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

☐ **Interim** ☒ **Final**

Date of Report 4/1/2020

Auditor Information

Name: Noelda Martinez	**Email:** martinezauditingservices@yahoo.com
Company Name: Martinez Auditing Services, LLC	
Mailing Address: P.O. Box 372	**City, State, Zip:** Beeville, Texas 78104
Telephone: (210) 790-7402	**Date of Facility Visit:** February 20 & 21, 2020

Agency Information

Name of Agency: Brazos Valley Council on Alcohol and Substance Abuse	**Governing Authority or Parent Agency** *(If Applicable)*: N/A
Physical Address: 405 West 28th Street	**City, State, Zip:** Bryan, Texas 77803
Mailing Address: P.O. Box 873	**City, State, Zip:** Bryan, Texas 77806

The Agency Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Agency Website with PREA Information: http://bvcasa.org/prea/

Agency Chief Executive Officer

Name: Crystal Crowell/Executive Director	
Email: ccrowell@bvcasa.org	**Telephone:** (979) 846-3560

Agency-Wide PREA Coordinator

Name: Crystal Crowell/Executive Director	
Email: ccrowell@bvcasa.org	**Telephone:** (979) 846-3560
PREA Coordinator Reports to: Board of Directors	**Number of Compliance Managers who report to the PREA Coordinator: 1**

Facility Information

Name of Facility: BVCASA, Horizon/McCaffrey			
Physical Address: 405 W. 28th Street/300 S. Sims Avenue		**City, State, Zip:** Bryan, Texas 77803	
Mailing Address (if different from above): -		**City, State, Zip:** -	
The Facility Is:	☐ Military	☐ Private for Profit	☒ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal

Facility Website with PREA Information: http://bvcasa.org/prea/

Has the facility been accredited within the past 3 years? ☐ Yes ☒ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Monthly contract reviews and the PREA Audit 2/22/17.

Facility Director

Name: Curtis Simmons/TDCJ Program Director	
Email: csimmons@bvcasa.org	**Telephone:** (979) 823-5300

Facility PREA Compliance Manager

Name: Manuel Aguilar/PREA Compliance Manager/	
Email: maguilar@bvcasa.org	**Telephone:** (979) 823-5300

Facility Health Service Administrator ☒ N/A

Name: -	
Email: -	**Telephone:** -

Facility Characteristics	
Designated Facility Capacity:	212
Current Population of Facility:	147
Average daily population for the past 12 months:	181
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	Adults 18+
Average length of stay or time under supervision	50 days
Facility security levels/resident custody levels	Community
Number of residents admitted to facility during the past 12 months	1,062
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	901
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	786
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☒ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A
Number of staff currently employed by the facility who may have contact with residents:	54
Number of staff hired by the facility during the past 12 months who may have contact with residents:	39

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	22
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	2
Number of resident housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	59
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	59
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☒ No
Are mental health services provided on-site?	☐ Yes ☒ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☒ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) re-certification audit for the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) in Bryan, Texas was conducted on February 20 & 21, 2020, to determine the continued compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez, United States Department of Justice Prison Rape Elimination Act Certified Auditor. The previous PREA Audit was conducted by Kyle Barrington on February 22-24, 2017. The previous auditor completed the audit with 41 met standards. The facility contract was secured through Martinez Auditing Services, LLC. The contract described the specific work required according to the DOJ standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit.

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

Notice of Audit
The facility posted the notice of audit on 1/14/2020 with the auditor information prior to the audit in both English and Spanish for residents to send confidential information or correspondence to the auditor. The auditor verified the process by a date-stamped photo. Residents were provided with the opportunity to write the auditor in a confidential manner. The notices were posted throughout the facility to include visitation, housing areas, resident work areas, and offices. The auditor observed the notice of audit posted during the site review and through random resident interviews identifying the notice in both English and Spanish.

Correspondence
The residents at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail, if needed. The auditor did not receive resident correspondence from the facility. During the random resident interviews, the auditor asked the residents if they were aware of the Audit Notice with the auditor's information, and the random responses were "yes". During the site review, the auditor randomly asked residents if they could point out the auditors posted information to ensure it was made available. The information was posted for the resident population in the housing areas. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administration during the site review, the facility administration was transparent with policies, procedures, resident and staff interviews. Good communication was established and maintained throughout the duration of the audit with the Executive Director and facility staff.

Audit Methodology (Pre-Onsite Audit Phase)
The auditor utilized the Community Confinement paper audit instruments which included the pre-audit questionnaire, auditor compliance tool, instructions for PREA site review, interview protocols: agency head or designee, facility director or designee, PREA coordinator, specialized staff, random staff, and residents. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents. The auditor contacted the Executive Director prior to the audit to discuss the audit process and offer any assistance needed. The auditor established a positive working relationship with the Executive Director and key facility staff engaging in a productive working atmosphere. The director was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the Director and her staff about the importance to have unfettered access to all areas of the facility, to include file reviews of contractors, volunteers, and residents to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (PREA Auditor Handbook pg. 32 & 37). The auditor explained the 30-day interim report, if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the warden the 45-day time frame for the submission of the final PREA report. The auditor also notified the Executive Director and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The Executive Director and auditor discussed information regarding the 90-day appeal process.

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

https://www.theeagle.com/news/bvcasa-receives-m-in-state-hhs-funds-for-educational...

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

Community Based Victim Services

The Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) has a cooperative working agreement with the Brazos County Rape Crisis Center Inc., Sexual Assault Resource Center in Bryan, Texas. The agreement provides services and counseling to the victims of sexual assault. The Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) has a Memorandum of Agreement between St. Joseph's Regional Health Center d/b/a/ CHI St. Joseph Health. All residents at BVCASA who experience sexual abuse, shall have access to a forensic medical examination without financial cost to the victim provided by St. Joseph's Hospital by the Sexual Assault Nurse Examiner (SANE). The rape crisis center information is displayed and made available to the residents as required. During the site review, the auditor observed the rape crisis center contact information displaying addresses and phone numbers in the resident housing areas. The auditor observed the rape crisis center information in the following locations: front lobby, visitation, food service, hallways, work areas, and dayrooms. Random resident interviews conducted by the auditor determined that residents were aware of the information displayed throughout the facility in both English and Spanish. Random resident interviews determined their knowledge of how to obtain and contact the individual rape crisis center information if needed.

Video Surveillance/Security Mirrors

VIDEO MONITORING SYSTEMS: There are a total of 38 high definition cameras that provide coverage in major areas in the facility. The video monitoring software used is Genetec and the video is retained in the system for 20 days. Staff with access to the video feed include the Executive Director, Finance Director, Facility Director, Clinical Manager, Lead Counselor, Direct Care Staff Supervisor, Count Room, Receptionist, and Quality Assurance/PREA Compliance Manager.

The cameras are currently placed in the following locations:

BASEMENT – 3 Cameras

- Hallway outside the large group room – shows door to the group room and door to the stairwell.
- Elevator hallway
- Laundry room hallway

FIRST FLOOR – 9 Cameras

- Main hallway by the med room
- Elevator/kitchen hallway/outside Count Room
- Lobby/reception desk
- Lobby hallway showing grievance box
- Dining room
- Kitchen
- Hallway by the back door/dock
- Inside Med Room
- Inside Count Room

SECOND FLOOR – 7 Cameras

- A Hall
- B Hall
- D Hall
- D/E Hall
- E Hall
- Day Room
- In Front of Elevator

THIRD FLOOR – 6 Cameras

- Dayroom Hallway
- A Hall
- In Front of Elevator
- East Stairs
- Laundry Room
- Day Room

OUTSIDE AND STAIRWELLS – 9 Cameras

- Outside front door
- Outside the back door/loading dock and parking lot
- Outside courtyard
- Outside front door at McCaffrey House
- Three cameras in each stairwell (6 total)

MCCAFFREY HOUSE – 4 Cameras

- Front Hallway
- Back Hallway
- Side Hallway
- Group Room

The facility had a total of four security mirrors positioned in the hallways for the prevention of potential blind spots. The facility administrator explained the equal placement of staff in potential blind spots to increase and heighten the overall security and safety of the residents and staff.

On-Site Audit Phase

On the first day of the audit 2/20/2020, an introductory meeting was held with the following staff in attendance: BVCASA Executive Director, PREA Compliance Manager, Human Resources, Clinical Director, Direct Care Staff Supervisor, TDCJ Private Contract Monitoring/Oversight Division Contract Monitor, TDCJ Private Facility Contract Monitoring/Oversight Division Quality Compliance Specialist and additional BVCASA support staff. The auditor and Executive Director discussed a workspace to conduct staff and resident file reviews. The requested files for staff and residents were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by key staff for the site review. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent two days on the facility to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety.

During the site review, the auditor conducted informal interviews with random residents and staff. The staff interviewed during the site review were able to describe the process in a consistent manner and carried PREA pocket cards (first responders). The auditor reviewed the following functions to include cross-gender announcements in housing areas, cross-gender viewing in housing areas, grievance boxes, resident dining area, zero-tolerance posters/third party reporting, auditor notice of onsite visit, access to reporting entities, housing activity, resident activity, pat-search areas, restroom and shower procedures, privacy curtains, staffing ratios, security mirrors, surveillance cameras, working telephones, and supervision practices.

Site Review/Locations

The following information describes the areas observed by the auditor during the site review which included: Front lobby/Visitation, Administration offices, and Classrooms for programs and volunteer church services, Laundry, Self-medication area, Maintenance, basement, First floor, counseling offices, dining area, Food Service, electrical and janitor closets. Second floor (female residents only), housing areas, Third floor houses male residents only. The McCaffrey House (annex) houses the overflow population (vacant during the site review). The auditor observed the PREA signs in both English and Spanish displayed on the wall for the resident population. The Notice of Audit was displayed in all hallways and housing areas in both English and Spanish. The facility had 38 surveillance cameras and four security mirrors positioned throughout the building for the prevention of blind spots and overall safety of staff and the resident population.

The auditor observed direct care staff monitors conducting pat-searches of the same gender in an area with a surveillance camera in a visible area at the entrance. The auditor observed phones available, grievance boxes, and mailboxes for the residents.

The auditor observed the Notice of Audit displayed in the hallways for the residents in English and Spanish dated 1/14/2020. The auditor requested staff to open a janitor closet for good lighting and limited access. The auditor reviewed the surveillance cameras and did not observe any cameras in direct view of the showers, restrooms or living areas. The administration hallways and offices had the PREA signs and notice of audit in both English and Spanish. The signs provided the following information:

ZERO TOLERANCE FOR SEXUAL ABUSE AND SEXUAL HARASSMENT
RIGHT TO REPORT
If you, or someone you know, are experiencing sexual abuse or sexual harassment, BVCASA wants to know. We want you to report right away! Why?
• We want to keep YOU safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.

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

HOW TO REPORT
BVCASA offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

• Report to any staff, volunteer, contractor, or medical or mental health staff.
• Submit a grievance or staff relate.
• Report to the PREA coordinator, PREA compliance manager or an outside source.
• Outside source would include PREA Ombudsman Office at (936) 437-5570
• Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling any of the numbers listed below as well as the PREA Ombudsman Office.
• You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Additional points of contact:
• Bryan Police Department: (979) 209-5300
• Sexual Abuse Resource Center Hotlines: (979) 731-1000
• Crystal Crowell (PREA Coordinator): (979) 846-3560
• Manuel Aguilar (PREA Compliance Manager): (979) 823-5300 extension: 106;1st floor Horizon Building rm: 100.

The facility had the PREA information posted on the website http://bvcasa.org/prea/ to include third party reporting of Sexual Abuse and/or Sexual Harassment Methods.

1. Call PREA Ombudsman: (936) 437-5570
2. Call the facility: (979) 823-5300
3. Email the facility: info@bvcasa.org
4. Mail a letter to the facility:

BVCASA
ATTN: PREA Compliance Manager
405 W. 28th Street
Bryan, TX 77803

The auditor entered the facility on 2/20/2020 and the front lobby staff verified prior to opening the door. Upon entrance, the auditor was prompted to present identification and fill out a visitor's pass. All staff and residents are required to check in and check out at the front desk. The auditor observed direct care staff monitor's (DCSM) wearing a solid red color with the facility logo to differentiate from residents.
The monitors were observed walking around conducting normal duties, answering phones, conducting pat-searches of the same gender and making the opposite gender announcement upon entrance to the floor in a loud consistent manner. The auditor observed the first floor with an elevator for residents with passes issued by the counselors and for staff use. The count room was observed with the PREA signs and notice of audit. The count room staff explained the count process and how residents are tracked in a detailed spreadsheet. The auditor observed the interpreter sign displayed in the count room. A female direct care staff monitor was observed conducting a pat search on a female resident in a professional manner right in front of the surveillance camera. The staff explained to the auditor that all pat searches are conducted in this particular area for all residents returning from work. Strip search are not conducted at the facility. The surveillance cameras and security mirrors were positioned in areas to provide coverage of potential blind spots. The auditor observed the kitchen and dining area on the first floor. Storage area labeled 120 was opened for limited access and good lighting. The food service was observed to have surveillance cameras, a dish wash area, storage closet #2 & #3, a serving line, four residents and one employee, the dry storage and chemical storage is restricted. The dining hall had a capacity of 60 residents. The auditor opened and checked for access and lighting in the cooler. The food service hours are from 6:00 a.m. to 8:00 a.m., 11:00 a.m. to 1:00 p.m., 5:00 p.m. to 7:00 p.m. The monitor explained that the meals are distributed to the male residents first and once the dining hall is clear; female residents are served after separating them. The facility had surveillance cameras in all the stair ways throughout the facility. The residents had a separate restroom with a full door for privacy. The auditor suggested for the restrooms to be labeled to differentiate the difference between the resident and staff restrooms. The facility demonstrated immediate action to label the restrooms. All restrooms were labeled for easy identification and resident use. The kitchen area/dining area had the Zero-Tolerance signs displayed in both English and Spanish for the resident population providing the following information: right to report, how to report, additional point of contact. The notice of audit was displayed and dated 1/14/2020. The IT closet was observed to be secured. All visitors and staff entering the front lobby are required to sign in at the front desk and present identification. The front lobby is also utilized as the visitation area for the resident and family. There was a restroom with a full door in the front lobby. Surveillance cameras were observed at the entrance of the facility prior to entering the building. The front desk had a monitor and the ability to view the cameras throughout the facility. The maintenance supervisor's office, counselor's office, and self-administration office were located on the first floor.

The second floor is designated for female residents only and the facility assigned female staff to work the area. During the site review, male staff paused and announced, "male on the floor" prior to walking down the hallway and prior to entering the housing area. Strip searches of residents were not conducted at all. The Zero-Tolerance signs were displayed in all housing areas in both English and Spanish for the resident population providing the following information: right to report, how to report, additional point of contact. The notice of audit was displayed and dated 1/14/2020. Each resident dorm had a full door to the restroom and a full shower curtain for privacy. There was no cross-gender viewing from any area of the hallway or dorm and there were no cameras in the housing areas. The residents had access to grievances and a centralized phone free of charge to call any outside advocacy groups if needed. The following dorms 201, 204, 205, 206, 207 were observed to have full doors to the restrooms, and full shower curtains for privacy and property room 132 was observed for access and lighting. The second floor had surveillance cameras in the hallways and a community shower with a full door for dorm 211. The community showers had a full door, curtains and restrooms. The counselor and grievance boxes are on the first floor and grievances available on each floor for the residents. The auditor observed a light bulb that was not working on the second floor in dorm 205. The facility provided a work order to fix the light bulb and the bulb was replaced. Dorm 212 was facilitated as the handicapped room and had a large restroom and shower with a full curtain to include the side rails.

The room was large for easy accessibility with a wheelchair. The dayroom had a TV and a camera in the area for continuous surveillance. The Zero-Tolerance signs were displayed in all housing areas in both English and Spanish for the resident population providing the following information: right to report, how to report, additional point of contact. The notice of audit was displayed and dated 1/14/2020.

The staff to resident ration is 1:20 daytime, 1:15 nighttime, and 1:16 relapse day and 1:32 at night. The facility had a monitor stationed on each floor the prevention of blind spots as an overall good practice. The auditor observed both male and female staff announce their presence prior to entering the opposite gender housing every time. The second floor has an alarm on the door to prevent the residents from entering the wrong floor and surveillance cameras are positioned in every stair way for continuous visibility.

The third floor housed male residents only with two phones in the mail hallway for use free of charge to any advocacy group. The female staff announced the opposite gender prior to entering the area. The Zero-Tolerance signs were displayed in all housing areas in both English and Spanish for the resident population providing the following information: right to report, how to report, additional point of contact. The notice of audit was displayed and dated 1/14/2020. The auditor observed the bells ring when the door was opened. The dorms were observed with restroom doors, full shower curtains and privacy on each floor. Storage room 126 was observed to be secured. Dorms 307, 308, 311 and 313 were observed with PREA signs, full doors, shower curtains and privacy for the residents. The maintenance room 127/119 were locked and secured. The Zero-Tolerance signs were displayed in all housing areas in both English and Spanish for the resident population providing the following information: right to report, how to report, additional point of contact. The notice of audit was displayed and dated 1/14/2020. The laundry room had two washers, two dryers and one surveillance cameras. The surveillance cameras were located in the hallways and storage 131 was observed. Dorm 311 and 313 had large blinds on the windows for privacy.

The basement was observed and the location where classes and groups are held at different times. The auditor observed a boiler room with limited access and secured. There was a file room where retention records are stored with limited access. The basement had a resident restroom with a full door for privacy. The discharge file office is where active files were stored. The female residents utilize the laundry room in the basement with washers and dryers. The area is supervised by staff and residents must sign in and out. The laundry room closes at 5:00 p.m. Room B12 is locked and secured, the boiler room was locked and room 11/B14 is not utilized. The surveillance cameras are located in the hallways for continuous visibility.

The Zero-Tolerance signs were displayed in all housing areas in both English and Spanish for the resident population providing the following information: right to report, how to report, additional point of contact. The notice of audit was displayed and dated 1/14/2020. There were several closets observed by the auditor to include the clothing closet, and storage room. The treatment groups are held for male and females and different dates and times. The facility did not have a chapel, but church services were held in room 9 by a volunteer. A file room was observed with limited access. The facility had surveillance cameras positioned throughout the recreation area. Male and female residents have a different scheduled recreation time. The facility is a non-smoking facility and houses TDCJ male and female residents. The annex is utilized to house the overflow of residents but was vacant at the time of the audit. The auditor observed the area to have no residents, surveillance cameras, and the zero-tolerance signs displayed in all housing areas in both English and Spanish for the resident population providing the following information: right to report, how to report, additional point of contact. The notice of audit was displayed and dated 1/14/2020.

The resident population was comprised of male and female residents with a total of 202 on 2/20/2020. The auditor walked through the front entrance where all staff/residents were required to sign in and present identification. A workspace was provided for the auditor to conduct staff and resident interviews to include the file reviews. The requested files for staff and residents were made available to the auditor upon request with no hesitation or delay.

Employee Files: The auditor reviewed a total of 10 employee files for their background checks, required PREA training for the onsite portion of the audit.

Resident Files: The auditor reviewed a total of 15 files for PREA information and training, PREA assessment and re-assessment for the onsite portion of the audit with a population of 202 on 2/20/2020.

Investigation Review: The facility did not have any criminal and or administrative investigations of alleged resident sexual abuse that were completed by the facility in the past 12 months. The auditor reviewed an investigation for 2017 from the previous audit.

The information provided to the auditor included the PREA questionnaire, sexual abuse screening tool, sexual abuse allegation notification, Ocean View PREA policy, educational materials, training curriculums, organizational charts, posters, brochures, reports, resident population, memorandums of agreement, community based contact information, facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards. Staff/Resident Interviews: The auditor conducted the staff and resident interviews on February 20-21, 2020, in a private setting on an individual basis with no distractions or delays.

Category of Staff	Interviews Conducted
Specialized Staff	14
Random Staff	10
Total Staff Interviews	24
Agency Head/PCM/Agency contract administrator	1
Facility Administrator	1
Medical/Mental Health	0 (No employees onsite)
Administrative (Human Resource) staff	1
Volunteer	1
Contractor	1
Investigative staff/ Designated staff member charged with monitoring retaliation	1
Staff who perform risk screening for risk of victimization/abusiveness	1
Staff on incident review team	1
First responder-Security	3
First responder-Non-security	2
Intake staff	1

Resident Interviews: The auditor conducted the resident interviews on February 20 & 21, 2020 with no refusals. The auditor selected a geographically diverse sample of male and female residents for the audit process to ensure a fair overall selection. The facility population was 202 on the first day of the onsite audit.

Category of Residents	Interviews
Target Resident	10
Random Resident Interviews	11
Total Resident Interviews	21
Residents with a physical disability	1
Residents LEP	2
Residents with Cognitive Disability	1
Residents who identify as LGB	3
Residents who identify as Transgender/Intersex	0
Residents who reported sexual abuse	0 (on residents onsite for interviews)
Residents who reported sexual victimization during risk screening	3

Resident interviews were conducted in an office setting on an individual basis with privacy and enough time. The residents were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for residents to report sexual abuse and sexual harassment. The residents interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment. There were no resident refusals during the interview process. An exit meeting was held on 2/20/2020 with the Facility Director to discuss the overall audit process. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies and procedures. The facility was prepared with primary and secondary documentation with resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and offender interviews. The post audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the recertification for the facility, staff, and residents.

The previous PREA Audit was conducted by Kyle D. Barrington on February 22-24, 2017. The previous auditor conducted the audit with 41 met standards. During the recertification audit conducted on February 20-21, 2020 by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review. The facility exceeded the following standards 115.211, 115.231, 115.251, and 115.264. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

Facility Characteristics

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

The Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) is located on 405 W. 28th Street, Bryan, Texas 77803 and 300 S. Sims Avenue in Bryan, Texas 77803. The facility is a private not for profit alcohol or drug rehabilitation center. BVCASA is a 501 (c) 3 non-profit founded in 1984 whose mission is to provide quality prevention, intervention and treatment services resulting in increased wellness and security in the Brazos Valley. BVCASA has provided treatment services to offenders since 1994 when initial funding from Texas Commission on Alcohol and Drug Abuse funded the Transitional Living Program Level IV (Trinity Living Center Therapeutic Treatment Community-TLC).

In 2006, BVCASA secured a contract with TDCJ for 24 male and 78 female supportive residential beds. In 2010, BVCASA increased its total beds to 126, a number that was interchangeable between males and females based on availability of placements. Total residential capacity increased again to 183 in 2016 when the McCaffrey House was converted from an outpatient to a residential treatment facility. In 2019, BVCASA added intensive residential relapse beds and currently has the following capacity:

- 16 male Therapeutic Community (TC) intensive residential relapse beds
- 16 female Substance Abuse Counseling Program (SACP) intensive residential relapse beds
- 140 female supportive Therapeutic Community (TC) beds
- 30 male supportive Therapeutic Community (TC) beds
- Total combined capacity is 202 beds

In 2017, BVCASA became PREA certified and continues its implementation of well-formed PREA procedures that have been fully integrated in the culture of the agency. Facility 1: Community Residential Substance Abuse Treatment Services 405 West 28th Street, Bryan, Texas 77803. The facility is also known as the "Horizon" building, it is a four-story former hospital containing approximately 35,000 square feet of usable space. It is legally described as City of Bryan block 157, Lot 1 through 10, which includes all property bordered by W. 28th Street, S. Sterling Avenue, W. 29th Street, and Sims Avenue. The facility is currently in use for Phase 1 Adult Supportive Residential services for both males and females. The males currently occupy the 3rd floor, females occupy the 2nd floor, with staff offices on the first floor, and a basement which houses group rooms, file rooms and a room with donated clothing and BVCASA-issued hygiene items. The Horizon building is located downtown Bryan, with access to public transit and walking distance to several local stores, churches and employment opportunities. Other advantages to this building's downtown location are its proximity to the Bryan Fire Department, Police Department, Adult Probation, the Bryan court system, and local community resources/social service agencies. This site is also close to the local non-profit hospital and MHMR. The Horizon building is current on all building inspections and complies with local, city, and county ordinances. It is compliant with ADA requirements within an elevator and multiple wheelchair accessible restrooms.

The Community Residential Substance Abuse Treatment Service on 300 South Sims Avenue, Bryan, Texas 77803 is also known as the "McCaffrey House", and is a smaller facility on the same campus as the Horizon building approximately 3,352 square feet in size. This facility was converted from an outpatient to a residential treatment facility in 2016 and is licensed for 30 beds, with a monitor's office, counselors office, and large group room, which doubles at this facility as the day room. The facility shares a parking lot with the Horizon building, clients housed at this facility also use the Horizon building for meals, signing in/out, and medication self-administration.

The McCaffrey House is also ADA compliant, with a wheelchair accessible restroom for clients, and is current on all inspections. The facility mission statement is to provide quality substance abuse prevention, intervention, and treatment services leading to improved health, wellness, and security in the Brazos Valley.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 4
List of Standards Exceeded: 115.211, 115.231, 115.251, 115.264

Standards Met

Number of Standards Met: 35

Standards Not Met

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

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
  ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.1 Prison Rape Elimination Act Standards
TTC 1.3 Prison Rape Elimination Act Standards
TTC 1.4 Prison Rape Elimination Act Standards

Agency PREA Coordinator/BVCASA Organizational Chart

Interviews:
PREA Coordinator/Facility Director

Site Observations:
PREA signs displayed throughout the facility
Opposite Gender Announcements
PREA boards with PREA information

Findings: Zero tolerance of sexual abuse and sexual harassment: PREA coordinator
115.211 (a) BVCASA has a written policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

115.211 (b) The agency assigned the Executive Director as the designated PREA Coordinator and an individual assigned as the PREA manager. The auditor interviewed both the PREA coordinator and PREA manager during the onsite portion of the audit. The Executive Director and facility staff took proactive measures by providing additional information for the resident population, 38 high definition surveillance cameras to provide coverage in major areas, 13 door alarms located throughout the Horizon and McCaffrey buildings, Security wands, flashlights, 2-way radios and body cameras. The facility displayed excellent teamwork and positive reinforcements throughout the facility as part of the prevention of sexual abuse and sexual harassment exceeding the standard.

Corrective Action: The auditor recommends no corrective action.

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

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☐ Yes ☐ No ☒ NA

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The facility does not contract with other agencies for the confinement of those in their care and the standard is not applicable.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

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

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.5 Policy & Procedure (Supervision and monitoring)
Procedure: Hiring and promotion decisions

Interviews:
Executive Director/PREA Coordinator
Direct Care Staff Supervisor

Site Observations:
Staff Roster
Unannounced rounds
Annual PREA Staffing Plan Assessment
Video Cameras

Findings: Supervision and monitoring
115.213 (a) The contractor shall annually, develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect clients against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:
• The physical layout of the facility
• The composition of the client population
• The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
• Any other relevant factors.

In circumstances where the staffing plan is not complied with, the contractor shall document and justify all deviations from the plan. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents: 152. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated: 202.

115.213 (b) The policy and Executive director interviewed determined that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The staffing shortages is one of the most common reasons for deviating from the staffing plan in the past 12 months. In circumstances where the staffing plan is not complied with, the contractor shall document and justify all deviations from the plan.

115.213 (c) Whenever necessary, but no less frequently than once each year, the contractor shall assess, determine, and document whether adjustments are needed to:
• The staffing plan
• Prevailing staffing patterns
• The contractor's deployment of video monitoring systems and other monitoring technologies; and
• The resources the contractor has available to commit to ensure adequate staffing levels.

Corrective Action: The auditor recommends no corrective action.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

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

115.215 (d)

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

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

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.5 Limits to cross-gender viewing and searches
Pat Search Training
Training

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

Site Observations:
PREA Zero-Tolerance Signs English/Spanish
Surveillance Cameras (38)
Full doors/shower doors for privacy

Findings: Limits to cross-gender viewing and searches
115.215 (a) Cross-gender strip searches and visual body cavity searches (meaning a search of the anal or genital opening) is prohibited. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents: 0. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0. There were no non-medical staff involved in cross-gender visual body cavities searches in the past 12 months. The practice is prohibited. There was no documentation of instances where medical staff conducted such searches.

115.215 (b) Cross-gender strip searches and visual body cavity searches (meaning a search of the anal or genital opening) is prohibited. Same gender staff pat-searches are conducted at the facility. The number of pat-down searches of female residents that were conducted by male staff: 0. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s): 0. The auditor interviewed a random sample of staff and residents both male and female during the onsite audit.

115.215 (c) Cross-gender strip searches and visual body cavity searches (meaning a search of the anal or genital opening) is prohibited. Same gender staff pat-searches are conducted at the facility. In the event a staff has observed the breasts, buttocks or genitalia or a resident of the opposite gender, excluding exigent circumstances (such as medical emergency where same-gender staff are not available to render first aid) the staff member is responsible for making an immediate report and submitting a written statement describing the circumstances that resulted in the incident. This report must be submitted to the facility director prior to the end of the employee's work shift.

115.215 (d) Facility staff is required to loudly announce their entrance into a dorm housing resident of the opposite gender. Likewise, staff members are prohibited from entering the restroom area in opposite-gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed. Residents have the right to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia excluding exigent circumstances (such as a medical emergency where same-gender staff are not available to render first aid). The auditor interviewed a random sample of staff and residents both male and female during the onsite audit.

115.215 (e) Facility staff shall not search or physical examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting parole authorities and/or if necessary, by learning the information as part of a broader medical examination conducted in private by a medical practitioner. The auditor interviewed 10 random sample of staff during the onsite portion of the audit. There were no transgender/intersex residents assigned to the facility for interviews.

115.215 (f) Security staff will be trained on how to conduct all searches (including searches of transgender and intersex residents) in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. 100% of the staff received training on how to conduct cross-gender pat-down searches and searches of transgenders and intersex residents in a professional and respectful manner. The auditor reviewed training and signed rosters to include annual and refresher training for compliance. The auditor interviewed a total of 10 random sample of staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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

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

115.216 (a)

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

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.5 Clients with disabilities and clients who are limited English proficient
Language Line Solutions

Interpreter Services Available
TTC Treatment Handbook
PREA zero-tolerance signs English/Spanish
Sign Language Interpreter Contract terms

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

Site Observations:
PREA zero-tolerance sigs (English/Spanish)
Language Line Solutions

Findings: Residents with disabilities and residents who are limited English proficient
115.216 (a) The contractor shall take appropriate steps to ensure that client with disabilities (including, for example, client 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 contractor's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with client who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The auditor interviewed the Executive Director and residents with disabilities or limited English proficient.

115.216 (b) Such steps shall include, when necessary to ensure effective communication with client who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the contractor shall ensure that written materials are provided in formats or through methods that ensure effective communication with client with disabilities, including client who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The auditor interviewed residents with disabilities or limited English proficient.

115.216 (c) The contractor shall take reasonable steps to ensure meaningful access to all aspects of the contractor's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to client 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 contractor shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties under§ 115.264, or the investigation of the client's allegations. The auditor interviewed a random sample of staff and residents with disabilities or who are limited English proficient. The facility had the Language Line Solutions and interpreting services available. The English translation: point to your language and an interpreter will be called. The interpreter is provided at no cost to you the following languages are listed: American Sign Language, Korean, Arabic, Mandarin, Bengali, Nepali, Burmese, Polish, Cantonese, Portuguese, Farsi, Punjabi, French, Romanian, Haitian Creole, Russian, Hindi, Somali, Hmong, Spanish, Italian, Tagalog, Japanese, and Vietnamese.

INSTRUCTIONS FOR CONNECTING TO AN INTERPRETER
**This service should be used for receiving a report of sexual assault or sexual harassment from a client who cannot communicate in English. Clients should NEVER be used to interpret for other clients. **
• To connect to an interpreter, dial 1-XXX.
• At the prompt, enter BVCASA's 8-digit PIN number XXX
• Speak the name of the desired language. (e.g. Spanish).
• If the language you requested is correct, press 1.
• An interpreter will be connected. Tell them what you want to accomplish and give them any special instructions.
• Provide the number if you need to have the interpreter place a domestic call.

Corrective Action: The auditor recommends no corrective action.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

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

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

115.217 (c)

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

- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

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

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

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

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

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

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.5 Hiring and promotion decisions

Interviews:
Administrative (Human Resources) Staff

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

Findings: Hiring and promotion decisions.
115.217 (a) The contractor shall not hire or promote anyone who may have contact with client, and shall not enlist the services of any contractor who may have contact with client, who:

• Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997).
• Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
• Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The contractor shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with client.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 39. The auditor reviewed the employee files to determine the criminal record background checks had been conducted.

115.217 (b) The contractor shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with client. The auditor interviewed the administrative staff during the onsite portion of the audit. All staff files reviewed signed the Disclosure of PREA employment standards violation.

115.217 (c) Before hiring new employees who may have contact with client, the contractor shall have TDCJ: • Perform all criminal record background checks, for the contractor, on all newly hired employees during the clearance process. This is done regardless of whether they may have contact with client. The employee information is entered into the Criminal Justice Information System (CJIS) and a response is sent back by the Texas Department of Public Safety (DPS). The DPS also immediately provides an automatic notification to the facility through e-mail if any criminal charges are brought against any employee or contractor during their employment.
In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.

115.217 (d) The contractor shall also perform a criminal background records check before enlisting the services of any contractor, in the event they ever use one, who may have contact with client. The auditor interviewed the administrative staff during the onsite portion of audit. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 0.

115.217 (e) The contractor does not perform records checks every five years. During the initial criminal history check, each employee's information is entered into CJIS. The DPS will immediately provide an automatic notification to TDCJ by e-mail of any new criminal activity and will forward this information to the contractor. The auditor interviewed the administrative staff during the onsite portion of audit.

115.217 (f) The contractor shall also ask all applicants and employees who may have contact with client directly about previous misconduct described above in this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The contractor shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The auditor interviewed the administrative staff during the onsite portion of audit.

115.217 (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.217 (h) Unless prohibited by law, the contractor shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The auditor interviewed the administrative staff during the onsite portion of audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.218 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.5 Upgrades to facilities and technologies
Surveillance Camera documentation

Interviews:
Executive Director

Site Observations:
Surveillance Cameras

Findings: Upgrades to facilities and technology
115.218 (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the contractor shall consider the effect of the design, acquisition, expansion, or modification upon the contractor's ability to protect clients from sexual abuse. The auditor interviewed the Executive Director during the onsite portion for the audit. The auditor toured the facility for observation and surveillance cameras.

115.218 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the contractor shall consider how such technology may enhance the contractor's ability to protect clients from sexual abuse. The auditor interviewed the Executive Director during the onsite portion for the audit. Video Surveillance at Horizon/McCaffrey current as of 1/17/2020. VIDEO MONITORING SYSTEMS: There are a total of 38 high definition cameras that provide coverage in major areas in the facility. The video monitoring software used is Genetec and the video is retained in the system for 20 days. Staff with access to the video feed include the Executive Director, Finance Director, Facility Director, Clinical Manager, Lead Counselor, Direct Care Staff Supervisor, Count Room, Receptionist, and Quality Assurance/PREA Compliance Manager.

Cameras are currently placed in the following locations:
BASEMENT – 3 Cameras

o Hallway outside the large group room – shows door to the group room and door to the stairwell.
o Elevator hallway
o Laundry room hallway

FIRST FLOOR – 9 Cameras
o Main hallway by the med room
o Elevator/kitchen hallway/outside Count Room
o Lobby/reception desk
o Lobby hallway showing grievance box
o Dining room
o Kitchen
o Hallway by the back door/dock
o Inside Med Room
o Inside Count Room

SECOND FLOOR – 7 Cameras
o A Hall
o B Hall
o D Hall
o D/E Hall
o E Hall
o Day Room
o In Front of Elevator

THIRD FLOOR – 6 Cameras
o Dayroom Hallway
o A Hall
o In Front of Elevator

o East Stairs
o Laundry Room
o Day Room

OUTSIDE AND STAIRWELLS – 9 Cameras
o Outside front door
o Outside the back door/loading dock and parking lot
o Outside courtyard
o Outside front door at McCaffrey House
o Three cameras in each stairwell (6 total)

MCCAFFREY HOUSE – 4 Cameras
o Front Hallway
o Back Hallway
o Side Hallway
o Group Room

The auditor conducted a surveillance review on 2/21/2020 of the following areas: Basement cameras 9 and 16, staff of the same gender conducted pat searches during the camera review. There were no cameras in the direct view of any restroom or shower. The auditor reviewed the cameras on the third floor and the McCaffery house. The auditor reviewed the surveillance cameras dated 2/6/2020 at 5:30 p.m. and 10:00 p.m. on the first floor, second floor and third floor. The parking lot was reviewed on 2/3/2020 and the stairwells on 2/10/2020 at 3:00 p.m. to include the 2nd floor. The Executive Director, Clinical manager, PREA Compliance Manager/Quality Assurance and approved staff have access to the surveillance system.

Corrective Action: The auditor recommends no corrective action.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a)

through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.6 Evidence protocol and forensic medical examinations
MOU with Sexual Assault Resource Center
MOU with St. Joseph's Regional Health Center

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

Findings: Evidence protocol and forensic medica examinations
115.221 (a) The contractor will conduct an administrative investigation of all allegations of sexual abuse and sexual harassment. The Agency investigator will follow a uniform-evidence collection procedure. The auditor interviewed a random sample of staff during the onsite portion of the audit.

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

115.221 (c) The contractor offers all victims of sexual abuse access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate. Such examinations will be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners. The contractor will document its efforts to provide SAFE or SANE. The number of forensic medical exams conducted during the past 12 months: 0. The number of exams performed by SANEs/SAFEs during the past 12 months: 0. The number of exams performed by a qualified medical practitioner during the past 12 months: 0.

115.221 (d) The contractor will attempt to make a victim advocate available from rape crisis center, to the victim. The contractor will call the Family Crisis Center to request a victim's advocate. If a rape crisis center is not available to provide victim advocate services, the agency will make available, a qualified staff member from a community-based organization or a qualified agency staff member, to provide these services. The facility has an MOU with the Brazos County Rape Crisis Center Inc (SARC) and the St. Joseph's Regional Health Center. The auditor interviewed PREA coordinator during the site review. There were no residents who reported sexual abuse currently assigned to the facility for interviews during the audit.

115.221 (e) If a rape crisis center is not available to provide victim advocate services, the agency will make available, a qualified staff member from a community-based organization or a qualified agency staff member, to provide these services. As requested by the victim, the victim advocate, a qualified agency staff member or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigator interviews and will provide emotional support, crisis intervention, information and referrals. The auditor interviewed PREA coordinator during the site review. There were no residents who reported sexual abuse currently assigned to the facility for interviews during the audit.

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

115.221 (g) N/A

115.221 (h) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

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

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

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

- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.6 Policies to ensure referrals of allegations for investigations
Emails to Law Enforcement
Notification document

Interviews:
Executive Director
Investigative Staff

Site Observations:
Investigation review

Findings: Policies to ensure referrals of allegations for investigations
115.222 (a) The contractor will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. During the past 12 months, the number of allegations resulting in an administrative investigation: 0. During the past 12 months, the number of allegations referred for criminal investigation: 0. The Executive Director was interviewed for the onsite portion of the audit.

115.222 (b) The contractor ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations (local police department/TDCJ), unless the allegations do not involve potentially criminal behavior. The facility investigator was interviewed, and an investigation was reviewed.

115.222 (c) Law enforcement determines if the incident is a criminal matter. If so, law enforcement follows investigative procedures. In all incidents, criminal matter or not, the shift supervisor informs the PREA coordinator who conducts an agency internal investigation. The facility forwarded the Sexual Assault Protocols under the Prison Rape Elimination Act. The contractor publishes the policy on its website. The agency documents all such referrals on the incidents report.

115.222 (d) N/A

115.222 (e) N/A

Corrective Action: The auditor recommends no corrective action.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

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

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

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

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.7 Employee Training
Pat-Search Training
Training Curriculum
BVCASA Training Policy 610.G

Interviews:
Random Sample of Staff

Site Observations:
Sample of Training Records

Findings: Employee training
115.231 (a) The contractor shall train all employees who may have contact with client on:

• Its zero-tolerance policy for sexual abuse and sexual harassment
• How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
• Client' right to be free from sexual abuse and sexual harassment
• The right of client and employees to be free from retaliation for reporting sexual abuse and sexual harassment
• The dynamics of sexual abuse and sexual harassment in confinement
The common reactions of sexual abuse and sexual harassment victims
• How to detect and respond to signs of threatened and actual sexual abuse
• How to avoid inappropriate relationships with client
• How to communicate effectively and professionally with client, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming client; and
• How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor interviewed a random sample of staff during the onsite portion of the audit.

The auditor reviewed a sample of training records. The information was reviewed on the training curriculum: I.B, II.B, I.C, I.C.3, II.D.1, II.D.1, III.D, III.E, II.D.3.

115.231 (b) Such training shall be tailored to the gender of the client assigned to the contracted facility. The auditor reviewed a random sample of training records during the onsite portion of the audit. All staff assigned to both male and female residences are trained for both genders.

115.231 (c) 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 contractor shall provide each employee with refresher training annually. The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above: 54. The employees who may have contact with residents receive refresher training on PREA requirements annually.

115.231 (d) The contractor shall document, through employee signature or electronic verification that employees understand the training they have received. The auditor interviewed a random sample of staff and specialized staff who have been trained as first responders. The facility had an excellent system in place to train staff in a consistent and thorough manner.

Corrective Action: The auditor recommends no corrective action.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.7 Volunteer and contractor training
Training for Volunteer and Contractor Education

Interviews:
Volunteer and Contractors who may have contact with residents

Site Observations:
Sign in log
PREA paperwork
PREA training and statement
Disclosure of PREA Employment standards violation
PREA Volunteer/Contractor Acknowledgement form

Findings: Volunteers and contractor training
115.232 (a) In the event contractor or volunteers are used, the Contractor shall ensure that all Volunteers and Contractors who have contact with clients have been trained on their responsibilities under the contractor's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 22. The auditor interviewed a volunteer and contractor during the onsite portion of the audit. The auditor reviewed training records for volunteers and contractors.

115.232 (b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with client, but all volunteers and contractors who have contact with client shall be notified of the contractor's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents, advised that local law enforcement will be called for all claims of sexual abuse, and claims for sexual harassment will be investigated internally by the contractor. The auditor interviewed volunteer and contractors onsite and reviewed a sample of training records of volunteers and contractors.

115.232 (c) The contractor shall document, through signature confirmation that volunteers and contractors understand the training they have received. The auditor reviewed the signed acknowledgement forms by volunteers and contractors.

Corrective Action: The auditor recommends no corrective action.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.7 Client Education
PREA zero-tolerance (English/Spanish)
Client Education Materials
TTC Treatment Handbook/Acknowledgement

Interviews:
Intake Staff
Random Sample of Residents

Site Observations:
Logs and training records residents
Resident Handbook/education materials
PREA poster English/Spanish
Intake documentation

Findings: Resident education
115.233 (a) During the intake process, client shall receive information explaining the contractor's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake: 933. The auditor interviewed the intake staff and a random sample of residents during the onsite portion of the audit.

115.233 (b) The contractor shall provide refresher information in the event a client is released and then returns. The number of residents transferred from a different community confinement facility during the past 12 months: 0. The auditor interviewed the intake staff and a random sample of residents during the onsite portion of the audit.

115.233 (c) TTC 1.7, pg. 1-17: The contractor shall provide client education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as client who have limited reading skills. The auditor reviewed the resident education material for compliance.

115.233 (d) TTC 1.7, pg. 1-17: The contractor shall maintain documentation of client participation in these education sessions. The auditor reviewed a sample of documentation of the resident participation provided by the facility.

115.233 (e) In addition to providing such education, the contractor shall ensure that key information is continuously and readily available or visible to client through posters, client handbooks, or other written formats. The auditor reviewed the education and informational materials including the PREA posters, resident handbook and signature logs.

Corrective Action: The auditor recommends no corrective action.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

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

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

- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
  ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.11 Criminal and administrative agency investigations
BVCASA Facility Procedure Section 600: Criminal Justice 6.10 G
Training and Education
Training Certificates for PREA Investigators
Training Outline for PREA Investigators

Interviews:
Investigative staff

Site Observations:
Training records/Investigative staff

Findings: Specialized Training: Investigations
115.234 (a, b) BVCASA will conduct internal administrative sexual abuse investigations. All internal investigations will be conducted by either the PREA Coordinator or the PREA Compliance Manager. Investigators will be trained on conducting investigations as per the PREA requirements. Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement, and notifications are made to both TDCJ and DSHS.

The contractor does not conduct its own criminal investigations into allegations of sexual abuse and sexual harassment; however, the agency will ensure that an administrative investigation is completed on all allegations of sexual abuse and sexual harassment. The auditor interviewed investigative staff onsite and reviewed their training records for compliance.

115.234 (c) The auditor reviewed the Training Certificates for PREA Investigators & Training Outline for PREA Investigators. The number of investigators currently employed who have completed the required training: 2.

115.234 (d) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
  ☐ Yes ☐ No ☒ NA

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

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

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Findings:

BVCASA does not employ full or part-time medical or mental health care practitioners. Counselors and other employees who have contact with residents/clients receive the mandated training per§ 115.231-232. Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement/TDCJ/DSHS.

Corrective Action: The auditor recommends no corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
  ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

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

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

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

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.8 Screening for risk of victimization and abusiveness
Sexual harassment and Sexual abuse risk assessment
Initial Assessment
30-day follow up assessment

Interviews:
Staff Responsible for Risk Screening
Random Sample of Residents
PREA Coordinator

Site Observations:
Resident records
Records of initial assessments and reassessments
Sample of records

Findings: Screening for risk of sexual victimization and abusiveness
115.241 (a) TTC 1.8 pg. 1-18; All clients shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other clients or sexually abusive toward other clients. The auditor interviewed staff responsible for conducting the risk screening and a random sample of residents. The auditor randomly and informally asked questions to staff and residents during the site review.

115.241 (b) TTC 1.8 pg. 1-18; Intake screening shall ordinarily take place within 72 hours of arrival at the facility. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 901. The auditor interviewed staff responsible for conducting the risk screening and a random sample of residents.

115.241 (c) Such assessments shall be conducted using an objective screening instrument. In addition to a specific screening instrument, the staff documents the bulleted items in the psychosocial assessment.

The intake screening shall consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: the auditor reviewed the Sexual Harassment and Sexual Abuse Risk Assessment for all the required questions (initial assessment and 30-day follow up assessment). The auditor interviewed the staff responsible for the risk screening during the onsite portion of the audit.

115.241 (d) The intake screening shall consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: the auditor reviewed the Sexual Harassment and Sexual Abuse Risk Assessment for all the required questions (initial assessment and 30-day follow up assessment). The auditor interviewed the staff responsible for the risk screening during the onsite portion of the audit.

115.241 (e) The intake screening shall consider, at a minimum, the following criteria to assess clients for risk of sexual victimization: the auditor reviewed the Sexual Harassment and Sexual Abuse Risk Assessment for all the required questions considering prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor interviewed the staff responsible for the risk screening during the onsite portion of the audit.

115.241 (f) TTC 1.8 Pg. 1-19*;* Within a set time period, not to exceed 30 days from the client's arrival at the facility, the contractor will reassess the client's risk of victimization or abusiveness based upon any additional, relevant information received by the contractor since the intake screening. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 786. The auditor interviewed the staff responsible for the risk screening and random sample of residents during the onsite portion of the audit.

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

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

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

Corrective Action: The auditor recommends no corrective action.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

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

115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.8 Use of screening information
Sexual harassment and Sexual abuse risk assessment

Interviews:
Staff Responsible for Risk Screening
Random Sample of Residents
PREA Coordinator

Site Observations:
Resident records
Records of initial assessments and reassessments
Sample of records

Findings: Use of screening information
115.242 (a) TTC 1.8 pg. 1-19; The contractor shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor interviewed the PREA coordinator and staff responsible for risk screening during the onsite portion for the audit.

115.242 (b) TTC 1.8 pg. 1-19; The contractor shall make individualized determinations about how to ensure the safety of each client. The auditor interviewed staff responsible for risk screening and the PREA coordinator about individual determinations for transgender/intersex residents.

115.242 (c) TTC 1.8 pg. 1-19; In making housing and programming assignments, the contractor shall consider on a case-by-case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems. There were no transgender/intersex residents assigned on the facility for interviews during the onsite portion of the audit. The auditor interviewed the PREA coordinator regarding the transgender/intersex housing assignments and decisions.

115.242 (d) TTC 1.8 pg. 1-19; A transgender or intersex client's own views with respect to his or her own safety shall be given serious consideration. The auditor interviewed the PREA coordinator and staff responsible for the risk screening process. There were no transgender/intersex residents assigned to the facility during the onsite portion of the audit.

115.242 (e) TTC 1.8 pg. 1-19; Transgender and intersex clients shall be given the opportunity to shower separately from other clients. The auditor interviewed the PREA coordinator and staff responsible for the risk screening process. There were no transgender/intersex residents assigned to the facility during the onsite portion of the audit. The auditor observed the facility to have living areas and accommodations for transgender and intersex residents to shower separately from other residents.

115.242 (f) TTC 1.8 pg. 1-19; The contractor shall not place lesbian, gay, bisexual, transgender, or intersex client in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such client.

The auditor interviewed the PREA coordinator during the onsite portion of the audit. There were no transgender/intersex residents assigned to the facility during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.9 Client Reporting
PREA Zero Tolerance Posters (English/Spanish)
TTC Treatment Handbook
PREA Incident Report

Interviews:
Random Sample of Staff
Random Sample of Residents
PREA Coordinator

Site Observations:
PREA signs displayed throughout the facility
PREA Compliance Manager
PREA Coordinator
Phone numbers

Findings: Resident Reporting
115.251 (a) TTC 1.9 pg. 1-20; The contractor shall provide multiple internal (verbal, email, letter) ways for client to privately report sexual abuse and sexual harassment, retaliation by other client or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The auditor interviewed a random sample of staff and a random sample of residents during the onsite portion of the audit. The auditor observed the PREA information displayed throughout the facility for the resident population and clear visibility.

ZEROTOLERANCE FOR SEXUAL ABUSE AND SEXUAL HARASSMENT RIGHT TO REPORT

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

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

HOW TO REPORT

BVCASA offers multiple ways to report sexual abuse and sexual harassment.
Reports can be made anonymously.
• Report to any staff, volunteer, contractor, or medical or mental health staff.
• Submit a grievance or staff relate.
• Report to the PREA coordinator, PREA compliance manager or an outside source.
• Outside source would include PREA Ombudsman Office at (936) 437-5570
• Tell a family member, friend, legal counsel, or anyone else outside the facility.

They can report on your behalf by calling any of the numbers listed below as well as the PREA Ombudsman Office.

• You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

Additional points of contact:
• Bryan Police Department: (979) 209-5300
• Sexual Abuse Resource Center Hotlines: (979) 731-1000
• Crystal Crowell (PREA Coordinator): (979) 846-3560
• Manuel Aguilar (PREA Compliance Manager): (979) 823-5300 extension: 106.
1st floor Horizon Building rm: 100

115.251 (b) TTC 1.9 pg. 1-20; The contractor shall also inform clients of at (call, write, report on internet) least one way to report abuse or harassment to a public or private entity or office that is not part of the contractor and that is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. The outside source would include PREA Ombudsman Office at (936) 437-5570. The PREA coordinator was interviewed and a sample random of residents. The auditor observed the facility for the information which was displayed in all housing areas for the resident housing.

115.251 (c) TTC 1.9 pg. 1-20; Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The auditor observed the facility for the information displayed and made accessible to all residents for reporting. The auditor interviewed a random sample of staff and a random sample of residents.

115.251 (d) TTC 1.9 pg. 1-20: The contractor shall provide a procedure for staff to privately report sexual abuse and sexual harassment of client. The auditor interviewed a random sample of staff during the site review for compliance. The facility provided several different methods and ways for the residents to report sexual abuse and sexual harassment exceeding the standard. Staff may use the PREA reporting form on the shared server, on can verbally report to the ED or PREA Compliance Manager. Staff are informed of these procedures in the following ways: initial and annual training.

Corrective Action: The auditor recommends no corrective action.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No

115.252 (b)

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

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.252 (f)

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

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 3.1 Client Grievances
BVCASA Policy 611 Procedures 611.A and 611.B
Residential Treatment Handbook
Step 1 Client Grievance Form
Notice of Extension-Client Grievance
Grievance Screening Form

Interviews:
PREA Compliance Manager

Site Observations:
Grievance Forms
Resident Handbook

Findings: Exhaustion of administrative remedies
115.252 (a) TTC 3.1 pg. 3-3; It is the policy to provide all clients with an internal administrative means for the resolution of complaints and the identification of potentially problematic management areas within the facility. The administrative means shall provide clients with a method for the resolution of complaints arising from institutional matters, so as to reduce the need for litigation and afford management, supervisory and front-line staff with the opportunity to improve facility operations.

115.252 (b) TTC 3.1 pg. 3-4; This written grievance procedure shall be approved by the Texas Department of Criminal Justice. This grievance procedure will utilize a two-step process and will include:

• Written response to all grievances, with the reasons for the decision and signed receipt from the client indicating receipt of the same.
• Written response with a seven (7) working daytime frame, ·
• Supervisory review of grievances, decision and response.
• Access to grievance forms by all clients without staff assistance, with a guarantee against reprisals, · and
• A process by which clients can appeal the decision.
The resident handbook was reviewed with the relevant information.
115.252 (c) TTC 3.1 pg. 3-4; Further upon acceptance into the program, the client will be advised they can.

• File a grievance about any violation of client rights.
• Facility /staff action considered to be outside approved policy/procedure.
• File a grievance with any staff member.
• Submit a grievance in writing and get assistance writing it if they are unable to read or write.
• Submit a grievance directly at any time to the Texas Department of Criminal Justice - Private Facility Contract Monitor, · and
• Request pens, paper, envelopes, postage and access to a telephone for the purpose of filing a grievance.

115.252 (d) TTC 3.1 pg. 3-4; The client will be informed of the assistant facility director's decision regarding their grievance, and in addition, receive the written findings and recommendations of the grievance coordinator within seven (7) calendar days from the date of receipt. Clients will be required to sign a receipt indicating they have received a decision on their grievance. In the past 12 months: The number of grievances filed that alleged sexual abuse: 0. There were no resident onsite who reported sexual abuse for interviews.

115.252 (e) TTC 3.1 pg. 3-4; SEXUAL ABUSE GRIEVANCES: A verbal, written, anonymous and/or third-party report of sexual harassment, sexual abuse and/or sexual assault. These reports should be directed to the facility director or assigned PREA coordinator. The report or complaint can be submitted via a "request to see an official" or a "step one" grievance form directly to an upper-level manager or to the secured grievance box and will be handled as confidential. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the president’s decision to decline: 0.

115.252 (f) TTC 3.1 pg. 3-4; EMERGENCY GRIEVANCE: One that is presented in writing on a "step one" grievance form and involves an immediate threat to the welfare or safety of a client and is subject to expedited processing. Emergency grievances may involve issues such as: abuse, neglect, exploitation, health and safety issues, etc. These types of grievances require immediate action and an initial response within forty-eight (48) hours of receipt. A final decision for emergency grievances will be provided within five (5) calendar days. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.252 (e) – 3 that had an initial response within 48 hours: 0. The auditor reviewed the grievances during the onsite portion of the audit.

115.252 (g) TTC 3.1 pg. 3-4; ABUSE OF THE GRIEVANCE PROCEDURES. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

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

115.253 (b)

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

115.253 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.9 Client access to outside confidential support services.
Cooperative Working Agreement with Brazos County Rape Crisis Center Inc.

Interviews:
Random Sample of Residents
Residents who reported sexual abuse

Site Observations:
The information displayed with phone numbers and addresses

Findings: Resident access to outside confidential support services
115.253 (a) TTC 1.9 pg. 1-20; The contractor shall provide client with access to outside victim advocates for emotional support services related to sexual abuse by giving client 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 client and these organizations, in as confidential a manner as possible. The facility has a Cooperative Working Agreement with Brazos County Rape Crisis Center Inc., giving resident mailing addresses and telephone numbers (toll-free) in a confidential manner as possible. The auditor interviewed a random sample of residents and there were no residents who reported sexual abuse onsite.

115.253 (b) TTC 1.9 pg. 1-20: The contractor shall inform client, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor interviewed a random sample of residents and there were no residents who reported sexual abuse onsite.

115.253 (c) The facility has a Cooperative Working Agreement with Brazos County Rape Crisis Center Inc., giving resident mailing addresses and telephone numbers (toll-free) in a confidential manner as possible.

Corrective Action: The auditor recommends no corrective action.

Standard 115.254: Third-party reporting

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

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.9 Third-party reporting
http://bvcasa.org/prea/

Interviews:
Staff interviews
Resident Interviews

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

Findings: Third-party reporting
115.245 (a) TTC 1.9: Third-party reporting; The contractor shall establish a method (email, phone, fax letter) 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 client. The information is posted on the following website: http://bvcasa.org/prea/

The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003) and the PREA standards and final rule.

PREA Coordinator:
Crystal Crowell
4001 E. 29th Street, Suite 90
Bryan, TX 77802
(979) 846-3560

PREA Compliance Manager:
Manuel Aguilar
405 W. 28th Street
Bryan, TX 77803
(979) 823-5300

Third Party Reporting of Sexual Abuse and/or Sexual Harassment Method(s):

Call PREA Ombudsman: (936) 437-5570
Call the facility: (979) 823-5300
Email the facility: info@bvcasa.org
Mail a letter to the facility:
BVCASA ATTN: PREA Compliance Manager
405 W. 28th Street
Bryan, TX 77803

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.10 Staff and agency reporting duties
PREA Incident packets
PREA staff reporting form

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

Site Observations:
PREA Incident packets

Findings: Staff and agency reporting duties
115.261 (a) TTC 1.10 Staff and agency reporting duties: The contractor shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the

contractor; retaliation against client or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The auditor interviewed 10 random sample of staff during the onsite portion of the audit.

115.261 (b) TTC 1.10 Staff and agency reporting duties; Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The auditor interviewed 10 random sample of staff during the onsite portion of the audit.

115.261 (c) TTC 1.10 Staff and agency reporting duties: Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform clients of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility did not have any medical or mental health staff assigned.

115.261 (d) TTC 1.10 Staff and agency reporting duties; the facility does not house youthful residents. The auditor interviewed the Executive Director/PREA coordinator during the onsite portion of the audit.

115.261 (e) TTC 1.10 Staff and agency reporting duties; The contractor shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the local Police Department. The auditor interviewed the Executive Director and reviewed a sample of reports.

Corrective Action: The auditor recommends no corrective action.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.10 Agency protection duties

Interviews:
Executive Director
Random Sample of Staff

Findings: Agency protection duties
115.262 (a) TTC 1.10 pg. 1-22; When the contractor learns that a client is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the client. In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0. The auditor conducted interviews with the Executive Director and random sample of staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 ©

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.10 Reporting to other confinement facilities

Interviews:
Executive Director

Site Observations:
No reports received from other confinements.

Findings: Reporting to other confinement facilities.
115.263 (a) TTC 1.10 pg. 1-22; Upon receiving an allegation that a client was sexually abused while confined at another facility, the contractor shall notify the head of the Agency or appropriate office of TDCJ where the alleged abuse occurred. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0.

115.263 (b) TTC 1.10 pg. 1-22; Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.263 (c) TCC 1.10 pg. 1-22; The contractor shall document that it has provided such notification.

115.263 (d) In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
  ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.10 Staff first responder duties
PREA zero-tolerance signs (English/Spanish)
Language Line Solutions
PREA staff reporting form
PREA Incident Packets
Training Sign in logs
Staffing Plan

BVCASA Training Policy
Training Curriculum (Initial/Annually/Refresher)

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

Findings: Staff first responder duties
115.264 (a) TTC 1.10 pg. 1-10 staff first responder duties; Upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report shall be required to:

• Separate the alleged victim and abuser.
• Preserve and protect any crime scene until appropriate steps can be taken to collect any 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, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
• If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, the number of allegations that a resident was sexually abused: 0. The auditor conducted interviews with security staff and non-security staff first responders who have been trained as first responders to any sexual abuse allegation. There were no residents who reported sexual abuse during the onsite portion of the audit for interviews.

115.264 (b) TTC 1.10; If the first staff responder is not a monitor/driver 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 their supervisor. The auditor conducted interviews with security staff and non-security staff first responders who have been trained as first responders to any sexual abuse allegation. There were no residents who reported sexual abuse during the onsite portion of the audit for interviews.

Corrective Action: The auditor recommends no corrective action.

Standard 115.265: Coordinated response

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

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.10 Coordinated Response
BVCASA Coordinated Response Plan (Sexual Abuse Response Team Protocol)

Interviews:
Executive Director

Site Observations:
Sample of Investigations
Sexual Abuse Response Team Protocol

Findings: Coordinated Response
115.265 (a) The contractor 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, law enforcement, and facility leadership. Corrective Action: The auditor recommends no corrective action. The auditor conducted an interview with the Executive Director during the onsite portion of the audit. The auditor reviewed the facility Coordinated Response Plan describing the staff first responder responsibilities, shift leader, following suspected or alleged incident of sexual abuse, PREA Compliance Manager responsibilities, PREA Coordinators responsibilities, Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner, Rape Crisis Advocate, law enforcement investigator, District Attorney or designee, prior to transport to a medical forensic exam: PREA Coordinator or designee, shift leader or designee, during the medical forensic exam, and if a forensic exam is not conducted; following the exam/after acute care is provided, and follow up/long term duties.

Corrective Action: The auditor recommends no corrective action.

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.10 Preservation of ability to protect residents from contact with abusers

Findings:
115.266 (a) TTC 1.10; The contractor shall not enter into any collective bargaining agreement or other agreement that limits the contractor's ability to remove alleged staff sexual abusers. The facility is not responsible for collective bargaining nor has entered or renewed any collective bargaining agreements.

115.266 (b) N/A

Corrective Action: The auditor recommends no corrective action.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

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

115.267 (b)

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

115.267 (c)

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.10 Agency protection against retaliation
PREA Incident Reports

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

Site Observations:
PREA Incident reports
Samples/Monitoring for retaliation of residents

Findings: Agency protection against retaliation
115.267 (a) TTC 1.10 pg. 1-23 Agency protection against retaliation. The contractor shall protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or

sexual harassment investigations from retaliation by other clients or staff and shall designate which staff members or departments are charged with monitoring retaliation. The auditor conducted an interview with the Executive Director during the onsite portion of the audit. The facility assigned the Quality Assurance/PREA Compliance Manager as the staff designated with monitoring for possible retaliation.

115.267 (b) TTC 1.10 pg. 1-23; The contractor shall employ multiple protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for client or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor conducted interviews with the following staff: Executive Director, and Designated staff member charged with monitoring for retaliation. There were no residents assigned to the facility for interviews who reported sexual abuse.

115.267 (c) TTC 1.10 pg. 1-23; For at least 90 days following a report of sexual abuse, the contractor shall monitor the conduct and treatment of client or staff who reported the sexual abuse and of client who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by client or staff, and shall act promptly to remedy any such retaliation. Items the contractor should monitor include any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The contractor shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The number of times an incident of retaliation occurred in the past 12 months: 0. The auditor conducted the following interviews with the Executive Director and staff member charged with monitoring for retaliation for a thorough explanation of the process.

115.267 (d) TTC 1.10 pg. 1-23; In the case of client, such monitoring shall also include periodic status checks. The auditor reviewed a sample of the required documentation for the monitoring of residents. There were no sexual abuse or sexual harassment allegations reported in the past 12 months preceding the audit.

115.267 (e) TTC 1.10 pg. 1-23; If any other individual who cooperates with an investigation expresses a fear of retaliation, the contractor shall take appropriate measures to protect that individual against retaliation. The auditor conducted an interview with the Executive Director for information regarding protective measures taken during all monitoring for retaliation.

115.267 (f) N/A

Corrective Action: The auditor recommends no corrective action.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

115.271 (b)

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

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

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

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TCC 1.11 Criminal and Administrative agency investigations
PREA Incident packets
Training Certificates for PREA investigators
Email to Law Enforcement
Training outline for PREA Investigators

Interviews:
Investigative Staff
Residents who reported sexual abuse (no residents onsite for interviews)
Director or Designee
PREA Coordinator

Site Observations:
Sample of investigative records/reports of allegations of sexual abuse/sexual harassment

Findings: Criminal and Administrative Agency Investigations.
115.271 (a) TTC 1.11 pg. 1-24; The contractor does not conduct its own criminal investigations into allegations of sexual abuse and sexual harassment; however, the agency will ensure that an administrative investigation is completed on all allegations of sexual abuse and sexual harassment. The auditor conducted an interview with investigative staff and reviewed two investigative records for the last audit cycle. The facility did not have any sexual abuse allegations in the past 12 months.

115.271 (b) TTC 1.11 pg. 1-24; The auditor reviewed the Training Certificates for PREA investigators Email to Law Enforcement, and Training outline for PREA Investigators. The auditor conducted an interview with investigative staff and reviewed two investigative records for the last audit cycle. The facility did not have any sexual abuse allegations in the past 12 months.

115.271 (c) TTC 1.11 pg.1-24; Administrative investigations by the contractor include an effort to determine whether staff actions or failures to act contributed to the abuse and the investigation is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The contractor retains all written reports referenced above for as long as the alleged abuser is housed at the facility or employed by the agency, plus five years. The auditor conducted an interview with investigative staff and reviewed two investigative records for the last audit cycle. The facility did not have any sexual abuse allegations in the past 12 months.

115.271 (d) TTC 1.11 pg. 1-24; Any State entity or Department of Justice component that conducts such investigations does so pursuant to the above requirements. The auditor conducted an interview with investigative staff and reviewed two investigative records for the last audit cycle. The facility did not have any sexual abuse allegations in the past 12 months.

115.271 (e,f) TTC 1.11 pg. 1-24; Administrative investigations by the contractor include an effort to determine whether staff actions or failures to act contributed to the abuse and the investigation is documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted interviews with the investigative staff and there were no residents who reported sexual abuse assigned to the facility.

115.271 (g) TTC 1.11 pg. 1-24; The Program Manager/designee will ensure a thorough incident report is completed along with written statements, verbal statements, and any other data collected is forwarded to the local police department for a formal investigation. Efforts will be made to preserve physical data. The auditor conducted an interview with investigative staff and reviewed two investigative records for the last audit cycle. The facility did not have any sexual abuse allegations in the past 12 months.

115.271 (h) The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1. The auditor conducted the interview with the investigative staff member responsible for the investigatory process.

115.271 (i) TTC 1.11 pg. 1-24; The contractor retains all written reports referenced above for as long as the alleged abuser is housed at the facility or employed by the agency, plus five years. The auditor conducted an interview with investigative staff and reviewed two investigative records for the last audit cycle. The facility did not have any sexual abuse allegations in the past 12 months.

115.271 (j) TTC 1.11 pg. 1-24; The departure of the alleged abuser or victim from the employment or control of the contractor does not provide a basis for terminating an investigation. The auditor conducted the interview with the investigative staff member responsible for the investigatory process.

115.271 (k) N/A

115.271 (l) TTC 1.11 pg. 1-24; When outside agencies investigate sexual abuse, the contractor cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The auditor conducted interviews with the Executive Director/PREA Coordinator, and Investigative staff.

Corrective Action: The auditor recommends no corrective action.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.11 Evidentiary standard for administrative investigations
Training Certificates for PREA Investigators
Training Outline for PREA Investigators

Interviews:
Investigative Staff

Site Observations:
Sample of documentation

Findings: Evidentiary standards for administrative investigations
115.272 (a) TTC 1.11 pg. 1-25; The contractor does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor conducted an interview with the investigative staff during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.273: Reporting to residents

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

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

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

115.273 (c)

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

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

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TCC 1.11 Criminal and Administrative agency investigations
PREA Incident packets
Training Certificates for PREA investigators
Email to Law Enforcement
Training outline for PREA Investigators

Interviews:
Executive Director
Investigative staff
Residents who reported sexual abuse (no residents onsite who reported sexual abuse)

Site Observations:
Sample of PREA Incident reports

Findings: Reporting to residents
115.273 (a) TTC 1.11 pg. 1-26; Following an investigation into a resident's allegation of sexual abuse suffered at the facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the past 12 months: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: 0. The number of residents who were notified, verbally or in writing, of the results of the investigation: 0.

115.273 (b) TTC 1.11 pg. 1-26; If the contractor did not conduct the investigation, it requests the relevant information from the investigative agency in order to inform the resident. In the past 12 months:
The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 0. The number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

115.273 (c) TTC 1.11 pg. 1-26; Following a resident's allegation that a staff member has committed sexual abuse against the resident, the contractor will 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 program.
• The staff member is no longer employed at the facility.
• The contractor learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
• The contractor learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There have been no substantiated, unsubstantiated or unfounded cases in the past 12 months. There were no residents who reported sexual abuse for interviews in the past 12 months.

115.273 (d) TTC 1.11 pg. 1-26; All such notifications or attempted notifications are documented.
• The contractor's obligation to report under this standard terminates if the resident is released from the agency's custody.

115.273 (e) The auditor reviewed the Offender Notification Brochure that is utilized by the facility to notify residents of the outcome of the investigation. The original is signed by the resident and a copy is place with the investigation.

115.273 (f) N/A

Corrective Action: The auditor recommends no corrective action.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.12 Disciplinary Sanctions for staff

Interviews:
Executive Director
Administrative Staff

Findings: Disciplinary sanctions for staff
115.276 (a) TTC 1.12 pg. 1-27; Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.276 (b) TTC 1.12 pg. 1-27; Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

115.276 (c) TTC 1.12 pg. 1-27; 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. In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0.

115.276 (d) TTC 1.12 pg. 1-27; All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
BVCASA P&P 610. Volunteer & Contractor Training

Interviews:
Executive Director

Findings: Corrective Action for Contractors and Volunteers
115.277 (a) In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0.

115.277 (b) The Executive Director was interviewed, and the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Corrective Action: The auditor recommends no corrective action.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

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

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.12 Disciplinary sanctions for residents
TTC 1.7 Client Education
PREA zero-tolerance (English/Spanish)
Client Education Materials
TTC Treatment Handbook

Interviews:
Executive Director

Findings: Disciplinary sanctions for residents
115.278 (a) TTC 1.12 pg. 1-27; Clients shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. In the past 12 months:

The number of administrative findings of resident-on-resident sexual abuse that have occurred at the Facility: 0. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.

115.278 (b) TTC 1.12 pg. 1-27; Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other client with similar histories.

115.278 (c) TTC 1.12 pg. 1-27; The disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor conducted an interview with the Executive Director during the onsite portion of the audit.

115.278 (d) TTC 1.12 pg. 1-27; The contractor shall consider whether to require the offending client to participate in therapy, counseling, or other interventions designed to address and correct underling reasons or motivations for the abuse as a condition of access to programming or other benefits. There are no medical or mental health staff employed by the facility.

115.278 (e) TTC 1.12 pg. 1-27; The contractor may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.278 (f) TTC 1.12 pg. 1-27; For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.278 (g) TTC 1.12 pg. 1-27; The contractor prohibits all sexual activity between clients and may discipline clients for such activity. The contractor may not, however, deem such activity to constitute sexual abuse if it determines that the
activity is not coerced.

Corrective Action: The auditor recommends no corrective action.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.282 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.13 Medical and Mental Care: Access to emergency medical and mental health services
Procedure 610.G
MOU with St. Joseph's Regional Health Center
Cooperative working agreement with Brazos County Rape Crisis Center Inc

Interviews:
Security staff and non-security staff first responders
There were no residents who reported sexual abuse onsite for interviews.

Findings: Access to emergency medical and mental health services.
115.282 (a) TTC 1.13; Client victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility has an MOU with St. Joseph's Regional Health Center and a Cooperative working agreement with Brazos County Rape Crisis Center Inc. BVCASA does not employ full or part-time medical or mental health care practitioners.

115.282 (b) TTC 1.13; The contractor staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify their supervisor for transport to appropriate medical and mental health practitioners. BVCASA does not employ full or part-time medical or mental health care practitioners. All staff interviewed have been trained as first responders to take steps for any sexual abuse/sexual harassment allegation.

115.282 (c) TTC 1.13; Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility has an MOU with St. Joseph's Regional Health Center and a Cooperative working agreement with Brazos County Rape Crisis Center Inc. BVCASA does not employ full or part-time medical or mental health care practitioners.

115.282 (d) BVCASA does not employ full or part-time medical or mental health care practitioners. Counselors and other employees who have contact with residents/clients receive the mandated training per§ 115.231-232.
Awareness that sexual abuse/harassment has occurred results in referral to local law enforcement/TDCJ/DSHS.

Corrective Action: The auditor recommends no corrective action.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.13 Medical and Mental Care:
Ongoing medical and mental health care for sexual abuse victims and abusers.
Procedure 610.G
MOU with St. Joseph's Regional Health Center
Cooperative working agreement with Brazos County Rape Crisis Center Inc

Findings: Ongoing medical and mental health care for sexual abuse victims and abusers.
115.283 (a) TTC 1.13 pg. 1-29; The contractor shall offer medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility through the local mental health provider. The facility has an MOU with St. Joseph's Regional Health Center providing all resident victims of the BVCASA access to forensic medical examinations without financial cost to the victim etc.
115.283 (b) TTC 1.13 pg. 1-29; The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility has an MOU with the St. Joseph's Regional Health Center.

115.283 (c) The facility has an MOU with the St. Joseph's Regional Health Center. The auditor reviewed documentation and memorandum of understanding for the services provided.

115.283 (d) TTC 1.13 pg. 1-29; Client victims of sexually abusive vaginal penetration while incarcerated shall be offered a pregnancy test.

115.283 (e) TTC 1.13 pg. 1-29; If pregnancy results from the conduct described in paragraph above, such victim's hall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. There were no residents onsite who reported sexual abuse.

115.283 (f) TTC 1.13 pg. 1-29; Client victims of sexual abuse while a resident shall be offered tests for sexually transmitted infections as medically appropriate. There were no residents onsite who reported sexual abuse.

115.283 (g) TTC 1.13 pg. 1-29; Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were no residents onsite who reported sexual abuse.

115.283 (h) TTC 1.13 pg. 1-29; The contactor shall attempt to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Corrective Action: The auditor recommends no corrective action.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.14 Sexual Abuse Incident Reviews
BVCASA Sexual Abuse Incident Review

Interviews:
Executive Director/PREA Coordinator
Incident Review Team

Site Observations:
Administrative Investigation Samples

Findings: Sexual Abuse Incident Review

115.286 (a) TTC 1.14; The contractor shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0.

115.286 (b) TTC 1.14; Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The auditor reviewed a sample of investigations with the sexual abuse incident review.

115.286 (c) TTC 1.14; The review team shall include upper-level management officials, supervisors and first responders. The Executive Director was interviewed, and the auditor reviewed the team meeting minutes.

115.286 (d) TTC 1.14; The review team shall: • Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse • Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status or gang affiliation or was motivated or otherwise caused by other group dynamics at the facility. • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; • Assess the adequacy of staffing levels in that area during different shifts; • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • Prepare a report of findings and any recommendations for improvement, and submit such report to the contractor's executive director and PREA compliance manager. The auditor conducted interviews with the Executive Director/PREA Coordinator and Incident review team. The auditor reviewed the sexual abuse incident reviews for compliance.

115.286 (e) TTC 1.14; The contractor shall implement the recommendations for improvement or shall document its reasons for not doing so.

Corrective Action: The auditor recommends no corrective action.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.6 pg. 1-13; Data Collection
Data Collection Tool for Annual Reports
SSV4 report
http://bvcasa.org/prea/

Findings: Data Collection

115.287 (a/c): TTC 1.6 pg. 1-13; The contractor shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The information is located on the following website: http://bvcasa.org/prea/
PREA 2016 Annual Report: DOWNLOAD
PREA 2017 Annual Report: DOWNLOAD
PREA 2018 Annual Report: DOWNLOAD
PREA 2019 Annual Report: DOWNLOAD

115.287 (b) The auditor reviewed the incident based sexual abuse data annually.
TTC 1.6 pg. 1-13; The contractor shall aggregate the incident-based sexual abuse data at least annually.

115.287 (d) TTC 1.6 pg. 1-13; The contractor shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

115.287 (e) TTC 1.6 pg. 1-13; The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.287 (f) TTC 1.6 pg. 1-13; The contractor shall maintain, review and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The contractor shall use data collected from the facility operated by the contractor. Upon request, the contractor shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Corrective Action: The auditor recommends no corrective action.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

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

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.6 Data Review for Corrective Action

Interviews:
Executive Director/PREA Coordinator

Findings: Data review and corrective actions.

115.288 (a) TTC 1.6; The facility shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including: • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings and corrective actions for each facility, as well as the contractor as a whole. The auditor interviewed the Executive Director during the onsite portion of the audit.

115.288 (b) TTC 1.6; Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the contractor's progress in addressing sexual abuse.

115.288 (c) The agency makes its annual reports available to the public annually on the following website: http://bvcasa.org/prea/. The auditor interviewed the Executive Director during the onsite portion of the audit.

115.288 (d) TTC 1.6; The contractor may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the

nature of the material redacted. The PREA Coordinator/Executive Director was interviewed during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)
TTC 1.14 Data Publication and Destruction
Annual Reports
http://bvcasa.org/prea/

Interviews:
PREA Coordinator/Executive Director

Findings: Data storage, publication, and destruction.
115.289 (a) TTC 1.14; The interview with the PREA Coordinator determined that the data was collected and securely retained.

115.289 (b) The facility makes the data readily available to the public through the website: http://bvcasa.org/prea/.

115.289 (c) TTC 1.14; Before making aggregated sexual abuse data publicly available, the contractor shall remove all personal identifiers.

115.289 (d) TTC 1.14; The contractor shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Corrective Action: The auditor recommends no corrective action.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The BVCASA facility demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations.

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been

no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

BVCASA publicly displays the PREA policies and procedures, PREA Annual Reports and PREA Final Audits on the following website: http://bvcasa.org/prea/.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

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

Auditor Instructions:

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

Noelda Martinez 4/1/2020

Auditor Signature **Date**

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

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