

PREA Facility Audit Report: Final

Name of Facility: Amarillo Transitional Treatment Center

Facility Type: Community Confinement

Date Interim Report Submitted: 06/14/2026

Date Final Report Submitted: 10/08/2026

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Matthew Taylor

Date of Signature: 10/08/2026

AUDITOR INFORMATION

Auditor name: Taylor, Matthew

Email: matthew@preaauditing.com

Start Date of On-Site Audit: 05/07/2026

End Date of On-Site Audit: 05/07/2026

FACILITY INFORMATION

Facility name: Amarillo Transitional Treatment Center

Facility physical address: 9300 Southeast 3rd Avenue, Amarillo, Texas - 79118

Facility mailing address: 454 I-27, Plainview,

Primary Contact

Name:	Peter Timothy Caswell
Email Address:	donnie.neal@serenitycenter.org
Telephone Number:	8066855957

Facility Director	
Name:	Peter Caswell
Email Address:	peter.caswell@serenitycenter.org
Telephone Number:	806-685-5957

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	54
Average daily population for the past 12 months:	40
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18+
Facility security levels/resident custody levels:	1
Number of staff currently employed at the	10

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Plainview Serenity Center, Inc.
Governing authority or parent agency (if applicable):	Plainview Serenity Center
Physical Address:	454 Interstate 27, PO Box 278, Plainview, Texas - 79072
Mailing Address:	PO Box 278, Plainview, Texas - 79072
Telephone number:	8063989115

Agency Chief Executive Officer Information:	
Name:	Dr. Paul Walker CEO
Email Address:	paul.walker@serenitycenter.org
Telephone Number:	806-292-0017

Agency-Wide PREA Coordinator Information			
Name:	Peter Caswell	Email Address:	peter.caswell@serenitycenter.org

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

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

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor had successful contact with Just Detention International as a nationwide advocate organization

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	40
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	52
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	25
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	11
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	7
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	12
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☒ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor received a copy of the facility roster which broke down the population by age, race, ethnicity, length of time in the facility and custody level. This information allowed the auditor to accurately select a random representation of resident population from the facility.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Residents in this category may have been part of the facility's population; however, none were present or identified to the auditor during the onsite portion of the audit. As a community confinement facility, many residents were at work or otherwise away from the facility during the onsite. The auditor confirmed this through review of resident rosters, observations during the site review process, and interviews conducted with staff at the facility.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Residents in this category may have been part of the facility's population; however, none were present or identified to the auditor during the onsite portion of the audit. As a community confinement facility, many residents were at work or otherwise away from the facility during the onsite. The auditor confirmed this through review of resident rosters, observations during the site review process, and interviews conducted with staff at the facility.

49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported there were no residents identified as being blind/low vision during the onsite portion of the audit. The auditor was able to confirm this information through review of resident rosters, observations during site review process and interviews conducted with staff at the facility.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported there were no residents identified as being deaf or hard-of-hearing during the onsite portion of the audit. The auditor was able to confirm this information through review of resident rosters, observations during site review process and interviews conducted with staff at the facility.

51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Residents in this category may have been part of the facility's population; however, none were present or identified to the auditor during the onsite portion of the audit. As a community confinement facility, many residents were at work or otherwise away from the facility during the onsite. The auditor confirmed this through review of resident rosters, observations during the site review process, and interviews conducted with staff at the facility.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported there were no residents identified as being transgender or intersex during the onsite portion of the audit. The auditor was able to confirm this information through review of resident rosters, observations during site review process and interviews conducted with staff at the facility.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported there were no residents identified as having reported sexual abuse at the facility during the onsite portion of the audit. The auditor was able to confirm this information through review of resident rosters, observations during site review process and interviews conducted with staff at the facility.

55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	 Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported there were no residents identified as being placed in segregated housing for risk of sexual victimization during the onsite portion of the audit. The auditor was able to confirm this information through review of resident rosters, observations during site review process and interviews conducted with staff at the facility.

57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The auditor conducted four targeted resident interviews. Amarillo Transitional Treatment Center is a community confinement facility with a small resident population, and many residents are employed in the community and leave the facility for work during the day. During the onsite portion of the audit, a number of residents, including some who may have fallen within targeted categories, were at their places of employment and were not available for interview. The auditor interviewed the residents in targeted categories who were present and available during the onsite portion of the audit.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

58. Enter the total number of RANDOM STAFF who were interviewed:	3
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	☐ Too many staff declined to participate in interviews. ☐ Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). ☐ Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. ☐ Other
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor interviewed three random staff. Amarillo Transitional Treatment Center is a small community confinement facility with a limited number of staff. During the onsite portion of the audit, three staff members other than facility leadership and the PREA Coordinator were on duty, and the auditor interviewed all three.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	7
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☒ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	☒ Yes ☐ No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	☒ Yes ☐ No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	☒ Yes ☐ No
75. Informal conversations with staff during the site review (encouraged, not required)?	☒ Yes ☐ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

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

☒ Yes

☐ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.211 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator Document Review: ATTC PREA Policy and Procedure (referenced in the PAQ as effective 4/21/2026; subsequent revision noted 5/4/2026) ATTC PREA Policy and Procedure (baseline, dated 3/8/2023) ATTC PREA Implementation Procedures (Prevention Planning) PREA Definitions of Prohibited Behaviors (28 C.F.R. §115.6 definitions incorporated into policy) PREA Disciplinary Sanctions Provisions Plainview Serenity Center, Inc. Organizational Chart (2023)

Plainview Serenity Center, Inc. PREA Annual Report (2025)

Pre-Audit Questionnaire (PAQ)

ATTC PREA Policy and Procedure, revised and signed 6/18/2026 (produced during the corrective action period)

Designated PREA Coordinator Memorandum, 6/18/2026 (produced during the corrective action period)

Plainview Serenity Center, Inc. Organizational Chart, revised 2026 (produced during the corrective action period)

Interviews:

Random staff interviews

Specialized staff interviews (Program Director)

Interview with the agency PREA Coordinator (provided following the onsite review)

Site Review Observations:

During the site review at Amarillo Transitional Treatment Center on May 7, 2026, the auditor observed PREA-related messaging and zero-tolerance postings displayed in resident and common areas of the facility, including administrative areas, the dining area, and both the female and male residential buildings. PREA reporting information was posted in areas accessible to residents, and postings were observed in both English and Spanish. The auditor independently tested the resident reporting hotline, which functioned as intended and connected to the designated external reporting authority. The facility is a community confinement residential substance abuse treatment facility operating under contract with the Texas Department of Criminal Justice (TDCJ), housing male and female residents.

Findings by Provision:

115.211 (a)

Amarillo Transitional Treatment Center maintains a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The ATTC PREA Policy states that the facility and its Board of Directors have adopted zero tolerance toward all forms of sexual abuse and sexual harassment and will prevent, detect, and respond to such conduct. The substantive zero-tolerance mandate was established in the agency's baseline policy dated 3/8/2023, which was in effect during the review period; the subsequent policy revisions refined the organization of the policy but did not create the zero-tolerance mandate, which predated them.

The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment across multiple sections, including prevention planning, reporting procedures, official response and first responder duties, investigation protocols, and disciplinary sanctions. The policy designates

staff roles responsible for elements of the implementation plan, including the designated PREA Coordinator and all staff as mandatory reporters.

The policy includes definitions of prohibited behaviors, incorporating the definitions of sexual abuse and sexual harassment set forth at 28 C.F.R. §115.6, covering resident-on-resident sexual abuse, resident-on-resident sexual harassment, and sexual abuse or harassment of a resident by a staff member, contractor, or volunteer. These definitions are consistent with the definitions provided in 28 C.F.R. §115.6.

The policy addresses sanctions for prohibited behaviors. For staff, the policy provides that staff will be subject to termination of employment for violating the agency's sexual abuse or sexual harassment policies, with terminations reported to law enforcement agencies and relevant licensing boards. For residents, the policy provides for disciplinary sanctions through the facility's established disciplinary process following an administrative or criminal finding.

The policy describes multiple strategies and responses designed to reduce and prevent sexual abuse and sexual harassment, including PREA risk screening at intake with reassessment; resident education on zero tolerance, reporting options, and available support services; staff training on PREA standards and first responder duties; video monitoring; cross-gender announcement protocols; access to outside confidential support services; multiple reporting modalities, including an anonymous hotline; and coordination with TDCJ, HHSC, and local law enforcement. Random staff interviews corroborated strong familiarity with the facility's zero-tolerance policy, and site review observations confirmed that zero-tolerance postings were visible in resident and common areas in both English and Spanish.

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

115.211 (b)

The evidence relevant to the designation of the PREA Coordinator is internally inconsistent across the facility's governing documents, and in one instance inconsistent within a single document. The PREA Policy designates the Program Supervisor at ATTC as the PREA Coordinator, and the policy's definitions section likewise defines the PREA Coordinator as the ATTC-designated Program Supervisor. The 2023 organizational chart identifies the Chief Executive Officer as the PREA Coordinator. The 2025 PREA Annual Report identifies the Program Director as the PREA Coordinator. Within the Pre-Audit Questionnaire, the agency-information section identifies a named individual as the agency-wide PREA Coordinator reporting to the Board of Directors, while the response to the provision-specific question states that the PREA Coordinator is the Chief Executive Officer. During random staff interviews, staff identified different individuals as the PREA Coordinator, with one identifying the Program Supervisor role and another identifying the Chief Executive Officer.

These sources cannot be reconciled on the record provided. The policy designation (Program Supervisor), the organizational chart and one PAQ response (Chief Executive Officer), the annual report (Program Director), and the PAQ agency-information section (a named individual reporting to the Board) identify materially different positions. The standard requires that the agency designate a single, identifiable, upper-level, agency-wide PREA Coordinator; a designation that varies across the agency's governing documents does not satisfy that requirement.

A separate and independent deficiency concerns the organizational level of the position designated in the policy. The standard requires an upper-level, agency-wide coordinator with sufficient time and authority to develop, implement, and oversee compliance efforts in all of the agency's community confinement facilities. Plainview Serenity Center, Inc., operates more than one facility. The position designated in the policy — the Program Supervisor at ATTC — is a facility-level position. The record does not establish that the Program Supervisor holds agency-wide authority across all of the agency's community confinement facilities, and the Pre-Audit Questionnaire did not provide a response establishing that the designated coordinator has sufficient time and authority to oversee compliance in all facilities, as required by 115.211(b)(2).

This designation conflict was identified and communicated to the facility during the pre-onsite phase, and the facility did not resolve the conflict prior to or during the onsite review. The materials produced following the onsite did not cure the inconsistency; the policy continued to designate the facility-level Program Supervisor, while the organizational chart and annual report continued to identify other positions.

A PREA Coordinator interview was provided to the auditor following the onsite review. That interview did not resolve the conflicting designations across the agency's governing documents, and it did not establish that the agency has designated an upper-level, agency-wide PREA Coordinator who exercises the authority this provision requires. The standard requires a coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards across all of its facilities. The interview responses reflected a facility-level, policy-referential understanding of the PREA program rather than the agency-wide ownership, authority, and oversight of implementation that the role requires under this provision. Taken together with the conflicting designations in the governing documents and the facility-level position designated in the policy, the record does not establish that an upper-level, agency-wide PREA Coordinator with sufficient authority to oversee compliance across all of the agency's facilities has been designated.

Because the designated PREA Coordinator cannot be identified consistently across the agency's governing documents, because the position designated in the policy is a facility-level rather than an agency-wide position, and because the record — including the PREA Coordinator interview — does not establish that the agency has designated an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee PREA compliance across all of the

agency's community confinement facilities, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Designate a single, identifiable, upper-level, agency-wide PREA Coordinator, and produce a formal written designation (for example, an appointment memorandum signed by the agency head) that identifies the coordinator by title and confirms agency-wide authority across all Plainview Serenity Center, Inc. community confinement facilities.
2. Reconcile all agency governing documents — including the PREA policy, the organizational chart, the annual PREA report, and the Pre-Audit Questionnaire responses — so that each identifies the same designated PREA Coordinator position consistently.
3. Document that the designated PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its community confinement facilities, as required by 115.211(b).
4. Incorporate an effective date, revision history, and approval signature into the PREA policy so that the policy in effect can be readily identified.

Corrective Action Taken:

During the corrective action period, the agency issued a memorandum signed by the Chief Executive Officer, dated 6/18/2026, designating the Program Director as the PREA Coordinator and stating that the position holds agency-wide authority in matters involving PREA. The agency produced a revised organizational chart identifying the PREA Coordinator at a position reporting directly to the Chief Executive Officer, with responsibility extending across the agency's Amarillo, Plainview, and Lubbock locations.

The agency produced its complete revised PREA policy, signed by the Chief Executive Officer and dated 6/18/2026. The revised policy designates the Program Director as the ATTC PREA Coordinator and provides that the PREA Coordinator will have sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards, as required by §115.211(b). The signature page records a revision history of 6/18/2026, 5/4/2026, and 3/12/2023, and each page of the policy carries a header identifying the version in effect.

The record developed during the corrective action period further establishes the scope of the agency's operations. The agency operates three transitional treatment center locations under contract with TDCJ. The Amarillo location is the agency's only residential location; the Plainview and Lubbock locations provide outpatient services and do not confine residents. Amarillo Transitional Treatment Center is therefore the agency's only community confinement facility subject to these standards, and the authority conferred by the designation extends to all of the agency's locations.

	Compliance with this provision is established by the designation of an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of the agency's facilities, identified consistently across the agency's governing documents. The auditor verified compliance by reviewing the designation memorandum, the revised organizational chart, and the signed PREA policy, and confirmed that the PREA policy, the designation memorandum, the agency's annual PREA report, and the organizational chart now identify the same designated position; that the designated position is an upper-level position reporting directly to the agency head rather than a facility-level position; and that the policy in effect can be readily identified by its effective date, revision history, and approval signature. This provision is now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.212 - Contracting with Other Entities for the Confinement of Residents Document Review: Pre-Audit Questionnaire (PAQ) TDCJ Contract No. 696-PF-20-21-C038, including Section C.40 (Prison Rape Elimination Act) TDCJ Modification of Contract No. M-018 (effective 5/20/2026) Interviews: Interview with the agency PREA Coordinator Specialized staff interviews (Program Director) Findings by Provision: Standard 115.212 applies to a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies. The standard requires that such contracts obligate the contracted entity to adopt and comply with the PREA standards, provide for agency contract monitoring, and address the limited emergency circumstances under which a non-

	compliant entity may be used. Amarillo Transitional Treatment Center is a private community confinement facility operated by Plainview Serenity Center, Inc., that holds residents under contract for the Texas Department of Criminal Justice (TDCJ). The facility is the contracted provider of confinement services; it does not contract out the confinement of its own residents to any private agency or other entity. The contract reviewed for this standard, TDCJ Contract No. 696-PF-20-21-C038 and its modification, identifies TDCJ as the issuing agency and Plainview Serenity Center, Inc., as the contractor, confirming that the facility receives residents as the contracted provider rather than contracting out the confinement of its residents to another entity. The Pre-Audit Questionnaire reported one inbound contract for the confinement of residents under which the facility serves as the contractor. The facility does not contract with any private agency or other entity for the confinement of its own residents. This was confirmed through review of the PAQ, the contract documents, and interviews with agency and facility leadership. Because the agency does not contract out the confinement of its residents to private agencies or other entities, the provisions of this standard do not apply to Amarillo Transitional Treatment Center. Compliance Finding: Not Applicable This standard is not applicable to the facility. The agency does not contract for the confinement of its residents with private agencies or other entities; the facility is itself the contracted provider of confinement services. N/A has been selected in the OAS for the provisions of this standard.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.213 - Supervision and Monitoring Document Review: ATTC PREA Policy and Procedure (Prevention Planning — Staffing and Monitoring provisions) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, updated September 28, 2026, signed by the Chief Executive Officer (produced during the corrective action period) PREA 115.213 Camera Update memorandum, dated September 28, 2026 (produced

during the corrective action period)

Staffing Plan and Annual Staffing Plan Review, signed by the Chief Executive Officer on October 1, 2026 (produced during the corrective action period)

Interviews:

Random staff interviews

Specialized staff interviews (Program Director)

Interview with the agency PREA Coordinator (provided following the onsite review)

Site Review Observations:

During the site review conducted on May 7, 2026, the auditor observed staff supervision practices throughout the facility. Staff rounds in the male residential building were observed to occur at approximately one-hour intervals. Line of sight in common and congregate areas was generally adequate, and privacy measures, including curtains in shower and toilet areas, were observed in the residential buildings. The auditor identified one area — the downstairs laundry area in the male residential building — where camera coverage was not present and recommended that video monitoring be considered for that area. The facility reported an average daily population of approximately 40 residents during the review period.

Findings by Provision:

115.213 (a)

For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the staffing plan must take into consideration the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.

The facility responded in the Pre-Audit Questionnaire that it develops and documents a staffing plan and identified its supporting documentation as the staffing plan. Upon review, the documents identified by the facility are pages of the ATTC PREA Policy and Procedure rather than a staffing plan. The only staffing-related provision in the policy states that the agency will use video monitoring and maintain adequate staff per licensure and TDCJ contract requirements. A general statement that the facility will maintain adequate staffing in accordance with licensure and contract requirements is not a documented staffing plan, and it does not take into consideration, or document consideration of, the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, or any other relevant factors, as the standard requires.

The auditor observed during the site review that the facility maintains supervision practices in operation, including staff rounds and generally adequate line of sight, with one camera-coverage gap noted in the downstairs laundry area of the male residential building. While these observations indicate that supervision occurs in practice, the standard requires a documented staffing plan that addresses the enumerated factors, and practice observations do not substitute for the documented plan. No documented staffing plan addressing the factors required by this provision was established in policy or practice in effect at the time of the onsite review. Accordingly, this provision was not met.

115.213 (b)

In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The facility reported no deviations from a staffing plan during the review period, and no documentation of staffing deviations was identified. Because no deviations were reported or identified, this provision is not applicable. N/A has been selected in the OAS for this provision.

115.213 (c)

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 deployment of video monitoring systems and other monitoring technologies, and the resources the facility has available to commit to ensure adequate staffing levels.

The facility responded “No” in the Pre-Audit Questionnaire to whether it conducts the annual review required by this provision. The PREA Coordinator interview provided following the onsite review stated that the staffing plan is reviewed each year and that the PREA Coordinator is consulted in that review. This statement conflicts with the facility’s own Pre-Audit Questionnaire response, and, more significantly, no documentation of an annual staffing-plan review was produced. The requirement of this provision is not merely that a review occur, but that the facility assess, determine, and document whether adjustments are needed; an interview statement that a review takes place does not satisfy a provision requiring documented assessment, and no such documentation was produced.

In addition, in the absence of a documented staffing plan, as discussed under provision (a), there is no staffing plan against which the annual assessment required by this provision can be conducted. No annual review meeting the requirements of this provision was produced or otherwise established. Accordingly, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Develop and document a staffing plan for the facility that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents

against sexual abuse, and that documents consideration of the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors, as required by §115.213(a).

2. Conduct and document the annual review required by §115.213(c), assessing whether adjustments are needed to the staffing plan, prevailing staffing patterns, the deployment of video monitoring and other monitoring technologies, and the resources available to ensure adequate staffing levels.

3. Assess video monitoring coverage throughout the facility, including identified areas without camera coverage, and document the facility's determination regarding the deployment of monitoring technology.

Corrective Action Taken:

The facility revised its PREA Policy and Procedure on September 28, 2026. The policy states that ATTC will develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staff levels and determining the need for video monitoring, the facility will consider the physical layout of the facility, the composition of residents, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other relevant factors.

The facility produced a staffing plan and annual staffing plan review, signed by the Chief Executive Officer on October 1, 2026. The review documents each required factor. It finds the physical layout of the facility adequate for monitoring by staff and by camera. It describes the resident population as, on average, 28 to 30 males and 7 to 15 females, housed in separate dorms monitored by video, with separate lunch times. It reports two allegations of sexual abuse or sexual harassment, both determined to be unsubstantiated; these are the two allegations received during the audit review period. It identifies no other relevant factors.

The plan includes a staffing statement. It provides for two staff on duty per shift during waking hours and one staff member on duty during sleeping hours. Supervision rounds are conducted hourly for all residents who are not at work or on an approved pass, and a minimum of three bed checks are conducted during sleeping hours. Hourly rounds are consistent with the auditor's observations during the site review.

The annual staffing plan review assesses and documents whether adjustments are needed. It states that no adjustment was needed to the initial staffing plan or the prevailing staffing plan, documents the addition of video monitoring in the downstairs laundry area, and states that the facility has and maintains the resources to fulfill the adequate level of staffing.

The facility produced a memorandum dated September 28, 2026, documenting its determination to install a camera to monitor the downstairs laundry area identified during the site review. The annual staffing plan review states that the camera is

	scheduled for installation on October 2, 2026, and that video monitoring is available at all workstations, with staff monitoring the cameras throughout each shift. The staffing plan and annual staffing plan review are credited as documentation produced during the corrective action period. References in the review to an initial staffing plan dated October 31, 2025 do not change the original finding: no documented staffing plan or annual staffing plan review was produced before or during the onsite review. Provisions 115.213 (a) and (c) are now met. Recommendation: The auditor recommends that the facility add video monitoring coverage to the downstairs laundry area of the male residential building, which was observed during the site review to lack camera coverage. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.215 - Limits to Cross-Gender Viewing and Searches Document Review: ATTC PREA Policy and Procedure (Prevention Planning — §115.215 Pat Searches) Pre-Audit Questionnaire (PAQ) Interviews: Random staff interviews Random resident interviews Targeted resident interviews Site Review Observations: During the site review at Amarillo Transitional Treatment Center on May 7, 2026, the auditor observed the areas where residents may be in a state of undress, including sleeping areas, shower areas, and bathrooms in both the male and female

residential buildings. The facility provides separate residential buildings for male and female residents, and the shower and bathroom areas were observed to have privacy curtains and doors that afford privacy during showering, dressing, and the performance of bodily functions. The auditor assessed the physical layout and camera placement and confirmed that cameras are not positioned to view residents in a state of undress. Site review observations and resident interviews indicated that privacy during showering and changing is adequate and that opposite-gender staff announce their presence before entering areas where residents are likely to be showering, performing bodily functions, or changing clothing.

Findings by Provision:

115.215 (a)

The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The ATTC PREA policy provides that staff strip searches are not permitted for any reason and that body cavity searches are not a policy or practice at the facility. The Pre-Audit Questionnaire reported zero cross-gender strip searches or cross-gender visual body cavity searches of residents in the past 12 months. As a community confinement residential treatment facility, strip searches and visual body cavity searches are not part of routine operations, which was confirmed through staff interviews.

115.215 (b)

The facility does not permit cross-gender pat-down searches of female residents absent exigent circumstances, and the Pre-Audit Questionnaire reported zero pat-down searches of female residents conducted by male staff in the past 12 months. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. No female residents reported experiencing cross-gender pat-down searches during interviews.

115.215 (c)

Because the facility does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down searches of female residents, there were no such searches requiring documentation during the review period. The Pre-Audit Questionnaire reported zero instances of any such searches, and none were identified during the audit.

115.215 (d)

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks. The ATTC PREA policy provides that the viewing of residents dressing or undressing is not a policy or practice at the facility, that residents are afforded privacy for dressing, bathing, and

	the performance of bodily functions, and that staff of the opposite gender announce their presence before entering the dorms. The auditor’s site review observations of the facility’s physical layout and camera placement, together with resident interviews confirming that opposite-gender staff announce their presence and that privacy is adequate, corroborate that this provision is met in practice. 115.215 (e) Pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for §115.215(e). This provision is not applicable to the auditor’s compliance determination for this audit. N/A has been selected in the OAS for this provision. 115.215 (f) Pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for §115.215(f). This provision is not applicable to the auditor’s compliance determination for this audit. N/A has been selected in the OAS for this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Provisions 115.215(e) and 115.215(f) are not applicable to this compliance determination pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.216 - Residents with Disabilities and Residents Who Are Limited English Proficient Document Review: ATTC PREA Policy and Procedure (Prevention Planning — §115.216 Residents with Disabilities) Pre-Audit Questionnaire (PAQ)

ATTC PREA Policy and Procedure, signed September 28, 2026 (§115.216 Residents with Disabilities; §115.233 Resident Education) (produced during the corrective action period)

Lubbock Deaf, Inc. Non-Subscription Onsite, VRI, and OPI Interpreting Services Agreement, effective September 1, 2026 through August 31, 2027 (produced during the corrective action period)

ATTC Resident Handbook, Spanish edition, revised June 18, 2026 (produced during the corrective action period)

PREA Resident Information, large-print versions in English and Spanish (produced during the corrective action period)

Staff Development/Training Record, Face-to-Face PREA Training on Interpreter Services, September 29, 2026 (produced during the corrective action period)

Interviews:

Random staff interviews

Random resident interviews

Targeted resident interviews

Interview with the Agency Head (provided following the onsite review)

Site Review Observations:

During the site review conducted on May 7, 2026, the auditor observed PREA informational postings displayed in resident and common areas in both English and Spanish. Through the resident interview process, the auditor screened for residents requiring interpretation services or accommodations for a disability; the residents interviewed did not require an interpreter and reported receiving PREA information in a language they understood. No resident who is deaf or hard of hearing, who has a disability requiring accommodation for effective communication, or who is limited English proficient and required live interpretation was identified during the review period.

Findings by Provision:

115.216 (a)

The agency shall take appropriate steps to ensure that residents with disabilities, including residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. When necessary to ensure effective communication with residents who are deaf or hard of hearing, such steps shall include access to interpreters who can interpret effectively, accurately, and impartially. The agency shall also ensure that written

materials are provided in formats or through methods that ensure effective communication with residents with disabilities.

The ATTC PREA policy provides that residents with disabilities will be included in the prevention, detection, and response to sexual abuse and sexual harassment, that hard-of-hearing and deaf clients will have interpreters available, and that special-needs residents will be provided with learning and visual aids when necessary. While the policy states these commitments, the facility did not produce documentation demonstrating the appropriate steps required to carry them out. The facility did not produce any contract or agreement with an interpretation service or other professional engaged to ensure effective communication with residents who are deaf or hard of hearing, nor did it produce written PREA materials in formats accessible to residents with intellectual disabilities, limited reading skills, or who are blind or have low vision, nor documentation of staff training on PREA-compliant practices for residents with disabilities.

A policy commitment that interpreters and aids “will be available,” without a documented mechanism for securing those services, does not demonstrate that the agency has taken the appropriate steps the standard requires. The absence of a resident requiring such accommodation during the review period does not establish compliance; the standard requires that the steps be in place so that effective communication is ensured when needed. The facility did not demonstrate that an interpreter could be secured or that accessible written materials existed during the review period. No such mechanism was established in policy or practice in effect at the time of the onsite review. Accordingly, this provision was not met.

115.216 (b)

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment for residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The ATTC PREA policy provides that the facility will provide information in a language other than English when necessary, and the auditor observed PREA postings displayed in Spanish during the site review. These measures demonstrate that the facility provides certain static translated materials. However, the facility did not produce any contract or agreement with an interpretation service or language-line provider, or other documentation demonstrating that it can provide live, effective interpretation for limited English proficient residents for purposes such as reporting an incident, participating in an investigative interview, or accessing support services. Translated postings do not satisfy the requirement to ensure meaningful access through the provision of qualified interpreters when necessary.

As with provision (a), the absence of a limited English proficient resident requiring live interpretation during the review period does not establish compliance, because the standard requires that the reasonable steps be in place so that meaningful access is ensured when needed. The facility did not demonstrate a mechanism for

securing qualified interpretation services for limited English proficient residents. No such mechanism was established in policy or practice in effect at the time of the onsite review. Accordingly, this provision was not met.

115.216 (c)

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations.

The ATTC PREA policy does not contain the prohibition required by this provision. The document the facility identified as responsive to this provision is the general policy section addressing residents with disabilities, which does not prohibit the use of resident interpreters, resident readers, or other resident assistants, and does not set out the narrow circumstances under which such reliance is permitted or the documentation required when it occurs. While the facility reported zero instances in the past 12 months in which a resident interpreter, reader, or assistant was used outside the permitted circumstances, the standard requires that the agency maintain a policy establishing the prohibition. That prohibition was absent from the policy in effect at the time of the onsite review. Accordingly, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Establish and document a mechanism for securing qualified interpretation services for residents who are deaf or hard of hearing and for residents who are limited English proficient — for example, a contract with an interpretation service or access to a telephonic language line — together with procedures for securing such services on demand, as required by §115.216(a) and (b).
2. Produce PREA written materials in formats or through methods that ensure effective communication with residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision, and in languages other than English as needed, as required by §115.216(a) and (b).
3. Train and brief affected staff on the procedures for securing interpretation services and accessible communication for residents with disabilities and residents who are limited English proficient, and document that training.
4. Amend the PREA policy to include the prohibition required by §115.216(c) on relying on resident interpreters, resident readers, or other resident assistants, except in the limited circumstances permitted by the standard, and to require documentation of the circumstances in any individual case where such reliance occurs.

Corrective Action Taken:

In response to item 1, the facility executed a non-subscription interpreting services agreement with Lubbock Deaf, Inc., effective September 1, 2026 through August 31, 2027. The agreement provides on-site interpreters upon request, on-demand video remote interpreting in American Sign Language available 24 hours a day, on-demand over-the-phone interpretation in spoken languages including Spanish available 24 hours a day, and a 24-hour interpreter line for short-notice and after-hours requests. The revised PREA policy, signed September 28, 2026, establishes the procedure for securing these services. Staff request scheduled interpretation through the provider's online portal, and for immediate needs the facility director or staff on duty contact the provider directly. The policy directs staff to use the provider's 24-hour line for video remote interpreting, over-the-phone interpretation, and after-hours services, and provides that interpretation for residents who are limited English proficient is arranged through the same provider.

In response to item 2, the revised policy provides that staff will provide large-print copies of PREA information in English and Spanish and will read the information to residents with low vision, that residents with special needs will be provided learning and visual aids when necessary, and that staff will be trained to identify vision or comprehension needs that require interpreter services or one-on-one assistance for a resident to understand PREA education. The facility produced large-print versions of its PREA resident information in English and Spanish, and the Spanish edition of the Resident Handbook was reviewed during the corrective action period. These materials and methods provide for effective communication of PREA information with residents who have low vision, limited reading skills, or intellectual disabilities, and with residents who are limited English proficient.

In response to item 3, the facility produced a Staff Development/Training record documenting a one-hour face-to-face PREA training session conducted on September 29, 2026, signed by the trainer and accompanied by a staff attendance roster. The training reviewed the policy updates and the procedure for accessing interpretation services through Lubbock Deaf, Inc. The auditor's review of the training record confirmed that staff were trained on the procedures for securing interpretation services and accessible communication for residents with disabilities and residents who are limited English proficient.

In response to item 4, the revised policy prohibits reliance on resident interpreters, resident readers, or other resident assistants except in the limited circumstances permitted by the standard, and requires documentation of the circumstances in any individual case where such reliance occurs.

Provisions 115.216 (a), (b), and (c) are now met.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.217 - Hiring and Promotion Decisions Document Review: ATTC PREA Policy and Procedure (Prevention Planning — §115.217 Hiring and Promotion Decisions) TDCJ Policy Directive PD-75 (Criminal History Background Check — contract workers) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, revised and signed 6/18/2026 (produced during the corrective action period) Interviews: Random staff interviews Interview with Administrative (Human Resources) staff (provided following the onsite review) Site Review Observations: This standard concerns the agency’s hiring, promotion, and contractor screening policies and the records of background checks conducted. It does not have a site review component beyond the document and personnel-records review described in this discussion. The facility reported that four employees who may have contact with residents were hired in the past 12 months and that criminal background records checks were conducted for all four. The facility reported zero contracts during the review period for services in which a contractor may have had contact with residents. Findings by Provision: 115.217 (a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 where the victim did not or could not consent; or who has been civilly or administratively adjudicated to have engaged in such activity. The ATTC PREA policy provides that the facility will not hire anyone who has

engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 where the victim did not or could not consent; or who has been civilly or administratively adjudicated to have engaged in that activity. The Pre-Audit Questionnaire reported zero individuals hired in the past 12 months who had engaged in the prohibited conduct. The policy contains the prohibition required by this provision.

115.217 (b)

The agency 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 residents. The facility reported in the Pre-Audit Questionnaire that it considers incidents of sexual harassment in making hiring, promotion, and contractor decisions, and the facility's hiring policy addresses the consideration of prior misconduct in screening applicants. This provision is addressed.

115.217 (c)

Before hiring new employees who may have contact with residents, the agency shall (1) perform a criminal background records check, and (2) consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The ATTC PREA policy provides that, before a decision to hire an applicant, the facility will complete a criminal background check through TDCJ, and the facility reported that criminal background records checks were completed for all four employees hired in the past 12 months who may have contact with residents. This satisfies the first element of the provision. The policy does not, however, require the facility to make best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignations during a pending investigation. The policy addresses the disclosure of substantiated allegations to a prospective employer who requests them — an obligation that runs in the opposite direction — but it does not establish the requirement that the facility itself contact prior institutional employers as part of its own pre-hire screening. Because the second element required by this provision was not established in the policy or practice in effect at the time of the onsite review, this provision was not met.

115.217 (d)

The agency shall perform a criminal background records check before enlisting the services of any contractor who may have contact with residents, and the agency shall maintain a policy requiring that such checks be conducted. The facility reported zero contracts during the review period in which a contractor may have had contact with residents. The document the facility identified as responsive to this provision is a TDCJ Policy Directive addressing criminal history background checks

for contract construction workers accessing TDCJ premises; it is a TDCJ directive rather than the facility's own policy, and it does not establish an ATTC policy requiring criminal background records checks before enlisting contractors who may have contact with residents. The standard requires the agency to maintain such a policy regardless of the number of contractors enlisted during a given review period. Because the facility did not produce a policy of its own requiring criminal background records checks before enlisting contractors who may have contact with residents, this provision was not met.

115.217 (e)

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The ATTC PREA policy does not require criminal background records checks at least every five years for current employees and contractors who may have contact with residents, and it does not establish an alternative system for otherwise capturing such information. The documents the facility identified as responsive to this provision — a TDCJ Policy Directive addressing contract construction workers and a referenced page of an operational plan — do not establish an ATTC policy meeting the requirement of this provision for the facility's own current employees and contractors who may have contact with residents. Because neither a five-year recheck requirement nor an alternative capture system was established in the policy or practice in effect at the time of the onsite review, this provision was not met.

115.217 (f)

The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees, and shall impose upon employees a continuing affirmative duty to disclose any such misconduct.

The ATTC PREA policy does not require the facility to ask applicants and employees directly about previous misconduct in written applications or interviews for hiring or promotions, or in interviews or written self-evaluations conducted as part of reviews of current employees, and it does not impose upon employees a continuing affirmative duty to disclose such misconduct. Because the direct-inquiry requirement and the continuing affirmative duty to disclose were not established in the policy or practice in effect at the time of the onsite review, this provision was not met.

115.217 (g)

Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The ATTC PREA policy provides that any

omissions or errors found on the application will be cause for termination of the employee. The policy contains the requirement of this provision.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Amend the PREA policy to require that, before hiring new employees who may have contact with residents, the facility make its best efforts, consistent with Federal, State, and local law, 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, as required by §115.217(c)(2).
2. Adopt an ATTC policy requiring that a criminal background records check be performed before enlisting the services of any contractor who may have contact with residents, as required by §115.217(d).
3. Amend the PREA policy to require either criminal background records checks at least every five years for current employees and contractors who may have contact with residents, or an alternative system for otherwise capturing such information for current employees, as required by §115.217(e).
4. Amend the PREA policy to require that all applicants and employees who may have contact with residents be asked directly about previous misconduct described in §115.217(a) in written applications or interviews for hiring and promotions and in reviews of current employees, and to impose upon employees a continuing affirmative duty to disclose any such misconduct, as required by §115.217(f).
5. Extend the hiring policy to expressly address promotion decisions in addition to hiring decisions, consistent with §115.217(a) and (f).
6. Brief and train Human Resources staff on the pre-hire requirement to contact prior institutional employers under §115.217(c)(2), and document that training.

Corrective Action Taken:

During the corrective action period, the agency produced its complete revised PREA policy, signed by the Chief Executive Officer and dated 6/18/2026. The revised policy carries a revision history and a header on each page identifying the version in effect, and it revises §115.217 in its entirety.

The revised policy establishes each requirement previously absent. It requires that, before hiring new employees who may have contact with residents, the agency make its best efforts, consistent with Federal, State, and local law, 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. It establishes, as the facility's own policy, that a criminal background records check be performed before enlisting the services of any contractor who may have contact with residents. It provides for criminal background records checks at least

	every five years for contractors and, for current employees, identifies the Texas Department of Criminal Justice system that tracks arrests and convictions and reports them for all employees who may have contact with residents. It requires that all applicants and employees who may have contact with residents be asked directly about previous misconduct in written applications or interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews of current employees, and imposes upon employees a continuing affirmative duty to disclose any such misconduct. And it extends the prohibitions expressly to promotion decisions, providing that the agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who has engaged in the conduct this standard identifies. The corrective action also directed a documented briefing of Human Resources staff on the pre-hire requirement at §115.217(c)(2). The facility reported ten staff who may have contact with residents and four employees hired during the review period, with hiring conducted by facility administrative staff under the direction of the Chief Executive Officer, who signed the revised policy. On an operation of this size, the auditor determined that the revised requirement is operative and known to the staff responsible for hiring, and that a separate documented briefing was not necessary to establish compliance with this provision. Compliance with this provision is established by agency policy containing each requirement the standard imposes on hiring, promotion, and contractor screening decisions. The auditor verified compliance by reviewing the revised PREA policy signed 6/18/2026 and confirming that each element previously absent — the requirement to contact prior institutional employers, the facility’s own contractor background check requirement, the five-year recheck and alternative capture provision, the direct-inquiry requirement, the continuing affirmative duty to disclose, and the express extension to promotion decisions — is established in the policy now in effect. Provisions (c), (d), (e), and (f) are now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.218 - Upgrades to Facilities and Technology Document Review:

ATTC PREA Policy and Procedure (Prevention Planning — §115.218 Upgrades to Facilities and Technology)

Pre-Audit Questionnaire (PAQ)

Interviews:

Interview with the Agency Head and the Director (provided following the onsite review)

Findings by Provision:

Standard 115.218 requires that, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency consider the effect of the design, acquisition, expansion, or modification upon its ability to protect residents from sexual abuse. The standard further requires that, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency consider how such technology may enhance its ability to protect residents from sexual abuse. By its terms, each provision applies only where the agency has acquired a new facility, made a substantial expansion or modification to existing facilities, or installed or updated monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

Amarillo Transitional Treatment Center is an established community confinement facility that has operated in its existing physical plant, and the facility did not acquire a new facility or make a substantial expansion or modification to its existing facilities during the applicable period. The facility likewise did not install or update a video monitoring system, electronic surveillance system, or other monitoring technology during the applicable period. The video monitoring in place at the facility predates the current audit cycle; during the site review the auditor observed the existing camera coverage and noted a recommendation that coverage be considered for one additional area, but no installation or update of monitoring technology occurred during the applicable period that would trigger the requirements of this standard. This was confirmed through the PAQ and review of the available documentation.

Because the agency did not acquire a new facility, make a substantial expansion or modification to existing facilities, or install or update monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later, the provisions of this standard do not apply to Amarillo Transitional Treatment Center.

Compliance Finding: Not Applicable

This standard is not applicable to the facility. The agency did not design or acquire a new facility, make a substantial expansion or modification to existing facilities, or install or update monitoring technology during the applicable period. N/A has been selected in the OAS for the provisions of this standard.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.221 - Evidence Protocol and Forensic Medical Examinations Document Review: ATTC PREA Policy and Procedure (Responsive Planning — §115.221) Memorandum of Understanding between ATTC and Family Support Services (effective 4/11/2017; continues until terminated) Agreement between ATTC and the Amarillo Police Department Special Victims Unit (signed 4/2017) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, signed September 28, 2026 (Responsive Planning — §115.221) (produced during the corrective action period) Staff Development/Training Records, Face-to-Face PREA Training on the §115.221 Evidence Protocol, September 29, 2026 (produced during the corrective action period) Interviews: Random staff interviews Specialized staff interviews (Program Director, including the designated investigator role) Site Review Observations: The facility does not have on-site medical services and does not employ on-site Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. Forensic medical examinations are provided through an outside hospital, with victim advocacy provided through a community rape crisis center. The facility reported zero forensic medical examinations during the review period. During the site review, the auditor confirmed that PREA reporting information and access to outside support services were posted and available to residents. Findings by Provision: 115.221 (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The facility is responsible for conducting administrative investigations of sexual abuse, as reflected in the Pre-Audit Questionnaire and confirmed during the onsite review. Because the facility is responsible for conducting administrative sexual abuse investigations, this provision applies, and the facility's investigators are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

The facility did not produce a uniform evidence protocol. The documents the facility identified as responsive to this provision are pages of the ATTC PREA policy that describe investigation steps in general terms — gathering and preserving evidence, interviewing the victim, the suspected perpetrator, and witnesses, and referring matters for prosecution — but do not constitute a uniform evidence protocol containing sufficient technical detail to aid responders in obtaining usable physical evidence. Moreover, in the Pre-Audit Questionnaire, the facility responded “No” to whether its investigators follow a uniform evidence protocol when conducting a sexual abuse investigation. The facility is responsible for administrative investigations but has acknowledged that its investigators do not follow a uniform evidence protocol, and no such protocol was established in policy or practice in effect at the time of the onsite review. Accordingly, this provision was not met.

115.221 (b)

The uniform evidence protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

Because the facility is responsible for conducting administrative sexual abuse investigations, this provision applies. As discussed under provision (a), the facility did not produce a uniform evidence protocol. In the absence of a uniform evidence protocol, the auditor cannot determine that the protocol is adapted from or otherwise based on the U.S. Department of Justice's Office on Violence Against Women publication or a similarly comprehensive and authoritative protocol developed after 2011, because no such protocol exists to evaluate. No uniform evidence protocol meeting the requirements of this provision was established in policy or practice in effect at the time of the onsite review. Accordingly, this provision was not met.

115.221 (c)

The agency offers 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. The ATTC PREA policy provides that the facility will offer and document victim forensic examinations, and the Pre-Audit Questionnaire reported that forensic medical examinations are offered at no financial cost to the victim. The facility does not have on-site medical services; forensic medical examinations are made available through Northwest Texas

Hospital, with victim advocacy provided through Family Support Services. The facility reported zero forensic medical examinations during the review period. Because the facility does not maintain on-site examiners, the auditor recommends, as set out below, that the facility document its efforts to ensure that examinations are performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners where possible.

115.221 (d)

The agency attempts to make available to the victim a victim advocate from a rape crisis center. The facility maintains a Memorandum of Understanding with Family Support Services, a community rape crisis center, under which Family Support Services agrees to respond to requests from ATTC to provide advocacy when clients are brought to the hospital for sexual assault forensic examinations, to respond to calls from ATTC clients received on the Family Support Services rape crisis hotline, and to provide follow-up services and crisis intervention. The Memorandum of Understanding is signed by both parties, took effect April 11, 2017, and continues in effect until terminated by either party. The Memorandum of Understanding documents the facility's arrangement to secure victim advocacy services from a rape crisis center.

115.221 (e)

As requested by the victim, the victim advocate accompanies and supports the victim through the forensic medical examination process and provides emotional support, crisis intervention, information, and referrals. The Memorandum of Understanding with Family Support Services provides that Family Support Services will respond to provide advocacy when clients are brought to the hospital for forensic examinations, will respond to rape crisis hotline calls, and will provide follow-up services and crisis intervention to victims of sexual assault at ATTC. These arrangements provide for the accompaniment and support contemplated by this provision.

115.221 (f)

To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The facility relies on the Amarillo Police Department for the criminal investigation of sexual abuse allegations. The facility maintains a signed agreement with the Amarillo Police Department Special Victims Unit in which the facility requests that local law enforcement utilize developmentally appropriate protocols, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, and in which the Special Victims Unit agrees to assist with sexual assault investigations as needed. The agreement is signed by both the Special Victims Unit and the facility. Through this agreement, the facility has requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Develop and adopt a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, for use in the administrative investigations for which the facility is responsible, as required by §115.221(a).
2. Ensure that the uniform evidence protocol is developmentally appropriate where applicable and is 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 a similarly comprehensive and authoritative protocol developed after 2011, as required by §115.221(b).
3. Train and brief the facility staff responsible for conducting or responding to administrative sexual abuse investigations on the uniform evidence protocol, ensuring that agency investigators follow the protocol when conducting sexual abuse investigations, and document that training.

Corrective Action Taken:

In response to item 1, the revised PREA policy, signed September 28, 2026, establishes a uniform evidence protocol for incidents of sexual abuse. Staff separate the victim and the alleged perpetrator, instruct both not to brush their teeth, use the restroom, or change clothes until the Amarillo Police Department Special Victims Unit arrives, and secure the scene. Clothing and articles found at the scene and on the persons involved are collected in tamper-resistant bags, recorded on an evidence log, and stored in a double-locked area. Each transfer of evidence to another agency is logged by time, date, and the name and signature of the person receiving it, and the facility maintains an unbroken chain of custody through the transfer of evidence to the Special Victims Unit.

In response to item 2, the revised policy states that the evidence protocol has been adapted from the most recent edition of the U.S. Department of Justice Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," third edition. The facility houses adult residents only; the requirement that the protocol be developmentally appropriate for youth therefore does not apply.

In response to item 3, the facility produced Staff Development/Training records dated September 29, 2026, each signed by the trainer and accompanied by a staff attendance roster. The training reviewed the revised §115.221 evidence protocol, the duties of the PREA Coordinator as the facility's investigator, and the duties of staff who respond to incidents of sexual abuse. The training was delivered by the PREA Coordinator, who conducts the facility's administrative investigations.

Provisions 115.221 (a) and (b) are now met.

	Recommendation: The auditor recommends that the facility document its efforts to ensure that forensic medical examinations are performed by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners where possible, including documentation of the availability of such examiners at the outside hospital to which residents are referred. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.222 - Policies to Ensure Referrals of Allegations for Investigations Document Review: ATTC PREA Policy and Procedure (Responsive Planning and Investigations — §§115.221, 115.271) Agency website, Downloads page (https://serenitycenter.org/brochures/) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, updated September 28, 2026, signed by the Chief Executive Officer (produced during the corrective action period) PREA Coordinator statement dated September 29, 2026 (produced during the corrective action period) Staff training and briefing record dated September 29, 2026, covering §§115.222 and 115.271 (produced during the corrective action period) Interviews: Specialized staff interviews (Program Director, including the designated investigator role) Interview with the Agency Head (provided following the onsite review) Site Review Observations: This standard concerns the agency’s policies for ensuring that allegations of sexual abuse and sexual harassment are investigated and, where applicable, referred for

criminal investigation, as well as the publication of the agency's referral policy. The auditor reviewed the agency's investigation documentation and the referenced agency website during the course of the audit. The facility reported that two allegations were received during the review period, that two administrative investigations were conducted, and that no allegations were referred for criminal investigation.

Findings by Provision:

115.222 (a)

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The ATTC PREA policy provides that the agency will conduct investigations into allegations of sexual abuse and sexual harassment, and the Pre-Audit Questionnaire reported that two allegations were received during the review period and that two administrative investigations were conducted. The auditor reviewed the investigation documentation for the allegations received during the review period. That review established that the administrative investigations were not completed in a manner that satisfies this provision; the investigation documentation reflected significant gaps, including the absence of completed investigative findings and outcomes for the allegations received. Because an administrative or criminal investigation was not completed for all allegations of sexual abuse and sexual harassment received during the review period, this provision was not met.

115.222 (b)

The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

The ATTC PREA policy in effect at the time of the onsite review contains a referral provision. The policy provides that the agency will collaborate with TDCJ, HHSC, and local law enforcement, will contact law enforcement, and that when evidence supports criminal prosecution the incident will be referred to the Criminal District Attorney's Office in Potter County. The facility reported that no allegations were referred for criminal investigation during the review period; the determination of whether an allegation involves potentially criminal behavior may appropriately result from the administrative investigation, and the standard does not require that every allegation be referred for criminal investigation. To this extent, the policy addresses the referral requirement of this provision.

The facility did not, however, satisfy the publication and documentation requirements of this provision. The facility identified its agency website, at the Downloads page, as the location where its referral policy is published and where

referrals are documented. The auditor reviewed that page and found that it contains program brochures and the agency's annual PREA data reports; it does not contain the agency's referral policy, and it does not contain documentation of referrals. The agency therefore did not publish its referral policy on its website or through other means established in the record, and did not document its referrals as the provision requires. Because the publication and documentation requirements were not established in policy or practice in effect at the time of the onsite review, this provision was not met.

115.222 (c)

If a separate entity is responsible for conducting criminal investigations, the publication shall describe the responsibilities of both the agency and the investigating entity.

The facility relies on the Amarillo Police Department, a separate entity, for the criminal investigation of sexual abuse allegations. Because a separate entity is responsible for conducting criminal investigations, this provision applies, and the agency's publication must describe the responsibilities of both the agency and the investigating entity. The auditor reviewed the agency website identified by the facility and found no publication describing the responsibilities of the agency and the Amarillo Police Department with respect to the investigation of sexual abuse allegations, and no such publication was otherwise produced. Because a publication describing the responsibilities of both the agency and the investigating entity was not established in policy or practice in effect at the time of the onsite review, this provision was not met.

115.222 (d) and (e)

Provisions (d) and (e) apply to any State entity or Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities. Pursuant to the Auditor Compliance Tool, the auditor is not required to audit these provisions.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including documented investigative findings and outcomes for each allegation, as required by §115.222(a).
2. Publish the agency's referral policy on its website or, if it does not maintain a website for this purpose, make the policy available through other accessible means, as required by §115.222(b).
3. Document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation, as required by §115.222(b).
4. Publish a description of the responsibilities of both the agency and the Amarillo

Police Department, as the separate entity responsible for conducting criminal investigations, as required by §115.222(c).

5. Brief and train the facility staff responsible for conducting and overseeing sexual abuse and sexual harassment investigations on the requirement to complete investigations for all allegations and to document all referrals, and document that training.

Corrective Action Taken:

The facility revised its PREA Policy and Procedure on September 28, 2026. The policy states that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, and that the agency will complete an administrative review, submit it to TDCJ, and maintain a copy on file. In a signed statement dated September 29, 2026, the PREA Coordinator stated that no reports of sexual abuse or sexual harassment have been received since June 14, 2026. Investigation reports for the two allegations received during the review period were produced during the corrective action period. Because those reports were not available at the onsite review and their dates of preparation could not be verified, the auditor did not rely on them. Item 1 is satisfied by the revised policy, the staff briefing described below, and the absence of allegations since the issuance of the interim report.

The revised policy states that all allegations of sexual abuse or sexual harassment are referred for investigation to the Special Victims Unit at the Amarillo Police Department to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. It states that the agency publishes this policy on its website and documents all referrals, and that ATTC maintains a memorandum of understanding with the Special Victims Unit. The policy describes the responsibilities of both the agency, which completes the administrative review, and the Amarillo Police Department, which conducts criminal investigations. Items 2, 3, and 4 are satisfied.

The facility produced a staff training and briefing record dated September 29, 2026, covering §§115.222 and 115.271, including the requirement that an administrative or criminal investigation be completed for all allegations, the referral of allegations to the Amarillo Police Department, and the documentation of all referrals. Item 5 is satisfied.

The investigation documentation reviewed by the auditor at the onsite review, referenced under provision (a), did not include written administrative investigation reports for the allegations received during the review period.

Provisions 115.222 (a), (b), and (c) are now met.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.231 - Employee Training Document Review: ATTC PREA Policy and Procedure (Training and Education — §115.231 Staff Training and Education) Blue Basin Training (online PREA training platform referenced in policy) Client Bill of Rights / Operational Plan provisions TDCJ Policy COF 1.2, Training (effective 4/1/2026) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, revised and signed 6/18/2026 (produced during the corrective action period) Staff Development/Training record, PREA Policy and Procedures, 6/23/2026 (produced during the corrective action period) Signed employee acknowledgments of PREA training, 8/25/2026 (produced during the corrective action period) Interviews: Random staff interviews Specialized staff interviews (Program Director) Site Review Observations: This standard concerns the training the agency provides to employees who may have contact with residents and the documentation of that training. During the random staff interviews conducted as part of the onsite review, the staff interviewed demonstrated familiarity with the facility's zero-tolerance policy and the content of the PREA training they had received, and confirmed that they completed PREA training upon hire and on an annual basis. Findings by Provision: 115.231 (a) The agency shall train all employees who may have contact with residents on its zero-tolerance policy; how to fulfill their responsibilities under the agency's prevention, detection, reporting, and response policies and procedures; residents'

right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The ATTC PREA policy provides that all employees receive PREA training through the online Blue Basin Training platform prior to having access to residents, and the policy enumerates the training topics required by this provision, including the zero-tolerance policy, staff responsibilities, residents' rights, freedom from retaliation, the dynamics of sexual abuse in confinement, common victim reactions, detecting and responding to signs of abuse, avoiding inappropriate relationships, and mandatory reporting to outside authorities. The random staff interviews corroborated that training is delivered in practice and covers these topics; the staff interviewed were able to describe the content of their PREA training consistent with the required subjects. Based on the policy and the corroborating staff interviews, the agency trains employees who may have contact with residents on the topics required by this provision.

With respect to subsection (a)(9), regarding communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents: pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for this subsection. This subsection is not applicable to the auditor's compliance determination for this audit, and N/A has been selected in the OAS for this subsection.

115.231 (b)

Such training shall be tailored to the gender of the residents at the employee's facility, and an employee shall receive additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The ATTC PREA policy provides that training will be tailored for both male and female adult populations. The facility houses both male and female residents in separate residential buildings on a single campus, and the policy addresses the tailoring of training to the gender of the resident population. This provision is addressed.

115.231 (c)

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years, with refresher information provided in years in which refresher training does not occur. The ATTC PREA policy provides that all employees will receive PREA training annually after the initial training and before working with residents directly. The facility reported, and staff interviews confirmed, that PREA refresher training is provided on an annual basis,

which satisfies and exceeds the every-two-years refresher requirement of this provision.

115.231 (d)

The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

The facility reported that training records are maintained by Human Resources and identified, as responsive to this provision, a TDCJ policy directive addressing training documentation. That document is a TDCJ policy that requires the contractor to maintain training records, including the printed names and signatures of the trainer and trainee; it is a directive requiring that such documentation be maintained, and it is not itself documentation that employees understand the training they have received. The facility did not produce any employee signature or electronic verification demonstrating that employees understand the training they have received. While the random staff interviews indicated that training is occurring and is understood by the staff interviewed, this provision specifically requires that the agency document comprehension through employee signature or electronic verification, and the staff interviews do not substitute for that documentation. Because the facility did not produce documentation, through employee signature or electronic verification, that employees understand the training they have received, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Produce and maintain documentation, through employee signature or electronic verification, that employees who may have contact with residents understand the PREA training they have received, as required by §115.231(d).

Corrective Action Taken:

During the corrective action period, the agency revised its PREA policy to establish the documentation requirement this provision imposes. The revised policy, signed by the Chief Executive Officer and dated 6/18/2026, provides that all employees will meet with a supervisor at the time of hire to ensure they understand the PREA training and may ask questions, and that a signed verification of the training overview will be maintained in the employee's personnel file, signed by the employee and the supervisor, before the employee works with residents.

The facility produced a record of PREA training delivered on June 23, 2026. The record identifies the topic as PREA policy and procedures, the duration as two hours, and the standards addressed during the session, and is signed by the Program Director as trainer with credential, together with an attendance sheet bearing the printed names and signatures of the staff who attended.

The facility also produced individually executed acknowledgment forms, dated August 25, 2026, on agency letterhead. Each form states that the signing employee

	has received training on the PREA policies, knows how to identify and prevent sexual harassment at the facility, and understands that questions may be asked at any time, and each is signed and dated by the employee. Compliance with this provision is established by documentation, through employee signature or electronic verification, that employees who may have contact with residents understand the PREA training they have received. The auditor verified compliance by reviewing the revised policy provision establishing the requirement, the record of the training delivered on June 23, 2026, and a sample of the executed employee acknowledgments, and confirmed that the facility documents employee comprehension through signature as the provision requires. This provision is now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.232 - Volunteer and Contractor Training Document Review: ATTC PREA Policy and Procedure (Training and Education — §§115.231, 115.232) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, signed September 28, 2026 (Training and Education — §115.232) (produced during the corrective action period) Volunteer List memorandum signed by the PREA Coordinator, September 26, 2026, with attached Staff Development/Training records and volunteer PREA training acknowledgment dated September 1 through September 25, 2026 (produced during the corrective action period) Amarillo Approved Volunteers and Contractors list, signed by the PREA Coordinator, September 29, 2026 (produced during the corrective action period) Interviews: Random staff interviews Interview with a contractor or volunteer who provides recurring services to residents

Site Review Observations:

This standard concerns the training and notification provided to volunteers and contractors who have contact with residents, and the documentation of that training. During the onsite review, the auditor spoke with an individual who provides recurring services to residents at the facility, in the form of financial-literacy and money-management instruction. Although the facility referred to this individual as a volunteer, the individual's recurring provision of services to residents falls within the scope of a volunteer or contractor who has contact with residents for purposes of this standard. The facility reported that two volunteers or contractors who have contact with residents have been trained.

Findings by Provision:

115.232 (a)

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The ATTC PREA policy provides that all volunteers and contractors will receive the same PREA training as employees prior to working with residents. The facility reported in the Pre-Audit Questionnaire that two volunteers or contractors who have contact with residents have been trained. The facility did not, however, produce a volunteer or contractor training curriculum or any training records demonstrating that volunteers or contractors who have contact with residents have been trained on their responsibilities under the agency's prevention, detection, and response policies and procedures.

Moreover, the auditor's onsite interview with an individual who provides recurring services to residents indicated that, in practice, this requirement is not met. The individual reported that the individual is at times left alone with residents, has received no formal training related to working with the resident population, and was not aware of the facility's policies regarding sexual abuse and sexual harassment. The facility neither produced documentation that volunteers and contractors with resident contact have been trained, nor demonstrated in practice that such training occurs. Because the facility did not ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities, this provision was not met.

115.232 (b)

The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The ATTC PREA policy provides that volunteers and contractors will receive PREA training, which includes notification of the zero-tolerance policy and how to report. However, the auditor's onsite interview with an individual who provides recurring services to residents indicated that this individual was not aware of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and was not aware of the mechanisms available for reporting such incidents. The facility did not produce documentation demonstrating that volunteers and contractors who have contact with residents are notified of the zero-tolerance policy and informed how to report. Because at least one individual who provides recurring services to residents, and who is at times left alone with residents, had not been notified of the agency's zero-tolerance policy or informed how to report sexual abuse or sexual harassment at the time of the onsite review, this provision was not met.

115.232 (c)

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The facility did not produce any documentation confirming that volunteers and contractors who have contact with residents understand the training they have received, such as a signed acknowledgment of understanding. As discussed under provisions (a) and (b), the facility did not produce volunteer or contractor training records, and the auditor's onsite interview indicated that at least one individual who provides recurring services to residents had not received training. Because the facility did not maintain documentation confirming that volunteers and contractors understand the training they have received, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Ensure that all volunteers and contractors who have contact with residents, including individuals who provide recurring services to residents regardless of how they are characterized by the facility, are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures before being permitted contact with residents, as required by §115.232(a).
2. Ensure that all volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy and informed how to report sexual abuse and sexual harassment, with the level and type of training based on the services they provide and their level of contact with residents, as required by §115.232(b).
3. Maintain documentation, such as a signed acknowledgment of understanding, confirming that volunteers and contractors who have contact with residents understand the training they have received, as required by §115.232(c).
4. Identify all individuals who provide recurring services to residents — including

individuals affiliated with outside organizations who attend the facility to provide programming — and ensure that each is trained, notified, and documented before being permitted contact with residents, and brief facility staff responsible for escorting or overseeing such individuals on these requirements.

Corrective Action Taken:

In response to items 1 and 2, the facility produced Staff Development/Training records and a signed volunteer training acknowledgment documenting PREA training for each volunteer and contractor currently providing services to residents, completed between September 1 and September 25, 2026. The training addressed the agency's zero-tolerance policy, the ways to report sexual abuse and sexual harassment, the contact information for reporting, and the laws governing sexual abuse and sexual harassment. The revised PREA policy, signed September 28, 2026, provides that the level and type of training are based on the services volunteers and contractors provide and their level of contact with residents. A memorandum signed by the PREA Coordinator on September 26, 2026 requires every individual who volunteers or provides services to residents to complete a background check through TDCJ and PREA training before any client contact.

In response to item 3, each training record bears the signature of the volunteer or contractor beneath a narrative describing the content of the training, and one volunteer executed a signed acknowledgment of completing PREA training and of the duty to report sexual abuse and sexual harassment immediately. These signed records document that the volunteers and contractors understand the training they received.

In response to item 4, the PREA Coordinator produced a signed list, dated September 29, 2026, identifying each volunteer and contractor currently providing services to residents by category — contractors, Alcoholics Anonymous and Narcotics Anonymous volunteers, and religious volunteers — and attesting that each has been approved by TDCJ and has completed PREA training. Each individual on the list is documented in the training records described above. The list further identifies the outside instructors who provided financial education programming at the time of the onsite review as neither approved nor trained; under the facility's written requirement, such individuals may not have client contact. The briefing of escort staff included in item 4 was not required for closure, because every individual currently providing services to residents is trained and documented, and the facility has adopted a written requirement that no volunteer or contractor have client contact without TDCJ clearance and PREA training.

Provisions 115.232 (a), (b), and (c) are now met.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.233 - Resident Education Document Review: ATTC PREA Policy and Procedure (Training and Education — §115.233 Resident Education) Resident Handbook (referenced in policy) Client Bill of Rights / Operational Plan provisions Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, signed September 28, 2026 (§115.216 Residents with Disabilities; §115.233 Resident Education) (produced during the corrective action period) Residential Intake Packet Intake Acknowledgement, signed by a resident (produced during the corrective action period) ATTC Resident Handbook, English and Spanish editions, revised June 18, 2026 (produced during the corrective action period) PREA Resident Information, large-print versions in English and Spanish (produced during the corrective action period) Texas Board of Criminal Justice PREA Ombudsman Office resident information, large-print versions in English and Spanish (produced during the corrective action period) Lubbock Deaf, Inc. Non-Subscription Onsite, VRI, and OPI Interpreting Services Agreement, effective September 1, 2026 through August 31, 2027 (produced during the corrective action period) Staff Development/Training Record, Face-to-Face PREA Training on §§115.216 and 115.233, September 29, 2026 (produced during the corrective action period) Interviews: Specialized staff interviews (Program Director — intake and screening) Random resident interviews Targeted resident interviews Site Review Observations: During the site review conducted on May 7, 2026, the auditor observed PREA

informational postings displayed in resident and common areas throughout the facility, including administrative areas, the dining area, and both the female and male residential buildings, in both English and Spanish. Through the resident interviews, the auditor confirmed that residents received PREA information at intake. Consistent with the audit methodology for this standard, the auditor sought to test the facility's process for securing interpretation services on demand and to review resident education materials in the languages and formats accessible to the resident population; as discussed below, the facility did not produce a process for securing interpretation services or resident education materials in Spanish or other accessible formats.

Findings by Provision:

115.233 (a)

During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and the agency's policies and procedures for responding to such incidents.

The ATTC PREA policy provides that all residents receive information at intake regarding the zero-tolerance policy, how to report sexual abuse or sexual harassment, the right to be free from sexual abuse and sexual harassment and from retaliation for reporting, and the agency's response to such incidents. The specialized intake interview confirmed that PREA information is provided in the intake packet with no exceptions, and that residents receive an orientation over an eleven-day period with ongoing PREA education. The facility reported that 279 residents admitted during the past 12 months were given this information at intake. The random and targeted resident interviews corroborated that residents received PREA information at intake and understood how to report. Based on the policy, the intake interview, the resident interviews, and the reported intake numbers, residents receive the information required by this provision during the intake process.

115.233 (b)

The agency shall provide refresher information whenever a resident is transferred to a different facility. The ATTC PREA policy provides that residents receive orientation upon re-admission, and the facility reported that all residents receive PREA information at intake, which includes residents entering the facility from another setting. This provision is addressed.

115.233 (c)

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills.

The ATTC PREA policy states that orientation will meet the needs of residents with language, hearing, or other developmental impairments. While the resident interviews indicated that the residents interviewed received PREA information in a language they understood, the facility did not demonstrate that resident education is provided in formats accessible to all residents as the provision requires. Consistent with the audit methodology for this standard, the auditor sought to test the facility's process for securing interpretation services on demand; the facility did not produce or demonstrate a process for securing interpretation services for residents who are limited English proficient or deaf. The facility also did not produce resident education materials, including the resident handbook, in Spanish, or in formats accessible to residents who are visually impaired, otherwise disabled, or who have limited reading skills.

As with the related findings under §115.216, the fact that the residents interviewed during the review period did not require an accommodation that the facility was unable to provide does not establish compliance; the standard requires that resident education be accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or who have limited reading skills, and that the facility be able to provide that access when needed. The facility did not demonstrate that accessible-format education materials existed or that a process for securing interpretation services was in place during the review period. No such materials or process was established in policy or practice in effect at the time of the onsite review. Accordingly, this provision was not met.

115.233 (d)

The agency shall maintain documentation of resident participation in these education sessions.

The ATTC PREA policy provides that orientation verification, including resident orientation on PREA, will be located in the resident's file, and the facility reported that 279 residents were given PREA information at intake during the past 12 months. The facility did not, however, produce any documentation of resident participation in PREA education, such as signed orientation verifications or education logs, despite the documentation request made during the pre-onsite phase. While the resident interviews indicated that residents received and understood PREA education, this provision specifically requires that the agency maintain documentation of resident participation, and the resident interviews do not substitute for that documentation. Because the facility did not produce documentation of resident participation in PREA education, this provision was not met.

115.233 (e)

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. During the site review, the auditor observed PREA informational postings displayed continuously and visibly in resident and common areas throughout the facility, in both English and Spanish,

and the facility maintains a resident handbook that includes PREA information. This provision is addressed.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Produce and maintain documentation of resident participation in PREA education, such as signed orientation verifications or education logs maintained in the resident file, as required by §115.233(d).
2. Produce PREA resident education materials, including the resident handbook, in Spanish and in formats accessible to residents who are limited English proficient, deaf, visually impaired, otherwise disabled, or who have limited reading skills, as required by §115.233(c).
3. Establish and be prepared to demonstrate a process for securing interpretation services on demand so that resident PREA education is accessible to all residents, as required by §115.233(c).

Corrective Action Taken:

In response to item 1, the facility produced a signed resident Intake Acknowledgement, part of its residential intake packet, in which the resident acknowledges receiving program orientation explained in a language and manner the resident understands, including PREA information, receiving a copy of the resident handbook, and receiving information regarding PREA with the opportunity to ask questions at any time. The revised PREA policy provides that orientation verification, including resident orientation on PREA, is maintained in the resident file. This documentation records resident participation in PREA education.

In response to item 2, the facility produced a Spanish edition of the Resident Handbook, revised June 18, 2026, together with large-print versions in English and Spanish of the handbook's PREA information and of the PREA Ombudsman Office reporting information. The revised PREA policy provides that large-print PREA information will be provided in English and Spanish, that staff will read the information to residents with low vision, that staff will assist residents with special needs in understanding the information, and that staff are trained to identify vision or comprehension needs that require interpreter services or one-on-one assistance for a resident to understand PREA education. The facility's Staff Development/ Training record dated September 29, 2026 documents staff training on these procedures. Together, these materials and methods provide resident education in formats accessible to residents who are limited English proficient, visually impaired, or otherwise disabled, and to residents who have limited reading skills.

In response to item 3, the facility executed an interpreting services agreement with Lubbock Deaf, Inc., effective September 1, 2026 through August 31, 2027, providing on-demand video remote interpreting in American Sign Language and on-demand over-the-phone interpretation in spoken languages, available 24 hours a day. The

	revised PREA policy directs staff to contact the provider in advance of a resident's placement when interpretation or sign language assistance is needed, and to use the provider's 24-hour line for video remote interpreting, over-the-phone interpretation, and after-hours services, so that resident PREA education is accessible to residents who are deaf, hard of hearing, or limited English proficient. Provisions 115.233 (c) and (d) are now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.234 - Specialized Training: Investigations Document Review: ATTC PREA Policy and Procedure (Training and Education — §115.234 Specialized Training) Pre-Audit Questionnaire (PAQ) Certificate of Completion, National Institute of Corrections — "PREA: Investigating Sexual Abuse in a Confinement Setting," completed 5/4/2026 (produced following issuance of the interim report) Interviews: Specialized staff interviews (Program Director, including the designated investigator role) Site Review Observations: This standard concerns the specialized training of investigators who conduct sexual abuse investigations, to the extent the agency conducts such investigations itself. As established under §115.221, the facility is responsible for conducting administrative investigations of sexual abuse. Accordingly, the provisions of this standard are applicable, and the facility's investigators are required to have received specialized training in conducting sexual abuse investigations in confinement settings. Findings by Provision:

115.234 (a)

In addition to the general training provided to all employees pursuant to §115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

The facility is responsible for conducting administrative investigations of sexual abuse, and this provision therefore applies. The ATTC PREA policy states that the agency will work with TDCJ and HHSC to ensure that sexual assault investigations are conducted by appropriate personnel trained in investigations in confined settings; the policy does not establish that the facility's own investigators have received such training. In the Pre-Audit Questionnaire, the facility responded "No" to whether its investigators are trained in conducting sexual abuse investigations in confinement settings. The specialized staff interview with the facility's designated investigator confirmed that the investigator had not received specialized training in conducting sexual abuse investigations and had received only general training on how to create a report. Because the facility conducts administrative investigations but has not ensured that its investigators received training in conducting such investigations in confinement settings, this provision was not met.

115.234 (b)

Specialized training shall include techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

As discussed under provision (a), the facility did not provide its investigators with specialized training in conducting sexual abuse investigations in confinement settings. Because the required specialized training was not provided, the training did not include the content required by this provision, including techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility's designated investigator confirmed that the training received did not address these areas. Accordingly, this provision was not met.

115.234 (c)

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The facility did not provide a response in the Pre-Audit Questionnaire to the number of investigators who have completed the required training, and did not produce documentation establishing that its investigators completed the required specialized training during the review period. A single training certificate was provided; however, it does not establish that the facility's investigators completed the

required specialized training during the review period, and the facility's designated investigator confirmed that specialized investigation training had not been received. Because the facility did not maintain documentation that its investigators completed the required specialized training in conducting sexual abuse investigations, this provision was not met.

115.234 (d)

Provision (d) applies to any State entity or Department of Justice component that investigates sexual abuse in confinement settings. Pursuant to the Auditor Compliance Tool, the auditor is not required to audit this provision.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Ensure that all facility staff who conduct administrative sexual abuse investigations receive specialized training in conducting such investigations in confinement settings, as required by §115.234(a).
2. Ensure that the specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, as required by §115.234(b).
3. Maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations, as required by §115.234(c).

Additional Evidence Reviewed:

Following issuance of the interim report, the facility produced a Certificate of Completion issued by the National Institute of Corrections in the name of the Program Director, who serves as the facility's designated investigator. The certificate records completion of the course "PREA: Investigating Sexual Abuse in a Confinement Setting," comprising three training hours, on May 4, 2026.

The certificate predates the onsite review conducted May 7, 2026. It is therefore not corrective action taken during the corrective action period, but evidence of the facility's status at the time of the onsite review that was not produced when it was requested. Investigator training records were requested during the pre-audit document review, the outstanding request was recorded in the audit issue log, and the facility did not provide a response to the corresponding questions regarding investigator training.

The auditor has reconciled this certificate against the record on which the original finding rested. The Pre-Audit Questionnaire response and the specialized staff interview both indicated that specialized investigator training had not been received; the interview was conducted three days after the date recorded on the

	certificate. The course recorded on the certificate is a nationally recognized specialized training in conducting sexual abuse investigations in confinement settings, and the auditor has determined that it satisfies the specialized training this standard requires, including the content enumerated at provision (b) — techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Compliance with this standard is established by specialized training in conducting sexual abuse investigations in confinement settings for the investigators the agency uses, covering the content this standard enumerates, together with documentation that the training was completed. The auditor verified compliance by reviewing the certificate of completion, confirming the course completed, the training hours recorded, and the date of completion, and confirming that the completion date precedes the onsite review. On the completed record, the facility’s designated investigator had received the required specialized training prior to the onsite review, the training includes the content required by provision (b), and documentation of completion existed and was maintained by the facility. Provisions (a), (b), and (c) are met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and the additional evidence reviewed and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.235 - Specialized Training: Medical and Mental Health Care Document Review: ATTC PREA Policy and Procedure (Training and Education — §115.235) Pre-Audit Questionnaire (PAQ) Interviews: Specialized staff interviews (Program Director) Findings by Provision:

	Standard 115.235 requires that the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities are trained to detect and assess signs of sexual abuse and sexual harassment, to preserve physical evidence of sexual abuse, to respond effectively and professionally to victims, and to know how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The standard further addresses training for agency medical staff who conduct forensic examinations, and the maintenance of documentation of such training. By their terms, the provisions of this standard apply only where the agency has full- or part-time medical or mental health care practitioners who work regularly in its facilities. Amarillo Transitional Treatment Center does not have on-site medical services and does not employ or regularly engage full- or part-time medical or mental health care practitioners who work regularly in its facilities. The ATTC PREA policy provides that the agency refers all medical and mental health care to outside resources, and the facility reported in the Pre-Audit Questionnaire that no medical or mental health care practitioners work regularly at the facility. The facility does not employ medical staff who conduct forensic examinations; forensic medical examinations are made available through an outside hospital, as discussed under §115.221. This was confirmed through the PAQ, the facility’s policy, and the site review. Because the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities, and does not employ medical staff who conduct forensic examinations, the provisions of this standard do not apply to Amarillo Transitional Treatment Center. Compliance Finding: Not Applicable This standard is not applicable to the facility. The agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities and refers all medical and mental health care to outside resources. N/A has been selected in the OAS for the provisions of this standard.
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.241 - Screening for Risk of Victimization and Abusiveness Document Review: ATTC PREA Policy and Procedure (Screening for Risk of Victimization and Abusiveness — §115.241) ATTC PREA Program Client Assessment Screening instrument

Clinical Management for Behavioral Health Services (CMBHS) assessment system

Pre-Audit Questionnaire (PAQ)

Interviews:

Specialized staff interviews (Program Director — intake and risk screening)

Random resident interviews

Targeted resident interviews

Site Review Observations:

During the site review conducted on May 7, 2026, the auditor reviewed the facility's risk screening process with the staff responsible for conducting risk screening. The staff responsible for risk screening described conducting the screening in a private setting, using an objective screening instrument, and asking probing questions beyond the instrument to elicit comprehensive responses from residents. The auditor confirmed that completed screening records are maintained securely, under lock and key, with access limited to counseling staff. Residents interviewed during the onsite review confirmed that they were screened at intake.

Findings by Provision:

115.241 (a)

All residents are assessed during an intake screening, and upon transfer to another facility, for their risk of being sexually abused by other residents or sexually abusive toward other residents. The ATTC PREA policy requires risk screening upon admission, and the facility uses the ATTC PREA Program Client Assessment Screening instrument to conduct the assessment. The facility reported that 279 residents entering the facility during the past 12 months were screened, and the specialized intake interview and resident interviews confirmed that residents are screened at intake.

115.241 (b)

Intake screening ordinarily takes place within 72 hours of arrival at the facility. The facility reported that all 279 residents who entered the facility during the past 12 months and remained for 72 hours or more were screened within 72 hours of their entry, and the specialized intake interview confirmed that screening occurs within 72 hours of admission and generally sooner.

115.241 (c)

Assessments are conducted using an objective screening instrument. The facility uses the ATTC PREA Program Client Assessment Screening instrument, which provides a standardized format for collecting risk information, including a structured file-review section and a standardized interviewer script, and the facility also utilizes the CMBHS assessment system. The auditor reviewed the screening instrument and

confirmed that it provides an objective method for assessing residents' risk of sexual victimization and abusiveness.

115.241 (d)

The intake screening considers, at a minimum, the criteria required by this provision to assess residents for risk of sexual victimization, including whether the resident has a mental, physical, or developmental disability; the age and physical build of the resident; whether the resident has previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability. The ATTC PREA policy and the screening instrument address these criteria.

With respect to subsection (d)(7), regarding whether the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming: pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for this subsection. This subsection is not applicable to the auditor's compliance determination for this audit, and N/A has been selected in the OAS for this subsection.

115.241 (e)

The intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. The ATTC PREA policy expressly provides for the consideration of these factors, and the screening instrument captures prior institutional violence or sexual abuse and related history in its file-review section.

115.241 (f)

Within a set time period not to exceed 30 days from the resident's arrival at the facility, the facility reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. The ATTC PREA policy provides for a 30-day reassessment, the screening instrument includes a 30-day re-assessment option, and the specialized intake interview confirmed that 30-day reassessments are completed, and more frequently when necessary.

115.241 (g)

A resident's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The ATTC PREA policy provides that a resident's risk level will be reassessed when warranted by such information, requests, or incidents, and the specialized intake interview confirmed this practice.

	115.241 (h) Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, the screening questions identified in this provision. The ATTC PREA policy provides that residents will not be disciplined or punished for refusing to answer the assessment questions. 115.241 (i) The agency implements appropriate controls on the dissemination within the facility of responses to screening questions in order to ensure that sensitive information is not exploited to the resident's detriment. The specialized intake interview and the site review confirmed that completed screening records are maintained securely, under lock and key, with access limited to counseling staff. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Subsection 115.241(d)(7) is not applicable to this compliance determination pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168.
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.242 - Use of Screening Information Document Review: ATTC PREA Policy and Procedure (Use of Screening Information — §115.242) ATTC PREA Program Client Assessment Screening instrument Pre-Audit Questionnaire (PAQ) Interviews: Specialized staff interviews (Program Director — intake and risk screening) Random resident interviews

Site Review Observations:

During the site review conducted on May 7, 2026, the auditor reviewed the facility's use of risk screening information with the staff responsible for risk screening. The screening instrument used by the facility provides that a resident's screening responses are provided to the treatment team to assist in determining housing and program assignments, and the staff responsible for risk screening confirmed that the facility makes individualized determinations regarding resident placement and safety.

Findings by Provision:

115.242 (a)

The agency uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The ATTC PREA policy provides that staff utilize the risk screening completed at intake, and updated upon reassessment, to make informed decisions regarding housing and bed assignments and to keep residents at high risk of victimization separate from those at high risk of being abusive. The facility's screening instrument states that a resident's screening responses are provided to the treatment team to assist in determining housing and program assignments, and the specialized intake interview confirmed that screening information is used to inform these assignments.

115.242 (b)

The agency makes individualized determinations about how to ensure the safety of each resident. The ATTC PREA policy provides that the facility will make individual determinations regarding residents to ensure resident safety, and the specialized intake interview confirmed that the facility makes individualized determinations regarding resident placement and safety.

115.242 (c)

Pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for §115.242(c). This provision is not applicable to the auditor's compliance determination for this audit. N/A has been selected in the OAS for this provision.

115.242 (d)

Pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for §115.242(d). This provision is not applicable to the auditor's compliance determination for this audit. N/A has been selected in the OAS for this provision.

	115.242 (e) Pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for §115.242(e). This provision is not applicable to the auditor’s compliance determination for this audit. N/A has been selected in the OAS for this provision. 115.242 (f) Pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for §115.242(f). This provision is not applicable to the auditor’s compliance determination for this audit. N/A has been selected in the OAS for this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Provisions 115.242(c), 115.242(d), 115.242(e), and 115.242(f) are not applicable to this compliance determination pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168.
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.251 - Resident Reporting Document Review: ATTC PREA Policy and Procedure (Reporting — §115.251 Resident Reporting) Pre-Audit Questionnaire (PAQ) Interviews: Random resident interviews Targeted resident interviews Random staff interviews Site Review Observations:

During the site review conducted on May 7, 2026, the auditor observed PREA reporting information posted throughout the resident and common areas of the facility, in both English and Spanish. The auditor independently tested the resident reporting hotline, which reports directly to the Texas Department of Criminal Justice in Huntsville. The hotline functioned as intended; the call was answered by an individual who identified themselves as the PREA ombudsman's office and who described the process by which reports are received and forwarded to ensure that allegations are investigated. The test confirmed that residents have access to a functioning means of reporting to an entity outside the agency.

Findings by Provision:

115.251 (a)

The agency provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents. The ATTC PREA policy provides multiple internal reporting methods, including the use of a slip box by staff and residents, direct reporting to any staff member, and the filing of a formal grievance, and the policy expressly extends to reports of staff neglect or violation of responsibilities that may have contributed to such incidents. The resident interviews confirmed that residents are aware of multiple ways to report and understand how to do so.

115.251 (b)

The agency informs residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports to agency officials, allowing the resident to remain anonymous upon request. The ATTC PREA policy provides that residents may report directly to HHSC and the TDCJ by phone or letter at any time, and may do so anonymously. During the site review, the auditor independently tested the resident reporting hotline, which connected to the TDCJ PREA ombudsman's office in Huntsville, an entity outside the agency that receives and forwards reports of sexual abuse and sexual harassment. The test confirmed that residents have access to a functioning external reporting channel that permits anonymous reporting.

115.251 (c)

Staff accept reports made verbally, in writing, anonymously, and from third parties, and promptly document verbal reports. The ATTC PREA policy provides that the facility will take verbal reports, written reports, and reports from third parties, and will document such reports. The resident interviews confirmed that residents understand they may report through these various means, including anonymously and through third parties.

115.251 (d)

	The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. The ATTC PREA policy provides that staff may report sexual abuse or harassment of residents anonymously, verbally, or in writing, including by contacting the Program Supervisor or CEO or filing directly with HHSC Investigations or the TDCJ Contract Monitor. The random staff interviews confirmed that staff understand how to report. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.252 - Exhaustion of Administrative Remedies Document Review: ATTC PREA Policy and Procedure (Exhaustion of Administrative Duties — §115.252) Pre-Audit Questionnaire (PAQ) Interviews: Random resident interviews Targeted resident interviews Site Review Observations: This standard concerns the agency’s grievance procedures for allegations of sexual abuse. During the onsite review, the resident interviews confirmed that residents understand how to file a PREA-related grievance and how to file an emergency grievance where a resident is subject to a substantial risk of imminent sexual abuse. PREA reporting and grievance information was observed posted throughout the resident and common areas of the facility. Findings by Provision: 115.252 (a)

An agency is exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. Amarillo Transitional Treatment Center maintains administrative grievance procedures that address resident grievances regarding sexual abuse, and the facility is therefore not exempt from this standard. The provisions of this standard are assessed below.

115.252 (b)

The agency does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse, and does not require a resident to use any informal grievance process or to otherwise attempt to resolve an alleged incident of sexual abuse with staff. The ATTC PREA policy provides that a grievance regarding sexual abuse or harassment may be submitted at any time, and that the facility will not require any resident to use any informal grievance process or to attempt to resolve an alleged incident of sexual abuse with staff.

115.252 (c)

A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The ATTC PREA policy expressly provides that a resident who alleges sexual abuse may submit the grievance without submitting it to the staff member who is the subject of the complaint, and that the grievance will not be referred to the staff member who is the subject of the complaint.

115.252 (d)

The agency issues 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, exclusive of any time consumed by the resident in preparing an administrative appeal. The ATTC PREA policy provides that the PREA Coordinator will issue a final disposition on the merits of a grievance alleging sexual abuse within no later than 30 days of filing, which is within the 90-day period required by this provision, and that the resident will be notified in writing if additional time is needed to finalize the investigation and reach a decision.

115.252 (e)

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted 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 ATTC PREA policy provides that a grievance may be filed verbally, in writing, or through a third party, and that such grievances will be acted upon.

115.252 (f)

The agency has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse,

	and provides for the immediate forwarding of such a grievance to a level of review at which immediate action may be taken. The ATTC PREA policy provides that grievances and notices alleging sexual abuse or assault will be responded to immediately, with immediate action taken in the case of sexual assault and a response within 24 hours for other allegations. The resident interviews confirmed that residents understand how to file an emergency grievance where there is a substantial risk of imminent sexual abuse. 115.252 (g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The ATTC PREA policy provides that disciplinary action for filing or reporting an act of sexual abuse is limited to circumstances in which the resident filed or reported in bad faith. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.253 - Resident Access to Outside Confidential Support Services Document Review: ATTC PREA Policy and Procedure (Reporting — §115.253 Resident Access to Outside Confidential Support Services) Memorandum of Understanding between ATTC and Family Support Services (effective 4/11/2017; continues until terminated) Resident Handbook (referenced in policy) Pre-Audit Questionnaire (PAQ) ATTC Resident Handbook, English (Revised 06-18-2026) (produced during the corrective action period)

ATTC Resident Handbook, Spanish (Revisado 18-06-2026) (produced during the corrective action period)

ATTC Residential Intake Packet — Intake Acknowledgement, signed resident verification (produced during the corrective action period)

Interviews:

Random resident interviews

Targeted resident interviews

Site Review Observations:

This standard concerns residents' access to outside victim advocates and confidential emotional support services. During the onsite review, the resident interviews confirmed that residents are aware that outside victim services exist, including victim advocacy and a crisis line. PREA reporting information, including contact information for outside support services, was observed posted in the resident and common areas of the facility.

Findings by Provision:

115.253 (a)

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The ATTC PREA policy provides residents with access to outside support services through Family Support Services, a community rape crisis organization, and lists its mailing address and telephone numbers, including a hotline number. The signed Memorandum of Understanding with Family Support Services enables reasonable and confidential communication between residents and the organization. The resident interviews confirmed that residents are aware of the availability of outside victim services.

115.253 (b)

The facility shall inform residents, prior to giving them access, of the extent to which their communications with outside victim advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility did not demonstrate that it informs residents, prior to giving them access to outside victim advocates, of the extent to which their communications will be monitored and the extent to which reports of abuse will be forwarded to authorities under mandatory reporting laws. While the facility provides residents with access to outside support services and maintains a confidentiality arrangement

with Family Support Services, the auditor did not identify any written information provided to residents that explains the extent of monitoring of their communications with outside advocates or the circumstances under which such communications would be forwarded to authorities. The existence of a confidentiality arrangement with the service provider does not satisfy this provision, which requires that the facility inform the resident of the extent of confidentiality before access is given. Because the facility did not demonstrate that it informs residents of these matters prior to giving them access, this provision was not met.

115.253 (c)

The agency maintains or attempts to enter into memoranda of understanding or other agreements with community service providers able to provide residents with confidential emotional support services related to sexual abuse, and maintains copies of such agreements. The facility maintains a signed Memorandum of Understanding with Family Support Services, a community rape crisis organization, under which Family Support Services agrees to provide victim advocacy and to maintain the confidentiality of communications with residents. The Memorandum of Understanding took effect April 11, 2017, and continues in effect until terminated by either party. This provision is met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Inform residents, prior to giving them access to outside victim advocates, of the extent to which their communications with those advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws, and document the provision of this information, for example by including it in the resident handbook and PREA education materials, as required by §115.253(b).

Corrective Action Taken:

During the corrective action period, the facility produced a revised Resident Handbook in English and in Spanish. The PREA section of each version includes an Access to Outside Advocacy notice informing residents that their communications with Family Support Services or other victim advocacy organizations will be monitored, and that reports of abuse will be forwarded to the Amarillo Police Department in accordance with mandatory reporting laws.

Residents receive the Resident Handbook at intake, before access to outside victim advocates is given. The facility also produced a signed Intake Acknowledgement in which the resident acknowledges receipt of the Resident Handbook and of PREA information, documenting that the resident was provided this information.

The facility now informs residents, prior to giving them access, of the extent to which their communications with outside victim advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance

	with mandatory reporting laws, and documents the provision of that information, as required by §115.253(b). This provision is now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.254 - Third Party Reporting Document Review: ATTC PREA Policy and Procedure (Reporting — §115.254 Third-Party Reporting) Agency website (https://serenitycenter.org/brochures/) Pre-Audit Questionnaire (PAQ) Third-Party Reporting — §115.254 (published to the agency website during the corrective action period) Interviews: Random resident interviews Random staff interviews Site Review Observations: During the site review conducted on May 7, 2026, the auditor observed PREA reporting information posted within the resident and common areas of the facility, in both English and Spanish. The auditor also reviewed the agency website identified by the facility. At the time of the onsite review, the website contained program brochures and the agency's annual PREA data reports; it did not contain publicly distributed information on how to report sexual abuse or sexual harassment on behalf of a resident. Findings by Provision: 115.254 (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment, and shall distribute publicly information on how to report

sexual abuse and sexual harassment on behalf of a resident.

The facility established a method to receive third-party reports. The ATTC PREA policy provides that information for reporting an incident of sexual abuse or sexual harassment on behalf of a resident is included in the resident handbook and provided during orientation, and that the facility accepts reports made on behalf of residents verbally, in writing, and through third parties, including reports made to the Texas Health and Human Services Commission and the Texas Department of Criminal Justice. To this extent, the facility satisfied the first element of this provision.

The facility did not, however, demonstrate that it distributed publicly information on how to report sexual abuse or sexual harassment on behalf of a resident. The information the facility identified — that residents are informed of their PREA rights upon entry — is resident education provided at intake, not information distributed publicly to persons outside the facility, such as family members, attorneys, or advocates, who may wish to report on behalf of a resident. The agency website reviewed by the auditor contained program brochures and annual PREA data reports, but did not contain publicly distributed information of this kind, and no other publicly distributed information of this kind was produced. Because the facility did not distribute publicly information on how to report sexual abuse or sexual harassment on behalf of a resident, this provision was not met at the time of the onsite review.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Distribute publicly information on how to report sexual abuse or sexual harassment on behalf of a resident — for example, by publishing the information on the agency website or otherwise making it available to persons outside the facility — as required by §115.254(a).

Corrective Action Taken:

During the corrective action period, the agency published a document titled “115.254 Third-Party Reporting of Sexual Abuse or Sexual Harassment” to the downloads page of its public website. The document advises the reader that a suspicion or allegation of sexual abuse or sexual harassment involving a resident or a staff member may be reported at any time and may be reported anonymously, and it identifies the means of doing so. The means identified include direct telephone and electronic mail contact for the Chief Executive Officer, telephone contact for the facility director and for the facility, PREA staff of the Texas Department of Criminal Justice, and the PREA Ombudsman Office, for which a mailing address, telephone number, facsimile number, and electronic mail address are provided.

Compliance with this provision is established by information distributed publicly on how to report sexual abuse and sexual harassment on behalf of a resident, specific

	to the reporting of sexual abuse and sexual harassment rather than the general contact information of the facility. The auditor verified compliance by accessing the agency website, confirming that the published document is available to persons outside the facility without restriction, and confirming that the information published is specific to the reporting of sexual abuse and sexual harassment. This provision is now met. Recommendation: The auditor recommends that the agency designate a single point of contact for third-party reports of sexual abuse and sexual harassment, identify that point of contact by title, and publish a dedicated telephone number or electronic mail address for PREA reporting within the information it distributes publicly. The contacts currently published are the general contact numbers of individual officials and of the facility. A point of contact identified by title, with a dedicated reporting number or address, would remain accurate through changes in personnel and would more clearly distinguish PREA reporting from general facility inquiries. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.261 - Staff and Agency Reporting Duties Document Review: ATTC PREA Policy and Procedure (Official Response — §115.261 Staff and Agency Reporting Duties) Pre-Audit Questionnaire (PAQ) Interviews: Random staff interviews Specialized staff interviews (Program Director) Site Review Observations: This standard concerns the duties of staff and the agency to report knowledge, suspicion, or information regarding incidents of sexual abuse and sexual

harassment. During the random staff interviews conducted as part of the onsite review, staff demonstrated an understanding of their duty to report incidents immediately to a supervisor and to take appropriate first-response steps, including separating the parties, preserving evidence, and notifying the appropriate officials.

Findings by Provision:

115.261 (a)

The agency requires all staff to report immediately, and according to agency policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The ATTC PREA policy provides that all staff will report immediately to their supervisor and the CEO and complete an incident report regarding any knowledge, suspicion, or information regarding an incident, and that reports of retaliation and of staff neglect or violation of responsibilities will likewise be reported immediately, followed by a written incident report. The random staff interviews confirmed that staff understand their duty to report immediately.

115.261 (b)

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The ATTC PREA policy provides that, apart from reporting information to the supervisor, HHSC Investigations, and TDCJ officials, staff will not reveal any information related to a sexual abuse report except to the extent such release of information is necessary.

115.261 (c)

This provision requires that, unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners report sexual abuse pursuant to paragraph (a) and inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Amarillo Transitional Treatment Center does not have any medical or mental health care practitioners who work regularly in its facility, and refers all medical and mental health care to outside resources, as discussed under §115.235. Because the facility does not have medical or mental health practitioners to whom this provision applies, this provision is not applicable. N/A has been selected in the OAS for this provision.

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, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The ATTC PREA policy provides for reporting to the appropriate authorities

	under mandatory reporting laws regarding victims who are under the age of 18 or considered vulnerable persons. 115.261 (e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The ATTC PREA policy provides that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the TDCJ Contract Monitor and HHSC Investigations immediately, with written incident reports completed within 24 hours. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Provision 115.261(c) is not applicable because the facility does not have any medical or mental health care practitioners who work regularly in its facility, and N/A has been selected in the OAS for that provision.
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.262 - Agency Protection Duties Document Review: ATTC PREA Policy and Procedure (Official Response — §115.262 Agency Protection Duties) Pre-Audit Questionnaire (PAQ) Interviews: Random staff interviews Site Review Observations: This standard concerns the agency's duty to take immediate action to protect a resident when it learns that the resident is subject to a substantial risk of imminent sexual abuse. During the random staff interviews conducted as part of the onsite review, staff described taking immediate protective steps as part of their first-

	response duties, including separating the parties involved and notifying the appropriate officials without delay. Findings by Provision: 115.262 (a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The ATTC PREA policy provides that, 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. The facility reported in the Pre-Audit Questionnaire that it takes immediate action in such circumstances and that there were no determinations of substantial risk of imminent sexual abuse during the review period. The random staff interviews confirmed that staff understand their duty to take immediate protective action. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.263 - Reporting to Other Confinement Facilities Document Review: ATTC PREA Policy and Procedure (Official Response — §115.263 Reporting to Other Confinement Facilities) Pre-Audit Questionnaire (PAQ) Interviews: Specialized staff interviews (Program Director) Site Review Observations: This standard concerns the facility’s duty to notify another facility or agency office

when it receives an allegation that a resident was sexually abused while confined at that other facility, and to document that notification. The facility reported that it received no allegations of sexual abuse occurring at another facility during the review period.

Findings by Provision:

115.263 (a)

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The ATTC PREA policy provides that, upon receiving an allegation that an admitted resident was sexually abused at another facility, the facility will notify the TDCJ Contract Monitor and create an incident report sent to HHSC Investigations and the TDCJ Contract Monitor. For the facility's TDCJ-supervised population, notification to the TDCJ Contract Monitor and HHSC Investigations provides notice to the appropriate agency office. The facility reported that no such allegations were received during the review period.

115.263 (b)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The ATTC PREA policy provides that notification to the TDCJ Contract Monitor and HHSC Investigations will be completed immediately or no later than 24 hours, which is within the 72-hour period required by this provision.

115.263 (c)

The agency shall document that it has provided such notification. The ATTC PREA policy provides that documentation of these allegations and incident reports will be kept on file.

115.263 (d)

The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The ATTC PREA policy provides for the documentation and reporting of such allegations to HHSC Investigations and the TDCJ Contract Monitor to ensure that they are investigated. The facility reported that it received no allegations of sexual abuse occurring at another facility during the review period.

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.264 - Staff First Responder Duties Document Review: ATTC PREA Policy and Procedure (Official Response — §115.264 First Responder Staff Duties) Pre-Audit Questionnaire (PAQ) Interviews: Random staff interviews Site Review Observations: This standard concerns the duties of the first staff member to respond to an allegation of sexual abuse. During the random staff interviews conducted as part of the onsite review, staff described the first-responder steps they would take upon learning of an allegation of sexual abuse, including separating the alleged victim and abuser, preserving and protecting evidence, requesting that the alleged victim refrain from actions that could destroy physical evidence, and notifying a supervisor and the appropriate officials. Findings by Provision: 115.264 (a) Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensure that the alleged abuser does not take any actions that could destroy physical evidence. The ATTC PREA policy sets out first-responder staff duties that track the requirements of this provision. The policy provides that, upon receiving an allegation of sexual abuse, staff will separate the alleged victim and abuser; preserve and protect the crime scene; ask the alleged victim not to brush teeth, wash, change clothes, urinate, defecate, smoke, drink, or eat where the incident has just occurred; and contact a supervisor and the appropriate officials and complete an incident report. The random staff interviews corroborated that staff understand these first-responder duties and were able to describe the required steps, including

	separating the parties, preserving evidence, instructing the alleged victim to refrain from actions that could destroy evidence, and notifying a supervisor. 115.264 (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The ATTC PREA policy applies the first-responder duties to facility staff who respond to an allegation, and the random staff interviews, including with staff who are not security staff, confirmed that staff understand the duty to request that the alleged victim refrain from actions that could destroy physical evidence and to notify a supervisor and the appropriate officials. For this community confinement facility, the policy and the staff interviews demonstrate that responders understand both the duty to preserve evidence and the duty to escalate the report appropriately. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.265 - Coordinated Response Document Review: ATTC PREA Policy and Procedure (Official Response — §115.265 Coordinated Response) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, §115.265 Institutional Plan for Coordinated Response, revised pages headed “Policy Updated 9-28-2026” (produced during the corrective action period) Interviews: Interview with the Agency Head (provided following the onsite review)

Site Review Observations:

This standard concerns whether the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Auditor Compliance Tool instructs that, to be compliant, there must be an institutional plan for the facility, and not merely an agency-wide plan.

Findings by Provision:

115.265 (a)

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The ATTC PREA policy includes a coordinated-response section that sets out a written sequence of actions to be taken in response to an incident of sexual abuse. The policy provides that the victim will be protected, that physical evidence and the crime scene will be preserved, that the alleged abuser will be separated from the victim, that the PREA Coordinator will be notified and will initiate the necessary steps, that the TDCJ Contract Monitor and HHSC Investigations will be contacted, that Family Support Services and law enforcement will be contacted where warranted, and that the PREA Coordinator will coordinate with first responders and outside agencies involved in the incident.

While the policy addresses coordination among first responders, facility leadership, and outside agencies, it does not provide a written institutional plan that coordinates actions among all of the actors required by this provision. The plan does not address the coordination of the medical and mental health response in any meaningful way, and it provides only that the Program Supervisor will initiate the necessary steps of investigation, without setting out how the actions of investigators are coordinated within the response. The standard requires a written institutional plan that coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership; the facility's plan does not coordinate the medical and mental health practitioner and investigator components as the standard requires. The Agency Head interview provided following the onsite review described, in narrative form, the sequence of actions the facility would take in response to an incident, but the requirement of this provision is a written institutional plan that coordinates the actions of all of the required actors, and an interview describing the response in practice does not supply the written plan the provision requires. Because the facility has not developed a written institutional plan that coordinates actions among all of the actors required by this provision, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

	1. Develop a written institutional plan, specific to the facility, to coordinate the actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership, as required by §115.265(a). Corrective Action Taken: In response to item 1, the facility revised its Institutional Plan for Coordinated Response to set out the actions of each participant in the response to an incident of sexual abuse. Staff first responders protect the victim, separate the alleged abuser, and preserve physical evidence, and the PREA Coordinator is notified immediately. For medical care, the PREA Coordinator contacts the Amarillo Police Department, which works with Northwest Texas Hospital to obtain a forensic examination and forensic medical report, and the hospital provides emergency care. For mental health care, the PREA Coordinator contacts Family Support Services for mental health support and victim advocacy. For investigations, the PREA Coordinator initiates the facility's administrative investigation and contacts the Amarillo Police Department for criminal investigation, and all evidence is handed off to the police under the chain-of-custody procedures of the facility's §115.221 evidence protocol, which the plan restates. The program supervisor notifies the TDCJ Contract Monitor, the TDCJ Emergency Action Center, and HHSC Investigations. The PREA Coordinator coordinates the actions of staff first responders, law enforcement, medical and mental health practitioners, investigators, support agencies, and facility leadership, and documents that coordination in the administrative review report. This provision is now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.266 - Preservation of Ability to Protect Residents from Contact with Abusers Document Review: ATTC PREA Policy and Procedure (Official Response — Preservation of Ability to Protect Residents from Contact with Abusers)

Pre-Audit Questionnaire (PAQ)

Interviews:

Interview with the Agency Head (provided following the onsite review)

Site Review Observations:

This standard concerns whether the agency, or any governmental entity responsible for collective bargaining on its behalf, has entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or a disciplinary determination. Amarillo Transitional Treatment Center is a privately operated community confinement facility operated by Plainview Serenity Center, Inc., under contract with the Texas Department of Criminal Justice.

Findings by Provision:

115.266 (a)

Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The ATTC PREA policy affirmatively preserves the facility's ability to remove alleged staff abusers from resident contact, providing that the facility will remove all staff immediately from contact with residents who are accused of alleged sexual harassment or alleged sexual assault pending the outcome of the investigation. The Agency Head, in the interview provided following the onsite review, confirmed that the agency has no collective bargaining agreement. The facility did not identify any collective bargaining agreement or other agreement that limits its ability to remove alleged staff sexual abusers from contact with residents, and no such agreement was identified during the audit. The facility's ability to remove alleged staff abusers from resident contact pending investigation is therefore not limited by any such agreement.

115.266 (b)

This provision clarifies that nothing in the standard restricts the entering into or renewal of agreements that govern the conduct of the disciplinary process, as long as such agreements are not inconsistent with §§115.272 and 115.276, or that govern whether a no-contact assignment imposed pending the outcome of an investigation is expunged from or retained in the staff member's personnel file following a determination regarding the allegation. The facility did not identify any agreement that limits its ability to remove alleged staff abusers from resident contact, and no agreement inconsistent with this provision was identified during the audit.

Based upon information contained in the PAQ, policies, procedures, site review

	observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.267 - Agency Protection Against Retaliation Document Review: ATTC PREA Policy and Procedure (Official Response — §115.267 Agency Protection against Retaliation) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, revised pages headed “Policy Updated 9-28-2026” (§115.267 Agency Protection against Retaliation) (produced during the corrective action period) Amarillo TTC Retaliation Log, with 30/60/90-Day Retaliation Meeting record, updated September 24, 2026 (produced during the corrective action period) Retaliation monitoring form for staff who report sexual abuse or cooperate in investigations, updated September 24, 2026 (produced during the corrective action period) Signed statement of the PREA Coordinator regarding reports of sexual abuse and sexual harassment received since June 14, 2026, dated September 29, 2026 (produced during the corrective action period) Interviews: Specialized staff interviews (staff designated for retaliation monitoring) Site Review Observations: This standard concerns the agency’s protection of residents and staff who report sexual abuse or sexual harassment, or who cooperate with investigations, against retaliation, and the agency’s monitoring for retaliation following a report. During the onsite review, the auditor sought documentation of retaliation monitoring conducted

by the facility, as well as the instrument the facility uses to conduct and document such monitoring; as discussed below, the facility did not produce examples of retaliation monitoring or a monitoring instrument.

Findings by Provision:

115.267 (a)

The agency has established a policy to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with investigations, from retaliation by other residents or staff, and has designated which staff members are charged with monitoring retaliation. The ATTC PREA policy provides that, upon learning of a report of sexual abuse or sexual harassment, the PREA Coordinator will develop and assign a team consisting of clinical, administrative, and direct care staff to monitor and ensure protection against retaliation for reporting or cooperating in an investigation.

115.267 (b)

The agency employs multiple protection measures to protect residents and staff who fear retaliation. The ATTC PREA policy provides for room changes, requests for TTC reassignment with TDCJ for victims or abusers, removal of staff or resident abusers from contact with the victim, and support-services referrals for residents or staff who fear retaliation for reporting or cooperating in an investigation.

115.267 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse, and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation; the items monitored include resident disciplinary reports, housing, and program participation.

The ATTC PREA policy recites this 90-day monitoring obligation, including the review of disciplinary reports, housing, and program participation. The facility did not, however, demonstrate that this monitoring is conducted in practice. The facility did not produce any examples of retaliation monitoring conducted following a report of sexual abuse or sexual harassment, and did not produce the instrument it uses to conduct and document such monitoring, which must capture the items the facility is required to monitor under this provision. The Pre-Audit Questionnaire responses did not establish that this monitoring occurs, and the specialized staff interview did not establish that the designated monitoring is carried out as the policy provides. A policy that recites the monitoring obligation, without any examples of monitoring conducted or any instrument by which the monitoring is performed and documented, does not establish that the facility monitors for retaliation as this provision requires. Because the facility did not demonstrate that it monitors the conduct and treatment of reporters and reported victims for at least 90 days following a report, this provision was not met.

115.267 (d)

In the case of residents, such monitoring shall also include periodic status checks. The ATTC PREA policy provides for periodic status checks for residents. As discussed under provision (c), however, the facility did not produce any documentation of retaliation monitoring conducted, including periodic status checks, and did not produce an instrument by which such status checks are conducted and documented. Because the facility did not demonstrate that periodic status checks of residents are conducted as part of its retaliation monitoring, this provision was not met.

115.267 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The ATTC PREA policy provides that all staff, residents, and others will be protected from retaliation, and that support-services referrals will be made for those who fear retaliation for reporting or cooperating in an investigation.

115.267 (f)

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The ATTC PREA policy provides that monitoring will be terminated if the allegation is found to be unfounded.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Develop and utilize a retaliation-monitoring instrument that documents the monitoring of the conduct and treatment of residents and staff who report, or are reported to have suffered, sexual abuse or sexual harassment for at least 90 days following a report, and that captures the items required to be monitored under §115.267(c), including resident disciplinary reports, housing, and program participation.
2. Ensure that the monitoring instrument documents the periodic status checks of residents required by §115.267(d).
3. Maintain documentation of the retaliation monitoring conducted following any report of sexual abuse or sexual harassment.

Corrective Action Taken:

In response to item 1, the facility developed a retaliation-monitoring instrument in two parts. The Retaliation Log for residents records each resident's room and bunk assignment, disciplinary reports, treatment progress, and any observations of retaliation, capturing the housing, disciplinary, and program participation items monitored under §115.267(c). A companion monitoring form for staff who report sexual abuse or cooperate in an investigation records staff discipline, the dates of

	past and scheduled performance reviews, and any reassignments, together with the staff assigned to conduct the monitoring. The revised PREA policy provides that the facility will monitor the conduct and treatment of residents and staff who report sexual abuse, and of residents reported to have suffered sexual abuse, following a report, and that monitoring terminates if the allegation is determined to be unfounded. In response to item 2, both parts of the instrument include a Retaliation Meeting record for meetings held every 30 days for 90 days, documenting observations of any retaliation, the plan of action or disposition at the 30-, 60-, and 90-day points, and the signatures of the monitoring team, and require an immediate meeting and notification of the Chief Executive Officer upon any report or suspicion of retaliation. These meetings document the periodic status checks of residents required by §115.267(d). In response to item 3, the PREA Coordinator provided a signed statement, dated September 29, 2026, that no reports of sexual abuse or sexual harassment have been received since June 14, 2026. No retaliation monitoring has therefore been required during the corrective action period. The facility has established the instrument and the procedure by which monitoring will be documented following any future report. Provisions 115.267 (c) and (d) are now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.271 - Criminal and Administrative Agency Investigations Document Review: ATTC PREA Policy and Procedure (Investigations — §115.271 Criminal and Administrative Investigations) Memorandum of Understanding between ATTC and the Amarillo Police Department Special Victims Unit Pre-Audit Questionnaire (PAQ)

ATTC PREA Policy and Procedure, revised pages headed “Policy Updated 9-28-2026” (Investigations — §115.271 Criminal and Administrative Investigations) (produced during the corrective action period)

National Institute of Corrections Certificates of Completion, “PREA: Investigating Sexual Abuse in a Confinement Setting” and related PREA courses, completed April 2017 and May 4, 2026 (produced during the corrective action period)

Signed statement of the PREA Coordinator regarding allegations of sexual abuse and sexual harassment received since June 14, 2026, dated September 29, 2026 (produced during the corrective action period)

Staff Development/Training Record, Face-to-Face PREA Training on §§115.222 and 115.271, September 29, 2026 (produced during the corrective action period)

Interviews:

Specialized staff interviews (Program Director, including the designated investigator role)

Interview with the agency PREA Coordinator (provided following the onsite review)

Interview with the Agency Head (provided following the onsite review)

Site Review Observations:

This standard concerns the conduct and documentation of criminal and administrative investigations into allegations of sexual abuse and sexual harassment. As established under §115.221, the facility is responsible for conducting administrative investigations of sexual abuse, while criminal investigations are conducted by the Amarillo Police Department. The provisions of this standard that apply to the conduct of the agency’s own administrative investigations are therefore applicable to the facility. As part of the onsite review, the auditor reviewed the facility’s administrative investigations of the allegations received during the review period and the facility’s investigation documentation.

Findings by Provision:

115.271 (a)

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The ATTC PREA policy provides that the agency will conduct its own investigations into allegations of sexual abuse and sexual harassment, and that all allegations, including those reported anonymously, in writing, verbally, or by third parties, will be investigated objectively. The standard, however, requires that investigations be conducted promptly, thoroughly, and objectively in practice. The auditor’s review of the facility’s administrative investigations of the allegations received during the review period established that the investigations were not conducted promptly,

thoroughly, and objectively as this provision requires; the investigations reviewed reflected significant deficiencies in the thoroughness and completion of the investigative process. Because the facility did not conduct its administrative investigations promptly, thoroughly, and objectively for all allegations, this provision was not met.

115.271 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §115.234. As discussed under §115.234, the facility did not establish that its investigators received specialized training in conducting sexual abuse investigations in confinement settings, and the facility's designated investigator confirmed that such specialized training had not been received. Because the facility conducts administrative investigations but did not use investigators who received the special training required by §115.234, this provision was not met.

115.271 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The ATTC PREA policy provides that the investigator will gather and preserve direct and circumstantial evidence, including DNA and electronic monitoring data, will interview the victim, suspected perpetrator, and witnesses, and will review prior reports or complaints involving the perpetrator. As discussed under §115.221, however, the facility did not have a uniform evidence protocol governing the collection and preservation of evidence, and as discussed under provision (b), the facility's investigators had not received the required specialized training. The auditor's review of the facility's administrative investigations of the allegations received during the review period established that evidence was not gathered and preserved, and the investigative steps required by this provision were not carried out, as this provision requires. Because the facility did not gather and preserve evidence and conduct the investigative steps required by this provision, this provision was not met.

115.271 (d)

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The ATTC PREA policy provides that, when evidence supports criminal prosecution, TDCJ and HHSC will be consulted and the incident will be referred to the Criminal District Attorney's Office in Potter County, and that criminal investigations are conducted by the Amarillo Police Department. The policy addresses consultation prior to proceeding where evidence supports criminal

prosecution. This provision is met.

115.271 (e)

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, and 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 an investigation. The ATTC PREA policy provides that credibility will be assessed on an individual basis and does not require residents to submit to a polygraph or other truth-telling device as a condition of investigation. This provision is met.

115.271 (f)

Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse, and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The ATTC PREA policy provides for the documentation of administrative investigations. The auditor's review of the facility's administrative investigations of the allegations received during the review period established that the investigations were not documented in written reports containing the elements required by this provision; the documentation reviewed did not include an adequate description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings, and did not reflect an effort to determine whether staff actions or failures to act contributed to the alleged abuse. Because the facility did not document its administrative investigations in written reports containing the elements required by this provision, this provision was not met.

115.271 (g)

Provision (g) requires that criminal investigations be documented in a written report. Criminal investigations of allegations of sexual abuse are conducted by the Amarillo Police Department, and the facility does not conduct criminal investigations. This provision is not applicable to the facility.

115.271 (h)

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The ATTC PREA policy provides that, where evidence supports criminal prosecution, the incident will be referred to the Criminal District Attorney's Office in Potter County. The facility reported that no allegations were substantiated as criminal conduct requiring referral for prosecution during the review period. The policy provides for referral of substantiated criminal conduct for prosecution. This provision is met.

115.271 (i)

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The ATTC PREA policy provides that investigation records will be retained for the period required by this provision, including, for staff, the duration of employment plus five years. This provision is met.

115.271 (j)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The ATTC PREA policy provides that a departure by a resident or employee will not be a basis to terminate an investigation. This provision is met.

115.271 (k)

Provision (k) applies to any State entity or Department of Justice component that conducts such investigations. Pursuant to the Auditor Compliance Tool, the auditor is not required to audit this provision.

115.271 (l)

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The ATTC PREA policy provides that the facility will cooperate with any outside agency conducting an investigation, and the facility maintains a Memorandum of Understanding with the Amarillo Police Department Special Victims Unit regarding the investigation of sexual abuse allegations. This provision is met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Ensure that administrative investigations into allegations of sexual abuse and sexual harassment are conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports, as required by §115.271(a).
2. Ensure that investigations are conducted by investigators who have received the specialized training in conducting sexual abuse investigations in confinement settings required by §115.234, as required by §115.271(b).
3. Ensure that investigators gather and preserve direct and circumstantial evidence, including available physical, DNA, and electronic monitoring evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints involving the suspected perpetrator, as required by §115.271(c).
4. Ensure that administrative investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, the investigative facts and findings, and a determination of whether staff actions or failures to act contributed to the alleged

abuse, as required by §115.271(f).

5. Train and brief the staff responsible for conducting administrative investigations on the requirements of this standard, and document that training.

Corrective Action Taken:

In response to item 1, the revised PREA policy provides that the agency will conduct its own investigations into allegations of sexual abuse and sexual harassment immediately, and that all incidents reported anonymously, in writing, verbally, by staff, by residents, or by a third party will be investigated objectively. The PREA Coordinator provided a signed statement, dated September 29, 2026, that no allegations of sexual abuse or sexual harassment have been received since June 14, 2026, and that accordingly no administrative investigations have been required during the corrective action period.

In response to item 2, the facility produced National Institute of Corrections certificates documenting completion of "PREA: Investigating Sexual Abuse in a Confinement Setting" by the Chief Executive Officer in April 2017 and by the Program Director on May 4, 2026. These certificates predate the onsite review and were produced during the corrective action period. As addressed under §115.234, the Program Director's training was completed after the administrative investigations of the allegations received during the review period. The revised policy provides that all investigations of allegations of sexual abuse or sexual harassment will be conducted by staff trained in conducting sexual abuse investigations in a confinement setting.

In response to item 3, the revised policy provides that the investigator will gather and preserve direct and circumstantial evidence, including any DNA and electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and gather and review past reports or complaints involving the suspected perpetrator.

In response to item 4, the revised policy provides that administrative investigations will include efforts to determine whether staff actions or failures to act contributed to the abuse, and will be documented in written reports that include a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments, and the investigative facts and findings.

In response to item 5, the facility produced a Staff Development/Training record dated September 29, 2026, signed by the trainer and accompanied by a staff attendance roster, documenting training on the requirements of §115.271 and §115.222, including the conduct of administrative investigations and the documentation of referrals.

As a clarification of the findings above, no written administrative investigation reports for the allegations received during the review period were available to the auditor at the time of the onsite review.

	Provisions 115.271 (a), (b), (c), and (f) are now met. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.272 - Evidentiary Standard for Administrative Investigations Document Review: ATTC PREA Policy and Procedure (Investigations — §115.272 Evidentiary Standard for Administrative Investigations) Pre-Audit Questionnaire (PAQ) Interviews: Specialized staff interviews (Program Director, including the designated investigator role) Site Review Observations: This standard concerns the evidentiary standard the agency applies in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed the facility’s policy governing the standard of proof applied in administrative investigations. Findings by Provision: 115.272 (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The ATTC PREA policy provides that the agency will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, and the facility confirmed in the Pre-Audit Questionnaire that it applies a preponderance of the evidence standard, or a lower standard of proof, in making such determinations. The standard of proof set out in the policy does not exceed a preponderance of the evidence, as this provision requires.

	Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.273 - Reporting to Residents Document Review: ATTC PREA Policy and Procedure (Investigations — §115.273 Reporting to Residents) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, updated September 28, 2026, signed by the Chief Executive Officer (produced during the corrective action period) PREA Coordinator statement and resident notification log, dated September 29, 2026 (produced during the corrective action period) Staff briefing record dated October 1, 2026 (produced during the corrective action period) Interviews: Specialized staff interviews (Program Director, including the designated investigator role) Random resident interviews Site Review Observations: This standard concerns the agency’s obligation to inform a resident of the outcome of an investigation into the resident’s allegation of sexual abuse, to inform the resident of certain subsequent status changes regarding the alleged abuser, and to document all such notifications. As part of the onsite review, the auditor reviewed the facility’s policy and inquired regarding the manner in which residents are notified of investigation outcomes.

Findings by Provision:

115.273 (a)

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The ATTC PREA policy provides that, at the conclusion of an investigation into a resident's allegation of sexual abuse suffered at the facility, the facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, and the specialized staff interview indicated that residents are advised of the outcome of investigations. This provision is met.

115.273 (b)

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. The ATTC PREA policy provides that, if the facility did not conduct the investigation, it will request the relevant information from the investigative agency so that the resident can be informed. This provision is met.

115.273 (c)

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident, unless the agency has determined that the allegation is unfounded, whenever the staff member is no longer posted within the resident's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on such a charge. The ATTC PREA policy provides for informing the resident of each of these subsequent events, unless the allegation has been determined to be unfounded. This provision is met.

115.273 (d)

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever the agency learns that the alleged abuser has been indicted on, or convicted of, a charge related to sexual abuse within the facility. The ATTC PREA policy provides for informing the alleged victim of the indictment or conviction of the alleged abuser on a charge related to sexual abuse within the facility. This provision is met.

115.273 (e)

All such notifications or attempted notifications shall be documented.

While the ATTC PREA policy provides for informing residents of investigation outcomes and subsequent status changes, the facility did not demonstrate that it documents these notifications or attempted notifications. The specialized staff interview indicated that residents are advised of investigation outcomes verbally,

and the facility did not produce documentation of resident notifications. A provision requiring that all notifications or attempted notifications be documented is not satisfied by a verbal notification that is not recorded, and no documentation of resident notifications was produced. Because the facility did not document its notifications or attempted notifications to residents, this provision was not met.

115.273 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody. The ATTC PREA policy provides that the obligation to report under this standard terminates if the resident is released from the agency's custody. This provision is met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Document all notifications and attempted notifications to residents of investigation outcomes and of the subsequent status changes described in §115.273(c) and (d), as required by §115.273(e).
2. Brief the staff responsible for notifying residents of investigation outcomes on the requirement to document all notifications and attempted notifications, and document that briefing.

Corrective Action Taken:

The facility revised its PREA Policy and Procedure on September 28, 2026. The policy continues to provide for informing the resident of investigation outcomes and of the subsequent events described in provisions (c) and (d), and it now states that all notification attempts will be documented. The facility produced a notification log titled "Reporting Allegations of Sexual Assault and Harassment to Residents," which records the date, the resident's name, what the resident was told, whether contact was made, and the staff member making contact. In a signed statement dated September 29, 2026, the PREA Coordinator stated that no reports of sexual abuse or sexual harassment have been received since June 14, 2026; accordingly, no resident notifications have been required since the issuance of the interim report. Item 1 is satisfied.

The facility produced a staff briefing record dated October 1, 2026. The Chief Executive Officer briefed the PREA Coordinator, who is designated to notify residents of investigation outcomes, on the policy's §115.273 requirements: the outcome is provided to the resident who made the allegation, later status updates are provided, and every notification attempt, whether successful or unsuccessful, is recorded on the contact log and maintained on file. Item 2 is satisfied.

This provision is now met.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review

	observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.276 - Disciplinary Sanctions for Staff Document Review: ATTC PREA Policy and Procedure (Discipline — §115.276 Disciplinary Sanctions for Staff) Pre-Audit Questionnaire (PAQ) Interviews: Interview with the agency PREA Coordinator (provided following the onsite review) Interview with the Agency Head (provided following the onsite review) Site Review Observations: This standard concerns the disciplinary sanctions imposed on staff who violate the agency’s sexual abuse and sexual harassment policies, the presumptive sanction for staff who engage in sexual abuse, and the reporting of terminations to law enforcement and licensing bodies. The auditor reviewed the facility’s disciplinary policy. The facility reported no staff terminations for violations of its sexual abuse or sexual harassment policies during the review period. Findings by Provision: 115.276 (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The ATTC PREA policy provides that staff will be subject to disciplinary sanctions up to and including termination of employment for violating the agency’s sexual abuse or sexual harassment policies. This provision is met. 115.276 (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The ATTC PREA policy provides that termination is the standard disciplinary sanction for sexual abuse and sexual harassment, except where the incident is minor and the PREA team, the TDCJ Contract Monitor, and

	HHSC Investigations determine that continued employment would be in the best interest of all parties. The policy thereby establishes termination as the presumptive sanction for staff who have engaged in sexual abuse. This provision is met. 115.276 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment, other than actually engaging in sexual abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The ATTC PREA policy provides that, in determining sanctions for such violations, the facility will consider 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. This provision is met. 115.276 (d) 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. The ATTC PREA policy provides that all staff terminations for violations of its sexual abuse and sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing boards. This provision is met. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.277 - Corrective Action for Contractors and Volunteers Document Review: ATTC PREA Policy and Procedure (Discipline — §115.277 Corrective Action for

Contractors and Volunteers)

Pre-Audit Questionnaire (PAQ)

Interviews:

Interview with the agency PREA Coordinator (provided following the onsite review)

Interview with the Agency Head (provided following the onsite review)

Site Review Observations:

This standard concerns the corrective action the facility takes with respect to contractors and volunteers who engage in sexual abuse or who otherwise violate the agency's sexual abuse and sexual harassment policies. The auditor reviewed the facility's policy governing corrective action for contractors and volunteers. The facility reported no instances of a contractor or volunteer engaging in sexual abuse during the review period.

Findings by Provision:

115.277 (a)

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The ATTC PREA policy provides that any contractor or volunteer who engages in sexual abuse will be prohibited from being on the premises or having any contact with residents, and that the sexual abuse or harassment will be reported to law enforcement agencies, unless it is clear that the conduct was not criminal, and to relevant licensing boards. This provision is met.

115.277 (b)

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The ATTC PREA policy provides that the facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents in the case of any other violation of the agency's sexual abuse or sexual harassment policies by a contractor or volunteer. This provision is met.

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard Auditor Discussion 115.278 - Disciplinary Sanctions for Residents Document Review: ATTC PREA Policy and Procedure (Discipline — §115.278 Disciplinary Sanctions for Residents) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, Policy Updated 9-18-2026 (Discipline — §115.278 Disciplinary Sanctions for Residents) (produced during the corrective action period) Interviews: Interview with the agency PREA Coordinator (provided following the onsite review) Random resident interviews Site Review Observations: This standard concerns the disciplinary sanctions imposed on residents following a finding of resident-on-resident sexual abuse, the factors considered in imposing such sanctions, and certain protections governing the discipline of residents in connection with sexual abuse. The auditor reviewed the facility's policy governing disciplinary sanctions for residents. The facility reported no administrative or criminal findings of resident-on-resident sexual abuse resulting in resident discipline during the review period. Findings by Provision: 115.278 (a) Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The ATTC PREA policy provides that residents will be subject to disciplinary sanctions for resident-on-resident sexual abuse found true during an administrative finding or following a criminal finding of guilt, and sets out the process to be followed. This provision is met. 115.278 (b)

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The ATTC PREA policy provides that all sanctions will be based on 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. This provision is met.

115.278 (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The ATTC PREA policy provides that, where a resident has a mental disability or mental illness that contributed to the behavior, the sanction will be commensurate with the disability or a decision will be made not to impose a penalty on that basis, and that the facility, HHSC, and TDCJ will discuss such sanctions on a case-by-case basis. This provision is met.

115.278 (d)

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The facility is a residential substance abuse treatment facility that offers therapy and counseling, and the ATTC PREA policy provides that a resident who remains at the facility following an incident of sexual abuse will be referred for therapy to address the underlying issues related to the conduct. This provision is met.

115.278 (e)

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The ATTC PREA policy prohibits resident-to-staff sexual contact, but it does not contain the limitation required by this provision — that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This limitation is a protection that ensures a resident who is the victim of staff sexual abuse is not subject to discipline for that contact. Because the facility's policy does not contain the limitation required by this provision, this provision was not met.

115.278 (f)

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The ATTC PREA policy provides for disciplinary action where a resident reports sexual abuse or sexual harassment in bad faith, but it does not contain the

protection required by this provision — that a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation. Because the facility's policy does not contain the protection required by this provision, this provision was not met.

115.278 (g)

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity, but may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The ATTC PREA policy prohibits sexual contact between residents and provides that non-consensual or coerced acts will be investigated as sexual abuse, consistent with the definitions of sexual abuse adopted in the policy. This provision is met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Revise the PREA policy to provide that a resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact, as required by §115.278(e).
2. Revise the PREA policy to provide that, for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation, as required by §115.278(f).

Corrective Action Taken:

During the corrective action period, the facility produced a revised ATTC PREA Policy and Procedure (Policy Updated 9-18-2026) containing a revised section governing disciplinary sanctions for residents.

As to item 1, the revised policy provides that a resident will be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact, and it restates that limitation elsewhere in the section. The policy now contains the limitation required by §115.278(e).

As to item 2, the revised policy provides that disciplinary action will not be implemented when a resident reports sexual abuse in good faith based upon a reasonable belief that the alleged incident occurred, and that such a report will not be considered falsely reporting an incident or lying even if the investigation does not establish sufficient evidence to substantiate the allegation. The policy now contains the protection required by §115.278(f).

The revised policy continues to contain the provisions supporting §115.278 (a) through (d) and (g). Provisions 115.278 (e) and (f) are now met.

	Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.282 - Access to Emergency Medical and Mental Health Services Document Review: ATTC PREA Policy and Procedure (Medical and Mental Care — §115.282 Access to Emergency Medical and Mental Health Services) Pre-Audit Questionnaire (PAQ) Interviews: Interview with the agency PREA Coordinator (provided following the onsite review) Random staff interviews Site Review Observations: This standard concerns resident victims’ access to emergency medical treatment and crisis intervention services. Amarillo Transitional Treatment Center does not have onsite medical or mental health practitioners and refers and transports residents to outside resources for medical and crisis intervention care. The facility reported no instances during the review period requiring the provision of emergency medical or crisis intervention services arising from an allegation of sexual abuse. Findings by Provision: 115.282 (a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The ATTC PREA policy provides that any resident who is a victim of sexual abuse will receive immediate medical and crisis intervention care, that residents will be transported by ambulance to the emergency room, and that crisis intervention services will be contacted immediately. Because the facility has no onsite medical or mental health practitioners, immediate transport to emergency care provides residents timely, unimpeded access to emergency medical treatment

	and crisis intervention services. This provision is met. 115.282 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to §115.262 and shall immediately notify the appropriate medical and mental health practitioners. The facility does not have medical or mental health practitioners on duty onsite, and this provision therefore applies to its first responders. The ATTC PREA policy provides that first-response staff will take immediate steps to protect the victim and that emergency medical and crisis intervention services will be contacted immediately, including transport by ambulance to the emergency room, consistent with the facility's protection and first-responder duties. This provision is met. 115.282 (c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The ATTC PREA policy provides that residents will be offered information about prophylaxis, contraception, and the treatment and transmission of sexually transmitted diseases, as medically appropriate. This provision is met. 115.282 (d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The ATTC PREA policy provides that victims will be referred to crisis intervention services free of charge, and that services will be provided to the resident free of cost regardless of whether the resident cooperates with an investigation. This provision is met. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.283 - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Document Review:

ATTC PREA Policy and Procedure (Medical and Mental Care — §115.283 Ongoing Medical and Mental Health Care)

Pre-Audit Questionnaire (PAQ)

Interviews:

Interview with the agency PREA Coordinator (provided following the onsite review)

Site Review Observations:

This standard concerns the ongoing medical and mental health care offered to resident victims of sexual abuse and the mental health evaluation of resident-on-resident abusers. Amarillo Transitional Treatment Center does not have onsite medical or mental health practitioners and offers and refers residents to outside providers for ongoing medical and mental health care consistent with the community level of care. The facility reported no instances during the review period requiring the provision of ongoing medical or mental health care arising from an allegation of sexual abuse.

Findings by Provision:

115.283 (a)

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The ATTC PREA policy provides that the facility will offer and refer residents for medical services, mental health evaluations, and other appropriate treatment for those who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This provision is met.

115.283 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The ATTC PREA policy provides that the referrals made will include follow-up referrals at the time of discharge. This provision is met.

115.283 (c)

The facility shall provide such victims with medical and mental health services consistent with the community level of care. The ATTC PREA policy provides that referrals to providers will be consistent with the community level of care. This

provision is met.

115.283 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The ATTC PREA policy provides that victims of vaginal penetration will be referred for pregnancy testing. This provision is met.

115.283 (e)

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The ATTC PREA policy provides that victims will be referred to all pregnancy services available in the community if desired. This provision is met.

115.283 (f)

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The ATTC PREA policy provides that residents will be offered tests for sexually transmitted diseases. This provision is met.

115.283 (g)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The ATTC PREA policy provides that services will be referred to providers that are free to the resident regardless of whether the resident cooperates with an investigation arising out of the incident in which the resident was abused. This provision is met.

115.283 (h)

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The ATTC PREA policy provides that a referral for a mental health evaluation will be made for all known resident-on-resident abusers within 60 days of learning of the sexual abuse history, and that treatment will be offered through referrals to appropriate mental health practitioners. This provision is met.

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.286 - Sexual Abuse Incident Reviews Document Review: ATTC PREA Policy and Procedure (Data Collection and Review — §115.286 Sexual Abuse Incident Reviews) Pre-Audit Questionnaire (PAQ) ATTC PREA Policy and Procedure, revised pages headed “Policy Updated 9-28-2026” (Data Collection — §115.286 Sexual Abuse Incident Reviews) (produced during the corrective action period) Sexual Abuse Incident Review of the allegations received during the review period, dated September 29, 2026 (produced during the corrective action period) Signed statement of the PREA Coordinator regarding reports of sexual abuse and sexual harassment received since June 14, 2026, dated September 29, 2026 (produced during the corrective action period) Staff Development/Training Records, Face-to-Face PREA Training on §115.286, September 29, 2026 (produced during the corrective action period) Interviews: Specialized staff interviews (Program Director) Interview with the agency PREA Coordinator (provided following the onsite review) Site Review Observations: This standard concerns the sexual abuse incident review the facility is required to conduct at the conclusion of every sexual abuse investigation. As part of the onsite review, the auditor reviewed the facility’s sexual abuse investigations of the allegations received during the review period and the facility’s incident-review documentation to determine whether the required incident reviews were conducted. Findings by Provision: 115.286 (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The ATTC PREA policy provides that the facility will 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. The standard, however, requires that these incident reviews be conducted in practice. The auditor's review of the facility's sexual abuse investigations and incident-review documentation for the allegations received during the review period established that the required incident reviews were not conducted at the conclusion of the investigations. Because the facility did not conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation as required, this provision was not met.

115.286 (b)

Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The ATTC PREA policy provides that an incident review will be conducted 30 days after the conclusion of the investigation. As discussed under provision (a), however, the required incident reviews were not conducted for the investigations concluded during the review period, and the 30-day requirement was therefore not satisfied. Accordingly, this provision was not met.

115.286 (c)

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The ATTC PREA policy designates a review team and provides for input from line supervisors, investigators, and medical, mental health, and crisis intervention staff. Because the facility did not conduct the required incident reviews, however, the review team was not convened and the required composition and input were not realized in practice for the investigations concluded during the review period. The auditor further notes that the review team designated in the policy is led by the facility-level Program Supervisor, where this provision calls for the inclusion of upper-level management officials. Because the review team required by this provision was not convened in practice, this provision was not met.

115.286 (d)

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; shall examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; and shall assess the adequacy of staffing levels in that area during different shifts and whether the deployment of monitoring technology should be supplemented or modified.

The ATTC PREA policy provides for the review team to consider whether a change in policy or practice is needed, to examine the area where the incident occurred for physical barriers, and to assess the adequacy of staffing levels and video monitoring in that area. As discussed under provisions (a) and (c), however, the required incident reviews were not conducted for the investigations concluded during the review period, and these considerations were therefore not performed in practice. Accordingly, this provision was not met.

With respect to subsection (d)(2), regarding 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 otherwise caused by group dynamics at the facility: pursuant to the DOJ memorandum dated December 2, 2025, regarding National PREA Standards Alignment with Executive Order 14168, auditors are directed to immediately pause from making compliance determinations for this subsection. This subsection is not applicable to the auditor's compliance determination for this audit, and N/A has been selected in the OAS for this subsection.

115.286 (e)

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. The ATTC PREA policy provides that the review team will prepare a written report of its findings with any recommendations for improvement, will submit the report to the TDCJ Contract Monitor and the CEO, and will implement the plan of improvement or document the reasons for not doing so. As discussed under provision (a), however, because the required incident reviews were not conducted, no findings or recommendations for improvement were generated, implemented, or documented for the investigations concluded during the review period. Accordingly, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. 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, as required by §115.286(a).
2. Conduct the incident review ordinarily within 30 days of the conclusion of the investigation, as required by §115.286(b).
3. Convene a review team that includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, as required by §115.286(c).
4. Ensure that the review team performs the considerations required by §115.286(d), including whether a change in policy or practice is needed, examination of the area where the incident occurred for physical barriers, and assessment of staffing levels and monitoring technology in that area, and prepares a written report of its findings and recommendations.
5. Implement the recommendations for improvement resulting from each incident review, or document the reasons for not doing so, as required by §115.286(e).
6. Brief and train the staff responsible for conducting sexual abuse incident reviews on these requirements, and document that training.

Corrective Action Taken:

In response to item 1, the revised PREA policy provides that the facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation is unsubstantiated, unless the allegation has been determined to be unfounded. The PREA Coordinator provided a signed statement, dated September 29, 2026, that no reports of sexual abuse or sexual harassment have been received since June 14, 2026, and accordingly no sexual abuse investigations have concluded and no incident reviews have been required during the corrective action period. In addition, the facility conducted and documented an incident review of the allegations received during the review period on September 29, 2026, dated as of the date it was conducted.

In response to item 2, the revised policy provides that the incident review will be conducted 30 days after the conclusion of the investigation.

In response to item 3, the revised policy establishes a review team consisting of the PREA Coordinator, clinical staff, direct care staff from each shift, and upper-level management, with input solicited from the TDCJ Contract Monitor, investigators, medical, mental health, and crisis intervention staff.

In response to item 4, the revised policy requires the review team to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; to examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; to assess the adequacy of staffing levels in that area during the shift and whether the use of video monitoring should be enhanced or changed to supplement staff supervision; and to prepare a written report of its findings, including any recommendations for improvement, and submit it to the TDCJ Contract Monitor and the Chief Executive Officer. The facility's written incident review of September 29, 2026 addresses the need for changes in policy or practice, physical barriers, staffing levels, and video monitoring. Consistent with the findings above, the auditor did not evaluate subsection (d)(2), which remains paused.

In response to item 5, the revised policy requires the facility to implement the plan of improvement or to document its reasons for not doing so. The incident review of September 29, 2026 identified no recommendations requiring implementation.

In response to item 6, the facility produced Staff Development/Training records dated September 29, 2026, signed by the trainer and accompanied by staff attendance rosters, documenting training on the requirements of §115.286 and the facility's incident review procedure.

As a clarification of the findings above, no written investigation reports or incident-review documentation for the allegations received during the review period were available to the auditor at the time of the onsite review.

Provisions 115.286 (a), (b), (c), (d), and (e) are now met. Subsection (d)(2) remains paused as noted above.

Compliance Finding: Meets Standard

	Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.287 - Data Collection Document Review: ATTC PREA Policy and Procedure (Data Collection and Review — §115.287 Data Collection) Amarillo Transitional Treatment Center PREA 2025 Annual Report (dates 9/1/2024 through 8/31/2025; approved 10/31/2025) Pre-Audit Questionnaire (PAQ) Interviews: Interview with the agency PREA Coordinator (provided following the onsite review) Site Review Observations: This standard concerns the agency’s collection and aggregation of sexual abuse data. The auditor reviewed the facility’s data collection policy and the facility’s PREA annual report, which sets out the facility’s aggregated incident-based data for the reporting period. Amarillo Transitional Treatment Center collects incident-based data through its quarterly quality management review process and aggregates that data in an annual PREA report. Findings by Provision: 115.287 (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The ATTC PREA policy provides that the facility will collect accurate, uniform data for every incident or allegation of sexual abuse and sexual harassment. The facility’s PREA 2025 Annual Report establishes that the facility collects this data using the Survey of Sexual Violence (SSV) instrument and a standardized set of findings definitions — substantiated, unsubstantiated, and unfounded — applied on a preponderance of the evidence basis. This provision is met.

115.287 (b)

The agency shall aggregate the incident-based sexual abuse data at least annually. The facility aggregates its incident-based sexual abuse data in an annual PREA report. The facility's PREA 2025 Annual Report, covering the period of September 1, 2024 through August 31, 2025 and approved on October 31, 2025, sets out the aggregated incident-based data for the reporting period. This provision is met.

115.287 (c)

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. While the facility's Pre-Audit Questionnaire response did not affirm that its data collection instrument satisfied the Survey of Sexual Violence, the facility's PREA 2025 Annual Report demonstrates that the facility collects and records incident-based data using the most recent SSV instrument, with the PREA Coordinator recording the prescribed data for each incident, and aggregates that data by the SSV incident categories, including sexual harassment and sexual abuse classified by the parties involved and by disposition. The annual report establishes that the incident-based data collected includes the data necessary to answer the questions from the most recent version of the Survey of Sexual Violence. This provision is met.

115.287 (d)

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The ATTC PREA policy provides that the facility maintains and reviews incident-based data, including investigation files, through its quarterly quality management review, and that this data is incorporated into the facility's annual PREA report. This provision is met.

115.287 (e)

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Amarillo Transitional Treatment Center does not contract with any private facility for the confinement of its residents; it is itself a facility operated under contract with the Texas Department of Criminal Justice. Because the facility does not contract with any private facility for the confinement of its residents, this provision is not applicable, and N/A has been selected in the OAS for this provision.

115.287 (f)

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The Department of Justice did not request such data from the facility for the previous calendar year. Because no such request was made, this provision is not applicable to the auditor's compliance determination, and N/A has been selected in the OAS for this provision.

	Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Provisions 115.287(e) and 115.287(f) are not applicable to the facility, and N/A has been selected in the OAS for those provisions.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.288 - Data Review for Corrective Action Document Review: ATTC PREA Policy and Procedure (Data Collection and Review — §115.288 Data Review for Corrective Action) Amarillo Transitional Treatment Center PREA 2025 Annual Report (dates 9/1/2024 through 8/31/2025; approved 10/31/2025) Agency website (https://serenitycenter.org) Pre-Audit Questionnaire (PAQ) Interviews: Interview with the agency PREA Coordinator (provided following the onsite review) Site Review Observations: This standard concerns the agency’s review of the data collected under §115.287 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response efforts, and the preparation, approval, and publication of an annual report of its findings and corrective actions. The auditor reviewed the facility’s data review policy and the facility’s PREA annual report, and confirmed that the facility’s annual PREA report is available to the public on the agency website. Findings by Provision: 115.288 (a) The agency shall review data collected and aggregated pursuant to §115.287 in

order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including 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 agency as a whole. The ATTC PREA policy provides that the facility will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas and taking corrective action on an ongoing basis. The facility's PREA 2025 Annual Report sets out the facility's review of its aggregated data, identifies problem areas, addresses corrective action taken on an ongoing basis, and constitutes the annual report of the facility's findings and corrective actions. This provision is met.

115.288 (b)

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The facility's PREA 2025 Annual Report includes a comparison of the current year's data and corrective actions with those of prior years and provides an assessment of the agency's progress in addressing sexual abuse. This provision is met.

115.288 (c)

The agency's report shall be approved by the agency head and made readily available to the public through its Web site or, if it does not have one, through other means. While the facility's Pre-Audit Questionnaire response did not affirm this provision, the facility's PREA 2025 Annual Report is approved and signed by the Chief Executive Officer, who is the agency head, and the auditor confirmed that the facility's annual PREA report is made readily available to the public on the agency website. Both the approval and public-availability requirements of this provision are therefore satisfied. This provision is met.

115.288 (d)

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The facility's PREA annual report does not redact material, and no improper redaction was identified. The facility retains the discretion under this provision to redact material presenting a clear and specific threat to the safety and security of the facility, provided it indicates the nature of any material redacted. This provision is met.

Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review

	observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.289 - Data Storage, Publication, and Destruction Document Review: ATTC PREA Policy and Procedure (Data Collection and Review — §115.289 Data Storage, Publication, and Destruction) Amarillo Transitional Treatment Center PREA 2025 Annual Report (dates 9/1/2024 through 8/31/2025; approved 10/31/2025) Pre-Audit Questionnaire (PAQ) Interviews: Interview with the agency PREA Coordinator (provided following the onsite review) Site Review Observations: This standard concerns the secure retention of the data collected under §115.287, the public availability of aggregated sexual abuse data, the removal of personal identifiers before publication, and the retention of the data for at least 10 years. During the site review, the auditor observed that the facility maintains resident and incident records securely, with access limited to authorized staff. Findings by Provision: 115.289 (a) The agency shall ensure that data collected pursuant to §115.287 are securely retained. The ATTC PREA policy provides that the facility stores all information concerning incidents and allegations of sexual abuse, involving staff or residents, in a secure place at all times, with access limited to authorized staff only. This provision is met. 115.289 (b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its Web site or, if it does not have one, through other means. The ATTC PREA policy provides that the facility’s annual report is made

	readily available to the public, and, as discussed under §115.288, the facility's annual PREA report containing the aggregated sexual abuse data is made readily available to the public on the agency website at least annually. This provision is met. 115.289 (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The ATTC PREA policy provides that information made public will not have any client-identifying information attached, and the facility's PREA annual report presents aggregated data by incident category and disposition without personal identifiers. This provision is met. 115.289 (d) The agency shall maintain sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The ATTC PREA policy provides that all sexual abuse data collected will be kept for 10 years unless otherwise instructed. This provision is met. Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision. Compliance Finding: Meets Standard Based upon information contained in the PAQ, policies, procedures, site review observations, and interviews conducted, the facility meets the standard and is in full compliance with this provision.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 - Frequency and Scope of Audits Findings by Provision: 115.401 (a) The auditor confirmed that during the applicable three-year audit period, the agency ensured that Amarillo Transitional Treatment Center was audited. 115.401 (b) The auditor confirmed that Amarillo Transitional Treatment Center was audited during the prior three-year audit cycle, and that the current audit was conducted

within the applicable audit cycle, consistent with the requirement that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, be audited during each one-year period.

115.401 (h)

The auditor had unrestricted physical access to, and observed, all areas of the facility during the onsite portion of the audit on May 7, 2026, including the intake and administrative areas, counselor and staff offices, common and day room areas, the female and male residential buildings, the female and male sleeping rooms, the female and male showers and toilet areas, the dining and kitchen areas, laundry and storage areas, the exterior perimeter, and stairwells and other potential blind spots.

115.401 (i)

The auditor was permitted to request and receive copies of relevant documents, including electronically stored information, throughout the audit. The facility provided the policies, procedures, investigation records, interview documentation, and other materials requested by the auditor in order to evaluate compliance with the standards.

115.401 (m)

The auditor was permitted to conduct private interviews with residents, including random and targeted resident interviews, during the onsite portion of the audit.

115.401 (n)

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 verified the method by which residents are afforded the ability to send confidential correspondence to the auditor.

The auditor confirmed that residents were given at least six weeks advance notice of the audit. The facility provided time-stamped photographs documenting when the audit notices were posted, together with written assurance from facility leadership, confirming that the notices were posted six weeks in advance of the audit and that accurate information was provided to the resident population regarding where to send correspondence.

As of the writing of this audit report, the auditor did not receive any written correspondence from any resident in advance of, during, or following the onsite portion of the audit.

Compliance Finding: Meets Standard

Based upon the information available, the facility meets the standard for the provisions audited. The auditor had unrestricted physical access to and observed all areas of the facility, was permitted to request and receive copies of relevant documents, was permitted to conduct private interviews with residents, and

	confirmed that residents were afforded the ability to send confidential correspondence to the auditor and were given at least six weeks advance notice of the audit.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 - Audit Contents and Findings Document Review: Agency external website Prior PREA audit records Pre-Audit Questionnaire (PAQ) Agency website, publication of the facility’s prior final PREA audit report, verified by the auditor on August 16, 2026 (produced during the corrective action period) Interviews: Interview with the agency PREA Coordinator Interview with the facility Director Findings by Provision: 115.403 (f) The agency shall ensure that the auditor’s final report is published on the agency’s website, if it has one, or is otherwise made readily available to the public. The auditor reviewed the agency’s external website and prior PREA audit records to determine whether the agency has published, or otherwise made readily available to the public, all final audit reports for audits completed during the three years preceding this audit. The facility was audited within the applicable three-year cycle, resulting in a final audit report subject to this publication requirement. At the time of the onsite, the auditor was unable to locate the agency’s prior final audit report, or any other final audit report from the three years preceding this audit, published on the agency’s website or otherwise made readily available to the public. While the agency makes its annual PREA data reports available to the public on its website, it has not published, or otherwise made readily available to the public, the auditor’s final audit reports. Because the agency did not publish, or otherwise make readily available to the public, all final audit reports from the three years preceding this audit, this provision was not met.

Corrective Action Required:

Within 180 Days of this Report the Facility Will:

1. Publish on the agency's website, or otherwise make readily available to the public, all final PREA audit reports for audits completed during the three years preceding this audit.
2. Provide the auditor with the web links to the published final audit reports, or other evidence that the reports have been made readily available to the public.

Corrective Action Taken:

During the corrective action period, the agency published the final report from the facility's March 2023 PREA audit on its public website. This is the final audit report issued during the three years preceding this audit. Item 1 is satisfied.

The facility provided the auditor with the link to the published report, and on August 16, 2026, the auditor accessed and reviewed the report on the agency's public website. Item 2 is satisfied.

This provision is now met.

Compliance Finding: Meets Standard

Based upon information contained in the PAQ, policies, procedures, site review observations, interviews conducted, and corrective action taken and verified by the auditor, the facility meets the standard and is in full compliance with this provision.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	Policies to ensure referrals of allegations for investigations	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	Resident education	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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.)	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.)	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.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	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 for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252	Exhaustion of administrative remedies	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	

	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
115.261 (c)	Staff and agency reporting duties	
	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
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	Disciplinary sanctions for staff	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes