

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

**115.267 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

**115.267 (b)**

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

**115.267 (c)**

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

ATTC Policy and procedure: Agency protection against retaliation.  
PREA Incident Reports

**Interviews:**

Program Director  
Designated Staff Member Charged with Monitoring Retaliation  
Residents who Reported a Sexual Abuse (no residents onsite for interviews)

**Site Observations:**

PREA Incident reports  
Samples/Monitoring for retaliation of residents

**Findings: Agency protection against retaliation**

**115.267 (a)** ATTC Policy and procedure. Agency protection against retaliation. The PREA coordinator (ATTC Program Supervisor) upon receiving an anonymous report, third-party, written, or verbal report of an incident of sexual harassment or sexual abuse/assault will develop a team to monitor to ensure that there is no retaliation. The PREA coordinator will assign a team consisting of clinical, administrative, and direct care to monitor and ensure the protection against retaliation for reporting, cooperating in investigations of sexual abuse/harassment, from staff to resident or resident to resident. Support service referrals will be made for all staff or residents who are in fear of retaliation for reporting or cooperating in a sexual abuse/assault investigation. A log will be kept in the director's office to document any retaliation and monthly meetings with staff who are assigned to monitor retaliation.

**115.267 (b)** ATTC Policy and procedure: Preservation of ability to protect residents from contact with abusers. The ATTC will employ measures to ensure the safety of the resident. Room changes, request TTC reassignment with TDCJ for victims or abusers, removal of staff or resident abusers of the alleged sexual abuse/harassment from the victim. The auditor conducted interviews with the following staff: Program Director, and Designated staff member charged with monitoring for retaliation. There were no residents assigned to the facility for interviews who reported sexual abuse.

**115.267 (c)** ATTC Policy and procedure: Preservation of ability to protect residents from contact with abusers. ATTC will monitor following a report of sexual abuse for 90 days. ATTC will monitor the treatment and conduct of residents and staff who reported the abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that might suggest possible retaliation by residents or staff. ATTC will respond promptly to remedy such retaliation.

- Will review disciplinary reports, housing, or program participation for residents.
- Will monitor disciplinary, performance and performance reviews.
- Monitoring will occur past 90 days if warranted.
- There will be periodic status checks for residents.
- All staff, residents and others will be protected from any retaliation.

Monitoring will be terminated if the allegation is proved unfounded. The number of times an incident of retaliation occurred in the past 12 months: 0.

The auditor conducted the following interviews with the Program Director and staff member charged with monitoring for retaliation for a thorough explanation of the process.

**115.267 (d)** ATTC Policy and procedure: Preservation of ability to protect residents from contact with abusers. In the case of client, such monitoring shall also include periodic status checks. The auditor reviewed a sample of the required documentation for the monitoring of residents. There were no sexual abuse or sexual harassment allegations reported in the past 12 months preceding the audit.

**115.267 (e)** ATTC Policy and procedure: Preservation of ability to protect residents from contact with abusers. If any other individual who cooperates with an investigation expresses a fear of retaliation, the contractor shall take appropriate measures to protect that individual against retaliation. The auditor conducted an interview with the Program Director for information regarding protective measures taken during all monitoring for retaliation.

**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.*

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

ATTC Policy and procedure: Criminal and Administrative agency investigations  
 PREA Incident packets  
 Training Certificates for PREA investigators  
 Pre-Audit Questionnaire

#### Interviews:

Investigative Staff  
 Residents who reported sexual abuse (no residents onsite for interviews)  
 Program Director/PREA Coordinator

#### Site Observations:

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

**Findings: Criminal and Administrative Agency Investigations.**

**115.271 (a)** ATTC Policy and procedure: Criminal and Administrative agency investigations. The agency will conduct its own investigations into allegations of sexual abuse and sexual harassment immediately. All incidents will be reported to DSHS investigations and TDCJ contract monitor who may decide to assist or collaborate with agency. The contractor does not conduct its own criminal investigations into allegations of sexual abuse and sexual harassment and will be reported to Amarillo Law Enforcement (special crime unit). The auditor conducted an interview with investigative staff and reviewed investigative records. The facility did not have any sexual abuse allegations in the past 12 months.

**115.271 (b)** ATTC Policy and procedure: Criminal and Administrative agency investigations. The auditor reviewed the Training Certificates for PREA investigators. When sexual abuse is alleged. The agency will contact DSHS investigations and the TDCJ contact monitor, Amarillo police, and Family Support Services to assist with trained investigators and direction on proceeding with a sexual assault investigation. The DSHS and TDCJ will have knowledge and trained investigators on sexual assault. The agency will contact Amarillo Police and Family Support Services. The auditor conducted an interview with investigative staff and reviewed investigative records. The facility did not have any sexual abuse allegations in the past 12 months.

**115.271 (c)** ATTC Policy and procedure: Criminal and Administrative agency investigations. The investigator (police, detective, SANE nurse etc.) will gather and preserve direct and circumstantial evidence, including any DNA, any electronic monitoring data; victims, the suspected perpetrator, and any witnesses will be interviewed. Past reports or complaints involving the perpetrator will be gathered and reviewed. Administrative investigations by ATTC include an effort to determine whether staff actions or failures to act contributed to the abuse and the investigation is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. ATTC retains all written reports referenced above for as long as the alleged abuser is housed at the facility. The auditor conducted an interview with investigative staff and reviewed investigative records. The facility did not have any sexual abuse allegations in the past 12 months.

**115.271 (d)** ATTC Policy and procedure: Criminal and Administrative agency investigations. When evidence supports criminal prosecution the TDCJ and DSHS will be consulted and then the incident will be referred to the Criminal District Attorney's Office in Potter County. The auditor conducted an interview with investigative staff and reviewed investigative records. The facility did not have any sexual abuse allegations in the past 12 months.

**115.271 (e)** ATTC Policy and procedure: Criminal and Administrative agency investigations. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor conducted interviews with the investigative staff and there were no residents who reported sexual abuse assigned to the facility.

**115.271 (f)** ATTC Policy and procedure: Criminal and Administrative agency investigations. Administrative investigations will include efforts to determine if staff actions or failures to at contributed to the abuse and the efforts to investigate will be documented that includes the description of physical, testimonial, and documentary evidence. Attached documentary evidence with reasoning behind creditability assessments, and investigative facts and findings.

The auditor conducted an interview with investigative staff and reviewed investigative records. The facility did not have any sexual abuse allegations in the past 12 months.

**115.271 (g)** ATTC Policy and procedure: Criminal and Administrative agency investigations. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. Attached documentary evidence such statements, pictures, audio, and video etc. The auditor conducted an interview with investigative staff and reviewed investigative records. The facility did not have any sexual abuse allegations in the past 12 months.

**115.271 (h)** ATTC Policy and procedure: Criminal and Administrative agency investigations. Substantiated allegations of conduct that appear to be criminal will be referred to local law enforcement. The auditor conducted an interview with investigative staff during the onsite portion of the audit.

**115.271 (i)** ATTC Policy and procedure: Criminal and Administrative agency investigations. All written reports reference in this section will be retained in logs as the resident is in care and for five years from date of the resident discharge. For staff, the records will be retained for the duration of his/her employment plus five years. The facility did not have any sexual abuse allegations in the past 12 months.

**115.271 (j)** ATTC Policy and procedure: Criminal and Administrative agency investigations. The departure of the alleged abuser or victim from the employment or control of ATTC does not provide a basis for terminating an investigation. The auditor conducted the interview with the investigative staff member responsible for the investigative process.

**115.271 (k)** N/A

**115.271 (l)** ATTC Policy and procedure: Criminal and Administrative agency investigations. When outside agencies investigate sexual abuse, the contractor cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The auditor conducted interviews with the Program Director/PREA Coordinator, 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.

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

ATTC Policy and procedure: Evidentiary standard for administrative investigations.  
 Training Certificates for PREA Investigators  
 Pre-Audit Questionnaire

#### Interviews:

Investigative Staff

#### Site Observations:

Sample of documentation

#### Findings: Evidentiary standards for administrative investigations

**115.272 (a)** ATTC Policy and procedure: Evidentiary standard for administrative investigations. The agency will not impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment. The auditor conducted an interview with the 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**

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

ATTC Reporting and procedures: Reporting to Residents.

PREA Incident packets

Training Certificates for PREA investigators

Pre-Audit Questionnaire

#### **Interviews:**

Program Director

Investigative staff

Residents who reported sexual abuse (no residents onsite who reported sexual abuse)

#### **Site Observations:**

Sample of PREA Incident reports

#### **Findings: Reporting to residents**

**115.273 (a)** ATTC Reporting and procedures: Reporting to Residents. At the conclusion of an investigation into a resident's allegation of sexual abuse suffered at the ATTC facility, the ATTC will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the past 12 months: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0. The number of residents who were notified, verbally or in writing, of the results of the investigation: 0. The auditor interviewed the Program Director, investigative staff and there were no residents who reported sexual abuse onsite for interviews.

**115.273 (b)** ATTC Reporting and procedures: Reporting to Residents. If ATTC did not conduct the investigation, the ATTC will request the relevant information from the investigative agency so that the resident can be formed. In the past 12 months: The number of investigations of alleged resident sexual 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.

**115.273 (c)** ATTC Reporting and procedures: Reporting to Residents. Following a resident's allegation that a staff member of ATTC has committed sexual abuse against the resident, the ATTC will subsequently inform the resident (unless the ATTC determines the allegation unfounded) whenever the following occurs:

- a. The staff is no longer employed at the ATTC facility.
- b. Staff is no longer employed.
- c. ATTC learns that the staff has been indicted on a charge related to sexual abuse within the ATTC.
- d. ATTC learns that the staff has been convicted on a charge related to sexual abuse with the ATTC facility.

There have been no substantiated, unsubstantiated, or unfounded cases in the past 12 months. There were no residents who reported sexual abuse for interviews in the past 12 months.

**115.273 (d)** ATTC Reporting and procedures: Reporting to Residents. Following the resident’s allegation that he or she has been sexually abused by another resident, ATTC will subsequently inform the alleged victim when:

- a. alleged abuser has been indicted on a charge related sexual abuse within the ATTC facility.
- b. ATTC learns that the alleged abuser has been convicted on a charge of sexual abuse with the ATTC facility.
- c. All notification attempts of notifications will be documented.
- d. Obligations to report under this standard will determine when the resident is released from the ATTC. There were no residents onsite who reported sexual abuse during the site review for interviews.

**115.273 (e)** ATTC Reporting and procedures: Reporting to Residents. The auditor reviewed the Resident Notification Brochure that is utilized by the facility to notify residents of the outcome of the investigation. The original is signed by the resident and a copy is placed with the investigation. 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.

**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.*

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

ATTC Policy and procedure: Disciplinary Sanctions for staff  
Pre-Audit Questionnaire

#### Interviews:

Program Director  
Administrative Staff

#### Findings: Disciplinary sanctions for staff

**115.276 (a)** ATTC Policy and procedure: Disciplinary Sanctions for staff. ATTC staff will be subject including up to termination of employment for violating agency sexual abuse or sexual harassment policies.

**115.276 (b)** ATTC Policy and procedure: Disciplinary Sanctions for staff. The standard will be termination for sexual abuse and sexual harassment unless the incident is minor and the PREA team, TDCJ Contract Monitor and the DSHS investigations determine that continued employment would be in the best interest of all parties. 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)** ATTC Policy and procedure: Disciplinary Sanctions for staff. Issues to consider for staff who violate the sexual abuse or sexual harassment policies.

- a. nature and circumstance of acts committed for sexual abuse/harassment excluding sexual assault.
- b. staff member's disciplinary history along with consideration of sanctions imposed for 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. Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months: 0.

**115.276 (d)** ATTC Policy and procedure: Disciplinary Sanctions for staff. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

**Corrective Action:** The auditor recommends no corrective action.

## Standard 115.277: Corrective action for contractors and volunteers

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

### 115.277 (a)

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

### 115.277 (b)

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

### Auditor Overall Compliance Determination

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

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

**Instructions for Overall Compliance Determination Narrative**

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

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

ATTC Policy and procedure: Corrective Action for Contractors and Volunteers  
Pre-Audit Questionnaire

**Interviews:**

Program Director

**Findings: Corrective Action for Contractors and Volunteers**

**115.277 (a)** ATTC Policy and procedure: Corrective Action for Contractors and Volunteers. Any contractor or volunteer who engages in sexual abuse will be prohibited to be on the premises or have any contact with residents of the ATTC. The sexual abuse or harassment will be reported to law enforcement agencies unless it is clear that the actions of the volunteer or contractor was not criminal. ATTC will also report to licensing boards. 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)** ATTC Policy and procedure: Corrective Action for Contractors and Volunteers. The Program Director was interviewed, and the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

**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.*

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

ATTC Policy and procedures: Disciplinary sanctions for residents.  
PREA Zero-Tolerance (English/Spanish)  
Intake Client Education Materials  
ATTC Handbook  
Pre-Audit Questionnaire

**Interviews:**

Program Director

**Findings: Disciplinary sanctions for residents**

**115.278 (a)** ATTC Policy and procedures: Disciplinary sanctions for residents. Residents will be subject to disciplinary sanctions for resident on resident sexual abuse that is found true during an administrative finding or a criminal finding of guilt for resident on resident sexual abuse. In the past 12 months: The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.

**115.278 (b)** ATTC Policy and procedures: Disciplinary sanctions for residents. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other client with similar histories. The following process will occur.

- A. Notify law enforcement
- B. Parole or Probation officer
- C. Notify TDCJ contract monitor and DSHS investigations
- D. Recommend discharge or transfer at violation TTM.

All sanctions will be based on the nature and circumstances of the abuse committed, the resident's disciplinary history, and sanctions imposed for comparable offenses by other residents with similar histories. The auditor interviewed the Program Director during the onsite portion of the audit.

**115.278 (c)** ATTC Policy and procedures: Disciplinary sanctions for residents. If a resident has a mental disability or mental illness that contributed to his/her behavior the sanction should be commensurate with the disability or a decision to not impose a penalty based on mental disability or mental illness. ATTC, DSHS and the TDCJ will discuss these sanctions on a case by case basis. The auditor conducted an interview with the Program Director during the onsite portion of the audit.

**115.278 (d)** ATTC Policy and procedures: Disciplinary sanctions for residents. If the resident is allowed to stay at the facility after an incident of sexual abuse, the resident will be referred for therapy to address any underlying issues related to committing acts of sexual abuse etc. There are no medical or mental health staff employed by the facility.

**115.278 (e)** ATTC Policy and procedures: Disciplinary sanctions for residents. The agency prohibits resident on resident sexual contact and resident to staff sexual contact.

Any acts of sexual abuse not consensual will be investigated by ATTC, TDCJ, and DSHS. Disciplinary actions will be pursued for residents and staff who violate the policies of sexual harassment or abuse.

**115.278 (f)** ATTC Policy and procedures: Disciplinary sanctions for residents. Disciplinary sanction will be initiated for reporting in bad faith sexual harassment or sexual abuse by staff or residents. Residents and staff will be exempt from reporting sexual allegations in good faith.

**115.278 (g)** ATTC Policy and procedures: Disciplinary sanctions for residents. ATTC prohibits all sexual activity between clients and may discipline clients for such activity. ATTC 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.*

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

ATTC Policy and procedure: Medical and Mental Care: Access to emergency medical and mental health services.

Pre-Audit Questionnaire

### **Interviews:**

Security staff and non-security staff first responders

There were no residents who reported sexual abuse onsite for interviews.

### **Findings: Access to emergency medical and mental health services.**

**115.282 (a)** ATTC Policy and procedure: Medical and Mental Care: Access to emergency medical and mental. Any resident or staff who is subject to and was a victim of sexual abuse will receive immediate medical and crisis intervention care. Residents will be transported by ambulance to the emergency room and crisis intervention services will be contacted immediately. (Emergency intervention time initiation will be evaluated based on the circumstances of the abuse) Residents will be offered services information about prophylaxis treatment of contraception and transmission of STD's as medically appropriate. Victims will be referred to crisis intervention services that will be free of charge. The facility does not hire medical or mental health staff and no interviews were conducted. There were no residents who reported sexual abuse onsite for interviews.

**115.282 (b)** ATTC Policy and procedure: Medical and Mental Care: Access to emergency medical and mental. All security staff and non-security staff have been trained as first responders during a report of sexual abuse. The auditor reviewed files/records for the first responder training and staff carried the first responder cards with them. ATTC does not employ full or part-time medical or mental health care practitioners. All staff interviewed have been trained as first responders to take steps for any sexual abuse/sexual harassment allegation.

**115.282 (c)** ATTC Policy and procedure: Medical and Mental Care: Access to emergency medical and mental. Residents will be offered services information about prophylaxis treatment of contraception and transmission of STD's as medically appropriate.

ATTC does not employ full or part-time medical or mental health care practitioners. There were no residents who reported sexual abuse onsite for interviews during the audit.

**115.282 (d)** ATTC does not employ full or part-time medical or mental health care practitioners. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident

**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.*

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

ATTC Policy and procedure: Medical and Mental Care.  
Pre-Audit Questionnaire

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

**115.283 (a)** ATTC Policy and procedure: Medical and Mental Care. ATTC will offer and refer residents for medical services, mental health evaluations, and other appropriate treatments who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility.

**115.283 (b)** ATTC Policy and procedure: Medical and Mental Care. ATTC will offer and refer residents for medical services, mental health evaluations, and other appropriate treatments who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility. Referrals to providers will be consistent with community level care. The facility does not employ medical and mental health staff.

**115.283 (c)** ATTC Policy and procedure: Medical and Mental Care. Referrals to providers will be consistent with community level care.

**115.283 (d)** ATTC Policy and procedure: Medical and Mental Care. Victims of sexually abusive vaginal penetration while incarcerated shall be offered a pregnancy testing all pregnancy services available in the community if desired. There were no residents onsite who reported sexual abuse.

**115.283 (e)** ATTC Policy and procedure: Medical and Mental Care. If pregnancy results from the conduct described in paragraph above, such victim's shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. There were no residents onsite who reported sexual abuse. The facility does not employ medical and mental health staff.

**115.283 (f)** ATTC Policy and procedure: Medical and Mental Care. Client victims of sexual abuse while a resident shall be offered tests for sexually transmitted infections as medically appropriate. There were no residents onsite who reported sexual abuse.

**115.283 (g)** ATTC Policy and procedure: Medical and Mental Care. 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. There were no residents onsite who reported sexual abuse.

**115.283 (h)** ATTC Policy and procedure: Medical and Mental Care. ATTC 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 through referrals to appropriate mental health practitioners.

**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.*

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

ATTC Policy and procedure: Sexual Abuse Incident Reviews  
ATTC Sexual Abuse Incident Review

#### Interviews:

Program Director/PREA Coordinator  
Incident Review Team

#### Site Observations:

Administrative Investigation Samples

#### Findings: Sexual Abuse Incident Review

**115.286 (a)** ATTC Policy and procedure: Sexual Abuse Incident Reviews. ATTC 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)** ATTC Policy and procedure: Sexual Abuse Incident Reviews. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The auditor reviewed a sample of investigations with the sexual abuse incident review. 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)** ATTC Policy and procedure: Sexual Abuse Incident Reviews. The review team shall include upper-level management officials, supervisors and first responders. The Program Director was interviewed, and the auditor reviewed the team meeting minutes.

**115.286 (d)** ATTC Policy and procedure: Sexual Abuse Incident Reviews. The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status or gang affiliation or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- Prepare a report of findings and any recommendations for improvement and submit such report to the contractor's Program Director and PREA compliance manager. The auditor conducted interviews with the Program Director/PREA Coordinator and Incident review team. The auditor reviewed the sexual abuse incident reviews for compliance.

**115.286 (e)** ATTC Policy and procedure: Sexual Abuse Incident Reviews. ATTC 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.*

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

ATTC Policy and procedure: Data Collection  
 Data Collection Tool for Annual Reports  
[http://serenitycenter.org/wordpress\\_e/](http://serenitycenter.org/wordpress_e/)  
 Pre-Audit Questionnaire

#### Findings: Data Collection

**115.287 (a/c):** ATTC Data Collection: ATTC shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The information is located on the following website: [http://serenitycenter.org/wordpress\\_e/](http://serenitycenter.org/wordpress_e/)

Download 2016 PREA data here  
 Download 2017 PREA data here  
 Download 2018 PREA data here  
 Download 2019 PREA data here

**115.287 (b)** ATTC Data Collection. The auditor reviewed the incident based sexual abuse data annually.

**115.287 (d)** ATTC Data Collection. ATTC shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

**115.287 (e)** ATTC Data Collection. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

**115.287 (f)** ATTC Data Collection. The report will be submitted to the CEO by the ATTC PREA coordinator and shared with the Board Directors and then with the TDCJ contract monitor. All client identifying information will be redacted.

**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.*

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

ATTC 1.6 Data Review for Corrective Action  
Pre-Audit Questionnaire

#### Interviews:

Program Director/PREA Coordinator

#### Findings: Data review and corrective actions.

**115.288 (a)** ATTC Data review and corrective action. ATTC shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including: • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings and corrective actions for each facility, as well as the contractor as a whole. The auditor interviewed the Program Director during the onsite portion of the audit.

**115.288 (b)** ATTC Data review and corrective action. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the contractor's progress in addressing sexual abuse.

**115.288 (c)** The agency makes its annual reports available to the public annually on the following website: [http://serenitycenter.org/wordpress\\_e/?page\\_id=49](http://serenitycenter.org/wordpress_e/?page_id=49). The auditor interviewed the Program Director during the onsite portion of the audit.

**115.288 (d)** ATTC Data review and corrective action. ATTC 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. The PREA Coordinator/Program Director was interviewed during the onsite portion of the audit.

**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.*

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

ATTC PREA policy and procedures Data Publication and Destruction

Annual Reports

[http://serenitycenter.org/wordpress\\_e/?page\\_id=49](http://serenitycenter.org/wordpress_e/?page_id=49)

**Interviews:**

PREA Coordinator/Program Director

**Findings: Data storage, publication, and destruction.**

**115.289 (a)** ATTC Data storage, publication, and destruction. The interview with the PREA Coordinator determined that the data was collected and securely retained.

**115.289 (b)** The facility makes the data readily available to the public through the website:

[http://serenitycenter.org/wordpress\\_e/?page\\_id=49](http://serenitycenter.org/wordpress_e/?page_id=49).

**115.289 (c)** ATTC Data storage, publication, and destruction. Before making aggregated sexual abuse data publicly available, ATTC shall remove all personal identifiers.

**115.289 (d)** ATTC Data storage, publication, and destruction. ATTC shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

**Corrective Action:** The auditor recommends no corrective action.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

##### 115.401 (b)

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

##### 115.401 (h)

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

##### 115.401 (i)

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

##### 115.401 (m)

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

##### 115.401 (n)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

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

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

ATTC publicly displays the PREA policies and procedures, and PREA Annual Reports on the following website: [http://serenitycenter.org/wordpress\\_e/?page\\_id=49](http://serenitycenter.org/wordpress_e/?page_id=49). The PREA final report is publicly displayed on through the TDCJ website: [https://www.tdcj.texas.gov/divisions/arm/rev\\_stan\\_prea.html](https://www.tdcj.texas.gov/divisions/arm/rev_stan_prea.html)

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez

5/1/2020

**Auditor Signature**

**Date**

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

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