PREA Facility Audit Report: Final

Name of Facility: Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/19/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Karen d. Murray	**Date of Signature:** 08/19/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	07/16/2026
End Date of On-Site Audit:	07/17/2026

FACILITY INFORMATION	
Facility name:	Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center
Facility physical address:	405 West 28th Street, Bryan, Texas - 77803
Facility mailing address:	4001 E. 29th St, Ste. 90, Bryan, Texas - 77802

Primary Contact	
Name:	Crystal Crowell
Email Address:	ccrowell@bvcasa.org
Telephone Number:	9794501627

Facility Director	
Name:	Joshua Stone
Email Address:	jstone@bvcasa.org
Telephone Number:	9798235300

Facility PREA Compliance Manager	
Name:	Regina McClain
Email Address:	rmcclain@bvcasa.org
Telephone Number:	979.823.5300

Facility Characteristics	
Designed facility capacity:	202
Current population of facility:	167
Average daily population for the past 12 months:	168
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18+
Facility security levels/resident custody levels:	Community

Number of staff currently employed at the facility who may have contact with residents:	47
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Brazos Valley Council on Alcohol and Substance Abuse
Governing authority or parent agency (if applicable):	
Physical Address:	4001 E. 29th Street , Ste. 90, Bryan, Texas - 77802
Mailing Address:	4001 E 29th Street, Suite 90, Bryan, Texas - 77802
Telephone number:	9798463560

Agency Chief Executive Officer Information:	
Name:	Crystal Crowell
Email Address:	ccrowell@bvcasa.org
Telephone Number:	9798463560

Agency-Wide PREA Coordinator Information			
Name:	Crystal Crowell	**Email Address:**	ccrowell@bvcasa.org

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
1	• 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-07-16
2. End date of the onsite portion of the audit:	2026-07-17

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Sexual Assault Resource Center, - Advocate Texas Department of Criminal Justice PREA Ombudsman - Third Party Reporting Option

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	202
15. Average daily population for the past 12 months:	181
16. Number of inmate/resident/detainee housing units:	59
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	181
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	3
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	42
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided spreadsheets identifying targeted clients and housing unit rosters by gender. Once the targeted clients were identified, additional clients were randomly selected by gender and housing unit to ensure a representative sample of the client population from each housing unit was interviewed.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	(●) Yes ( ) No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews this category of client did not appear to be residing at the facility during the on site review.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews this category of client did not appear to be residing at the facility during the on site review.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews this category of client did not appear to be residing at the facility during the on site review.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews this category of client did not appear to be residing at the facility during the on site review.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3

53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	After review of rosters and specialized interviews this category of client did not appear to be residing at the facility during the on site review.
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The agency does not utilize segregated housing.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	All staff from each shift working during the onsite review were interviewed.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	( ) Yes ( ) No (●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	2	2	2
Staff-on-inmate sexual abuse	1	0	1	1
Total	3	2	3	3

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	1
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	2	1

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility has not received any sexual harassment allegations in the past 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes ( ) No (●) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA, Section 600: Policy No. 615, PREA, dated 9.2013 3. Brazos Valley Council on Alcohol and Substance Abuse Treatment Center Organizational Chart, not dated Interviews: 1. Random Clients 2. Targeted Clients

3. Direct Care Staff Monitors

4. TDCJ Program Director

5. Executive Director / PREA Coordinator

Interviews with clients consistently demonstrated they felt safe, respected, and supported throughout the program. All clients interviewed stated they felt safe from sexual abuse and sexual harassment while residing at the facility and further reported that searches and urinalysis testing are conducted respectfully by staff. Clients articulated multiple reporting options for sexual harassment and sexual abuse and understood they could report on behalf of another client, with one client stating, "I would report for anyone and speak up if I saw or heard anything." Clients repeatedly described a strong culture of PREA compliance, with one client commenting, "They keep a tight rein over PREA here," while another praised the orientation process, stating, "The guy that does orientation—he has got to be the most thorough, ever. He has really good energy." Clients consistently described staff as respectful of their privacy, explaining that opposite-gender announcements are routinely made before staff enter the living areas and that male staff do not enter bedrooms until clients are appropriately dressed. Clients further stated grievances are always available, telephones are accessible whenever needed, and several remarked, "I haven't had any problems like that here," and "I don't have any of those worries here." Interviews with vulnerable and specialized populations further demonstrated individualized care and respect. A client receiving mental health services shared, "The MHMR lady is very sweet. She made me feel comfortable and sits in my meetings with me." An LGB client stated, "I really like my roommates here," while a transgender client reported staff asked about preferred pronouns and expressed feeling comfortable with roommates selected by the facility. Several clients also described positive growth while in the program, with one proudly stating, "We have the best hall—we are the most productive and take our jobs seriously," while another shared, "I am learning new coping skills."

Interviews with Direct Care Staff Monitors consistently demonstrated a strong commitment to client safety, professionalism, and individualized care. Staff articulated their responsibility to immediately report all allegations, suspicions, or boundary concerns, regardless of severity, with one staff member stating, "Report everything, even if it is something small," while another explained that if a client continues unwanted behavior after being asked to stop, "I will report it." Staff consistently described treating all clients with dignity and respect, with one Direct Care Staff Monitor stating, "I don't judge them and treat them all the same; however, I am not their friend but a positive person in their life. My job is to make sure they are safe." Another shared, "I want them to feel safe," while another emphasized that "All should feel safe, comfortable and protected." Staff further demonstrated an understanding of individualized care by explaining that interpreters are documented within client files when utilized, vulnerable populations receive additional considerations, including individualized shower schedules,

	preferred pronouns are respected, and searches are conducted by the client's preferred gender when appropriate. Staff described utilizing unannounced rounds every 15 minutes while intentionally varying the timing, route, and pattern of those rounds as a preventative measure to reduce opportunities for misconduct and enhance client safety. Staff also explained they routinely remind clients they can change their answers on the risk assessment, with formal reassessments being completed every 30 days. Interviews further demonstrated staff promptly separate clients when safety concerns are identified and consistently reinforce privacy expectations by requiring clients to change clothing within their bathrooms. The interview with the PREA Coordinator demonstrated she has sufficient time and authority to effectively oversee the facility's PREA efforts. She described utilizing comprehensive electronic tracking systems to monitor required PREA documentation and compliance activities while maintaining ongoing oversight of allegations and corrective actions. The PREA Coordinator further stated she meets weekly with the Administrative Team to review PREA-related matters, discuss trends, implement recommendations for continuous improvement, and monitor incidents as they occur throughout the year, as well as during the annual review process. Site Observations: During the tour of the facility, first responder badges were observed as part of the required uniform worn by all staff, ensuring immediate access to first responder responsibilities. Standardized PREA bulletin boards were consistently displayed throughout the facility and included English and Spanish Zero Tolerance postings, information regarding the agency's zero-tolerance policy, internal and external reporting options with contact names and telephone numbers, orange DOJ PREA Audit Notices, Texas Department of Criminal Justice PREA brochures, and Sexual Abuse Resource Center brochures containing advocacy contact information. The consistency of PREA messaging and accessibility of reporting resources demonstrated the facility's ongoing commitment to ensuring clients have continual access to PREA information and reporting resources. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual

	harassment of clients. BVCAS, Section 600: PREA Policy No. 615, page 1, section Policy, states, “It is the policy of the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) to protect persons under agency control or supervision from all forms of sexual abuse and sexual harassment in its facilities. BVCASA has a zero-tolerance policy and investigates all allegations of sexual abuse and harassment whether reported by staff, clients, family members, contractors, volunteers, members of the public, or any other source. BVCASA investigates allegations against staff members with the same vigilance it investigates allegations against clients. It takes a proactive approach to preventing sexual abuse and sexual harassment by clients and by staff. It addresses the needs of clients who have been sexually victimized. All violators of this policy shall be subject to disciplinary action and criminal prosecution, as appropriate. All applicable BVCASA policies will be revised to include appropriate references to PREA requirements as outlined in this policy during annual policy reviews.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator in the agency's organizational structure. The facility provided a Brazos Valley Council on Alcohol and Substance Abuse Treatment Center Organizational Chart. The organization chart demonstrates the Executive Director functions as the agency PREA Coordinator. Based on interviews, documentation, and observations, the facility exceeds compliance with this standard. Interviews consistently demonstrated PREA has been integrated into the facility's daily operations and organizational culture. Clients and staff alike described an environment where safety, dignity, and accountability are continually reinforced through proactive reporting practices, individualized care, respectful interactions, and consistent communication regarding PREA expectations and reporting options. The PREA Coordinator demonstrated sustained leadership through comprehensive electronic compliance tracking, ongoing oversight of allegations and corrective actions, and weekly Administrative Team meetings focused on reviewing trends and implementing continuous improvements. Site observations further corroborated these efforts through standardized bilingual PREA information boards, readily accessible reporting and advocacy resources, and first responder reference badges incorporated into staff uniforms. Collectively, these practices demonstrate a proactive and sustainable commitment to preventing, detecting, and responding to sexual abuse and sexual harassment that extends

	beyond the minimum requirements of this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Interviews: 1. Executive Director The interview with the Executive Director demonstrated the facility does not contract with other facilities to provide residential services for its clients. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states agency does not contract with private agencies for confinement services of their clients. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616-A, Supervision & Monitoring, dated 12.2022 3. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment

Center Staffing Plan, dated 12.2025

4. BVCASA Incident Review Form

5. Staffing Plan Review Database Report

Interviews:

1. TDCJ Program Director

2. Executive Director / PREA Coordinator

The interviews with the Program Director and the Executive Director demonstrated the agency reviews and revises the Staffing Plan quarterly and whenever a post is opened or closed or cameras are upgraded. The TDCJ Program Director stated the facility maintains an on-call schedule for staff to address both scheduled and unscheduled absences. He further stated staffing plan deviations are documented through incident reports.

Site Observations:

During the tour, staffing assignments were consistent with the facility's Staffing Plan, and required staff positions were observed to be filled. Staff were actively supervising clients throughout the facility, and client movement and programming were conducted under direct staff supervision. Camera coverage and staff presence demonstrated multiple layers of supervision designed to enhance client safety and security.

(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 163. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of clients on which the staffing plan was predicated is 202.

BVCASA Procedure No. 616-A, Supervision & Monitoring, page 1, section Procedure A., states, “A. For each residential program, BVCASA develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, BVCASA takes into consideration the following.

	1. The physical layout of each facility/program. 2. The composition of the resident population. 3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse. 4. Any other relevant factors.” The facility provided a Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center Staffing Plan. The staffing plan documents the following elements. · Staff Positions and Functions · Staff-To-Resident Ratios · Staff Supervision of Residents · Supervisory Personnel · Video Monitoring Systems o Basement o First Floor o Second Floor o Third Floor o Outside and Stairwells o McCaffrey House · Facility-Specific Factors Related to Sexual Safety o Population census and facility design capacity o Characteristics of the population o Availability of education and programming opportunities o Access to medical and mental health care o Physical plant characteristics that can impact line of sight and visibility o Privacy considerations and limits to cross-gender viewing and searches · Prevalence of Incidents of Sexual Abuse · Applicable Laws, Regulations, and Findings

	· Staffing Plan Development and Review · Documenting Deviations to the Staffing Plan The staffing plan is electronically signed by the Executive Director / PREA Coordinator and the facility PREA Compliance Manager on 12.15.2025. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility documents each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility has had deviations from the required ratios of their staffing plan due to being short staffed in the past 12 months. BVCASA Procedure No. 616-A, Supervision & Monitoring, page 1, section Procedure B., states, “In circumstances where the staffing plan is not complied with, BVCASA documents and justifies all deviations from the plan.” The facility provided completed BVCASA Incident Review forms documenting instances in which staff-to-client ratios were not maintained due to staffing shortages. The documentation identified the reasons for the staffing deficiencies and the circumstances surrounding each occurrence. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. BVCASA Procedure No. 616-A, Supervision & Monitoring, page 2, section Procedure D., states, “Whenever necessary, but no less frequently than once each year, BVCASA assesses, determines, and documents whether adjustments are needed to: 1. The staffing plan established pursuant to paragraph (A) of this section. 2. Prevailing staffing patterns. 3. The facility's deployment of video monitoring systems and other monitoring technologies.

	4. The resources BVCASA have available to commit to ensure adequate staffing levels.” The facility provided a Staffing Plan Review Database Report demonstrating staffing plan reviews were completed electronically on 3.31.2023, 9.16.2024 and 7.1.2025. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616-B, Limits to Cross Gender Viewing and Searches, dated 9.2013 3. BVCASA PREA Annual Training, not dated 4. BVCASA New Employee Orientation (NEO) for TDCJ Direct and Indirect Staff, not dated Interviews: 1. Random Clients 2. Targeted Clients 3. Direct Care Staff Monitors 4. TDCJ Program Director Interviews with clients demonstrated only pat or wand searches are conducted at the facility. Clients stated search and urinalysis procedures are conducted respectfully by staff, and each stated they feel sexually safe within the facility.

	Interviews with clients further demonstrated staff of both genders announce their presence upon entering the hallways and the McCaffrey House. Clients stated male staff ask them to exit their rooms before entering, provide sufficient time for them to dress before entering the dorm, and consistently respect their privacy. Clients stated they appreciate the announcements and privacy practices, with one client sharing, "They give us plenty of time," while another stated, "I have never had a privacy issue here." Interviews with female Direct Care Staff Monitors demonstrated each had been trained to conduct pat searches of male clients and understood such searches must be documented. All Direct Care Staff Monitors stated clients are afforded privacy while showering, changing clothes, and using the restroom. Staff further stated if they hear a shower running, they ensure they do not enter the bathroom. Direct Care Staff Monitors stated searches are always conducted within camera view, and urinalysis testing is conducted in client bathrooms with one staff member positioned near the client and a second staff member nearby to witness the process and any conversation that may occur. Site Observations: During the tour, client rooms either contained an in-room bathroom with a three-quarter door that blocked the view of the toilet and shower area or clients utilized common bathrooms equipped with a full entrance door, individual shower curtains, and doors on each toilet stall. During the tour, multiple cross-gender announcements were heard as opposite-gender staff entered the hallways and the McCaffrey House. Client Expeditors were also observed repeating the cross-gender announcements after staff announced their presence, reinforcing client awareness of staff entering the client housing areas. Top of Form Bottom of Form (a) Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero. 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 was zero. BVCASA Procedure No. 616-B, Limits to Cross Gender Viewing and Searches, page 1, section Procedure, A., states, “BVCASA does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). BVCASA does not allow staff to touch residents. Searches include emptying pockets, "popping" bra, shaking out clothes, etc. All searches are witnessed and documented, and when possible, conducted in view of video surveillance.” (b) Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The number of pat-down searches of female residents that were conducted by male staff was one. The PAQ states, “A male new hire was incorrectly instructed to pat search a female resident during training. This standard has been reinforced through training.” BVCASA Procedure No. 616-B, Limits to Cross Gender Viewing and Searches, page 1, section Procedure, A. BVCASA does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). BVCASA does not allow staff to touch residents. Searches include emptying pockets, “popping” bra, shaking out clothes, etc. All searches are witnessed and documented, and when possible, conducted in view of video surveillance.” (a) Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. The facility restricts cross-gender searches, in total. Compliance can be found in provision (a) of this standard. (d) Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to

	routine cell checks (this includes viewing via video camera). Policies and procedures 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. BVCASA Procedure No. 616-B, Limits to Cross Gender Viewing and Searches, page 1, section Procedure, C., states, “BVCASA 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 room checks. Staff of the opposite gender is required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothing. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616-C, Residents with Disabilities and/or Who Are Limited English Prohibited, dated 9.2013 3. Language Line Solutions Instructions for Connecting to an Interpreter, dated 2016 Interviews: 1. Targeted Clients 2. LCDC Lead Counselor Interviews with targeted clients demonstrated only one of the targeted clients interviewed was cognitively delayed. The client demonstrated an understanding of the agency's zero-tolerance policy, internal and external reporting options, including

	reporting to the Ombudsman and through the grievance process, stating, "Staff make sure we understand PREA here." The interview with the Lead Counselor demonstrated clients with cognitive delays receive PREA education using simplified terminology and clarifying questions to ensure comprehension. The Lead Counselor further explained PREA information is posted in both English and Spanish throughout the facility and interpreters are utilized for clients with limited English proficiency and deaf or hard-of-hearing clients to ensure meaningful access to PREA-related information and services. Site Observations: Standardized PREA bulletin boards were consistently displayed throughout the facility and included English and Spanish Zero Tolerance postings, information regarding the agency's zero-tolerance policy, internal and external reporting options with contact names and telephone numbers, Department of Criminal Justice PREA brochures, and Sexual Abuse Resource Center brochures. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has established procedures to provide disabled residents 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. BVCASA Procedure No. 616.C, Residents with Disabilities and/or Who Are Limited English Prohibited, page 1-2., section Procedure A.-B., state, “ A. BVCASA takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 1. Such steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. a. BVCASA engages the services of Sign Language Interpreting Services, LLC (SLIS) as needed to interpret for residents who are deaf or hard of hearing. b. TDCJ notifies BVCASA’s placements coordinator in advance of the client’s

arrival. The placements coordinator notifies BVCASA's Executive Director who initiates a contract with SLIS. The Executive Director works with Residential Program Leadership and Counselors to identify the client's schedule for intakes, groups, and individual sessions to ensure an interpreter is present.

2. BVCASA ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills or who are blind or have low vision.

a. BVCASA's PREA posting noting zero tolerance and contact information for reporting is in both English and Spanish.

b. Clients who speak only Spanish will have a Spanish-speaking Counselor or other program staff available to translate and ensure PREA information is fully understood.

c. If a client is unable to read, staff will read the PREA materials to them.

d. For clients with limited intellectual ability, staff will verbally simplify and summarize the information. Staff will question the client to ensure adequate understanding of the material. The client will be encouraged to consult staff if they have any concerns regarding PREA, how to report, etc."

(b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has established procedures to provide residents with limited English proficiency 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. Policy compliance can be found in provision (a) of this standard.

(c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy prohibits use of 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. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations was zero.

	BVCASA Procedure No. 616 C, Residents with Disabilities and/or Who Are Limited English Prohibited, page 2., section Procedure C., states, “BVCASA will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.217	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, dated 9.2013 3. BVCASA Disclosure of PREA Employment Standards Violation Form, not dated Interviews: 1. Human Resource Director The interview with the Human Resource Director demonstrated criminal background checks are completed on all applicants prior to hire and the Texas Department of Criminal Justice notifies the agency of applicable law enforcement interactions involving employees after hire. The Human Resource Director further explained administrative adjudication questions are asked during the application process, again during the interview process, and upon promotion. Institutional reference checks are completed on all applicable applicants, and employees are advised of their affirmative duty to disclose any misconduct within 24 hours. Site Observations: By utilizing the PREA Community Confinement Documentation Review Employee File/Records template, 18 employee files were reviewed, demonstrating each contained a criminal background check completed prior to hire. Documentation

	further demonstrated administrative adjudication questions were completed during both the application and promotion processes. One employee hired within the previous 12 months required an institutional reference check, and documentation verified the reference check was completed. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 1, section Procedure A., states, “BVCASA does not hire or promote anyone who may have contact with residents, and does not enlist the services of any contractor who may have contact with residents, who: 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. §1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (A)(2) of this section.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 1, section Procedure B., states, “BVCASA considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.”

	(c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks is 63. BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 1-2, section Procedure C., states, “Before hiring new employees who may have contact with residents, BVCASA will: 1. Perform a criminal background records check; and consistent with Federal, State, and local law, makes 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.” (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is zero. BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 2, section Procedure D., states, “BVCASA will perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.” (e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 2-3, section Procedure E., states, “BVCASA will either conduct criminal background records check 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. 1. TDCJ performs criminal record background checks on all newly hired employees and contractors during the clearance process. This is done regardless of whether they may have contact with offenders. 2. The employee's information is entered into the Criminal Justice Information System (CJIS) and a response is sent back by the Texas Department of Public Safety (DPS). 3. The DPS also immediately provides an automatic notification to the agency through e-mail if any criminal charges are brought against any employee or contractor during their employment." (f) BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 2, section Procedure F., states, "BVCASA will ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (A) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees." (g) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 2, section Procedure H., states, "Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination." (h) BVCASA Procedure No. 616.D, Hiring and Promotion Decisions, page 2, section Procedure I., states, "Unless prohibited by law, BVCASA will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Interviews: 1. Executive Director / PREA Coordinator The interview with the Executive Director/PREA Coordinator demonstrated the facility has not undergone any substantial expansions or modifications since the previous PREA audit other than the installation of additional cameras when blind spots are identified or operational needs arise. The Executive Director/PREA Coordinator further stated the McCaffrey House has been opened and utilized as overflow housing since the last PREA audit. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states, the 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. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.F., Responsive Planning, dated 9.2013 3. Memorandum Agreement, St. Joseph Regional Health Center d/b/a CHI St. Joseph Health, dated 7.1.2025 4. Cooperative Working Agreement Brazos County Rape Crisis Center, Inc. Center, dated 1.25.2023 5. SARC – Sexual Assault Resource Center Flyer 6. Email Communication to Law Enforcement, dated 6.8.2026 Interviews: 1. Executive Director / PREA Coordinator The interview with the Executive Director demonstrated clients would be immediately transported for a forensic medical examination should an allegation of sexual abuse occur. The Executive Director further explained a Sexual Assault Resource Center advocate would be contacted to provide victim advocacy services and support throughout the process. Site Observations: The facility has not experienced a sexual abuse allegation requiring a forensic medical examination during the previous 12 months. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Bryan Police Department is responsible for conducting sexual abuse investigations. (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the protocol being developmentally appropriate is not developmentally appropriate for youth as the facility does not house youthful offenders. The protocol was adapted from or otherwise based on the most recent

	edition of the DOJ'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. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is zero. The number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero. The facility provided a Memorandum Agreement, St. Joseph Regional Health Center d/b/a CHI St. Joseph Health. Page 1, first paragraph of the memorandum, states, "All residents of the Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) who experience sexual abuse, shall have access to a forensic medical examination without financial cost to the victim provided by St. Joseph by the Sexual Assault Nurse Examiner (SANE) where possible." The agreement is signed by the Agency Executive Director and a St. Joseph Hospital representative on 7.1.2025 (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. The facility provided a Cooperative Working Agreement with the Brazos County Rape Crisis Center, Inc. The agreement appears to be current and does not contain an obvious termination date. The agreement is signed and dated by the Executive Director of the Sexual Assault Resource Center and the Executive Director of BVCASA. The facility provided a Sexual Assault Resource Center Flyer. The flyer provides information on counseling, crisis intervention, education, a 24-hour hotline number and internet address.

	(e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. (f) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states, if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards. The facility provided an email communication from the Agency Executive Director to law enforcement personnel, requesting their cooperation to comply with provisions (a)-(e) of this standard. The email communication is dated 6.8.2026. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.F., Responsive Planning, dated 9.2013 Interviews: 1. TDCJ Program Director / Investigator The interview with the Investigator demonstrated all allegations of sexual abuse meeting the criteria for criminal investigation are referred to the Brazos Police Department for investigation. The Investigator explained the facility immediately

	notifies law enforcement upon learning of an allegation requiring criminal investigation and coordinates with responding agencies while maintaining appropriate documentation throughout the investigative process. Site Observations: The facility had two sexual abuse allegations requiring referral to law enforcement during the previous 12 months. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was three. In the past 12 months, the number of allegations resulting in an administrative investigation was three. In the past 12 months, the number of allegations referred for criminal investigation was two. BVCASA Procedure No. 616 F., Responsive Planning, page 3, section Policies to Ensure Referrals of Allegations for Investigations, A-B. state, “ A. BVCASA will conduct an administrative investigation of allegations of sexual abuse and sexual harassment. The Agency investigator will follow a uniform-evidence collection procedure. Please see Attachment 616.F. B. BVCASA 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 authoritative protocols developed after 2011. This maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency policy is posted on their website at PREA | (bvcasa.org).

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.G, Training & Education, dated 9.2013 3. BVCASA PREA Brazos Valley Council on Alcohol and Substance Abuse Training, not dated 4. Blue Basin PREA Outline, not dated 5. Brazos Valley Council on Alcohol and Substance Abuse Training Sign in Sheet, not dated Interviews: 1. Direct Care Staff Monitors Interviews with Direct Care Staff Monitors demonstrated they receive annual training on the agency's zero-tolerance policy and their responsibilities under PREA. Staff consistently described proactive measures utilized to prevent sexual abuse and sexual harassment, including maintaining constant observation, completing rounds, remaining aware of coworker activities, working in pairs when appropriate, and actively listening to clients. One staff member stated, "Report everything, even if it is something small," while another explained, "I want them to feel safe." Staff further demonstrated they monitor changes in client behavior and routinely check in with clients when behavioral changes are observed to determine whether sexual harassment, sexual abuse, or other concerns may be contributing factors. Interviews also demonstrated staff understood their responsibility to immediately report any knowledge, suspicion, or information regarding sexual harassment or sexual abuse and articulated appropriate first responder responsibilities, including radioing for assistance, separating the individuals involved, preserving evidence by

	encouraging victims from showering, eating, drinking, changing clothing, or using the restroom when appropriate, ensuring alleged perpetrators do not disturb evidence on their person, and preserving the scene until relieved by supervisory personnel. Site Observations: By utilizing the PREA Community Confinement Documentation Review Employee File/Records template, 18 employee files were reviewed, demonstrating each completed PREA training during 2024, 2025, or 2026. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. BVCASA Procedure No. 616.G, Training & Education, page 1, section Procedure A., states," Prior to the first contact with Offenders, BVCASA trains all employees on the following: 1. The zero-tolerance policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. Resident's right to be free from sexual abuse and sexual harassment. 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment in confinement. 6. The common reactions of sexual abuse and sexual harassment victims. 7. How to detect and respond to signs of threatened and actual sexual abuse. 8. How to avoid inappropriate relationships with residents. 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

	The facility provided a BVCASA PREA Brazos Valley Council on Alcohol and Substance Abuse Training. The training curriculum consists of the following elements. I. PREA Training Part 1 A. Pre-Test B. Overview of the Law and Your Role 1. Unit 1 PowerPoint presentation from the National PRC 2. Federal, state, and local laws 3. The PREA audit process 4. 115.211: Zero Tolerance: review standard and agency policy 5. TDCJ PREA Video C. Client and Staff Rights to be Free from Sexual Abuse, Sexual Harassment, and Retaliation 1. Unit 2 PowerPoint presentation from the National PRC 2. PREA Terms – Key Terms Handout; PREA Definitions – TTC Policies 1.3 and 1.4 3. 115.267: Agency protection against retaliation (policy review and discussion) D. Supervision and Monitoring – Standard 115.213 1. Policy review and discussion 2. Review of BVCASA Staffing Plan E. Standard 115.215: Limits to cross-gender viewing and searches 1. Guidance on Cross-Gender and Transgender Pat Searches PowerPoint presentation from the National PRC 2. Policy review F. Post-Test

	II. PREA Training Part 2 A. Pre-Test B. Screening for Risk Victimization and Abusiveness 1. 115.241: Screening for risk of victimization and abusiveness (policy review and discussion) 2. 115.242: Use of screening information (policy review and discussion) C. Prevention, Detection, and Reporting of Sexual Abuse and Sexual Harassment 1. Unit 3.1 PowerPoint presentation from the National PRC a) The dynamics of sexual abuse and sexual harassment in confinement b) The common reactions of sexual abuse and sexual harassment victims c) How to detect and respond to signs of threatened and actual sexual abuse 2. 115.222: Policies to ensure referrals of allegations for investigations (policy review and discussion) 3. 115.251 through 115.254 on Resident Reporting (standard and policy review and discussion) 4. 115.216: Residents with disabilities and residents who are limited English proficient (policy review and discussion) 5. 115:261: Staff and agency reporting duties (policy review and discussion) D. Response to a Report of Sexual Abuse or Sexual Harassment 1. 115.221: Evidence protocol and forensic medical examinations (policy review and discussion) 2. 115.253: Resident access to outside confidential support services (policy review and discussion) 3. 115:262: Agency protection duties (policy review and discussion) 4. 115.264: Staff first responder duties (policy review and discussion) 5. 115.265: Coordinated response (policy review and discussion) a) Review BVCASA’s current Coordinated Response Plan

E. Post-Test

III. PREA Training Part 3

A. Pre-Test

B. Investigations

1. 115.271: Criminal and administrative agency investigations (policy review and discussion)

2. 115.272: Evidentiary standards for administrative investigations (policy review and discussion)

3. 115.283: Ongoing medical and mental health care for sexual abuse and abusers (policy review and discussion)

C. Incident Reviews and Data Collection

1. 115.286: Sexual abuse incident reviews (policy review and discussion)

2. 115.287: Data collection (policy review and discussion) (policy review and discussion)

3. 115.288: Data review for corrective action (policy review and discussion)

4. 115.289: Data storage, publication and destruction (policy review and discussion)

D. Avoiding Inappropriate Relationships with Residents

1. Unit 4 PowerPoint presentation from the National PRC – Professional Boundaries

2. Unit 4 Scenarios

E. Communicating Effectively and Professionally with Residents, including LGBTI or gender-nonconforming residents

1. Unit 5 PowerPoint presentation from the National PRC – Effective and Professional Communication with Inmates

	2. Word Match Worksheet F. Post-Test IV. PREA Training Part 4 A. Review of PREA standards B. First Responder Role Play Activity C. Review Auditor Random Staff Interview Questions D. Jeopardy Game – PREA review (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states training is tailored to the gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training. The Brazos Valley Council on Alcohol and Substance Abuse Treatment Center is a standalone facility where reassignments would not be applicable. The PAQ states, “Employees are regularly assigned throughout the facility and are not assigned to one specific housing area. All are trained on working with both genders.” BVCASA Procedure No. 616.G, Training & Education, page 2, section Procedure B., states, “Such training is tailored to the gender of the residents at the employee’s facility. The employee will receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.” (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually or when needed. BVCASA Procedure No. 616.G, Training & Education, page 2, section Procedure C., states, “All current employees who have not received such training will be trained within one year of the effective date of the PREA standards, and the agency

	provides each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies." The facility provided a Blue Basin PREA Outline. This outline demonstrates the following course description is provided for annual training. "This course is required, annually, by all Texas Department of Criminal Justice funded treatment facility staff. This course meets the federal and state mandates related to preventing sexual abuse of involuntarily confined persons. Much of this course and PREA in itself refers to jails and prisons as this is where much exploitation occurs. However, community-based service providers, such as TC programs also present circumstances where offenders/Offenders/patients may be at risk for exploitation. As such, all staff working in these community-based programs must be trained on the law and how to prevent exploitation and abuse of current and pat offenders. We have selected what we consider the most interesting yet factual, videos from YouTube and other sources. Feel free to check out other videos and publications." (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. The facility provided a Brazos Valley Council on Alcohol and Substance Abuse Training Sign in Sheet. The sign in sheet documents the following elements. · Date / Start Time / End Time / Hours / Method of Delivery · Location / Presenter · Training Topics · Statement: "By signing this form, I verify that I received face-to-face training on the topic listed above. I verify that I was present for the entire training and that I fully understand the training I received." · Name / Signature / Email Address · Presenter Signature / Credentials Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616 G., Training and Education, dated 12.2022 3. BVCASA PREA Volunteer and Contractor Information Acknowledgement Form, dated 1.22.2020 4. BVCASA Disclosure of PREA Employment Standards Violation Form, not dated Interviews: 1. TDCJ Facility Director The interview with the TDCJ Facility Director demonstrated the facility does not utilize contract staff or volunteers. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is zero. BVCASA Procedure No. 616 G., Training & Education, page 2, section Volunteer & Contractor Training, A., states, "BVCASA ensures that all volunteers and contractors who have contact with residents are notified of BVCASA's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The required training must be completed prior to the first contact with Offenders." The facility provided a BVCASA PREA Volunteer and Contractor Information Acknowledgement Form. The form documents the following elements.

	· Introduction to the Prison Rape Elimination Act · Brazos Valley Council on Alcohol and Substance Abuse Zero Tolerance Policy · Important Rules to Know · How We Keep Everyone Safe · What to do if you see or suspect sexual misconduct, or if an Offender reports a problem to you · Acknowledgement: By signing this form, you acknowledge that you have received, read, and understand your responsibilities regarding BVCASA's sexual abuse/harassment prevention, detection, and response policies and procedures. You also verify that you understand your duties as a first responder and are expected to wear a PREA First Responder Badge and refer to it in the event that you encounter a situation involving a PREA incident. The acknowledgment includes the volunteer or contractor printed name, signature and date. The facility provided a BVCASA Disclosure of PREA Employment Standards Violation form. The form documents the applicant or employee attestation to the following. · Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? · Have you ever 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? · Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2 above? · Have you ever been accused of sexual harassment in/out of the workplace? (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ states, "All volunteers are trained as though they might have contact with residents, even if they don't. There is not a lower level of training."

	BVCASA Procedure No. 616.G, Training & Education, page 2, section Volunteer & Contractor Training, B., states, “The level and type of training provided to volunteers and contractors are based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.” (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. BVCASA Procedure No. 616 G., Training & Education, page 2, section Volunteer & Contractor Training, C., states, “BVCASA maintains documentation confirming that volunteers and contractors understand the training they have received.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.233	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616 G., Training and Education, dated 9.2013 3. BVCASA – Page 15 – Residential Treatment Handbook, dated 3.2022 4. Zero Tolerance for Sexual Abuse and Sexual Harassment Flyer, English and Spanish, not dated 5. Onsite Action Plan: Memorandum, RE: 115.233 Client Education, dated 2.2.2023 6. Post Audit: Counselor Meeting Agenda – Health Education – Retraining for Client Education, dated 8.5.2026

	7. Post Audit: Department Inservice Sign-In Sheet: Health Education – PREA Advocacy Services, dated 8.5.2026 8. Post Audit: BVCASA Transitional Treatment Center: Health Education Program Manual, not dated Interviews: 1. Random Clients 2. Targeted Clients 3. Lead Counselor Interviews with most clients demonstrated they understood PREA, the agency's zero-tolerance policy, and multiple internal and external reporting options, including reporting to any staff member, reporting on behalf of another client, having a friend, family member, probation officer, or parole officer report on their behalf, contacting the Texas Department of Criminal Justice PREA Ombudsman, submitting an anonymous report, reporting through a staff relay, or utilizing the grievance process. Clients were able to articulate that PREA reporting information is posted throughout the facility and stated they either read the information independently or it was shared with them during orientation. The interview with the Lead Counselor demonstrated she was unaware clients are required to receive education during orientation regarding the agency's zero-tolerance policy, reporting methods, and client rights under PREA. Site Observations: Utilizing the PREA Audit – Community Confinement Facilities Documentation Review – Resident Files/Records template demonstrated all 20 clients interviewed had been in the program fewer than 12 months. Documentation further demonstrated that 16 of the 20 clients received documented PREA education within 72 hours of intake. Corrective Action Plan: · Provide documented PREA education for the four clients noted on the Issue Log. · Provide documented training to staff responsible for delivering PREA education to clients. In addition, provide staff with a standardized script or the agency's Zero Tolerance posting to ensure all required PREA information is

	consistently communicated during the intake process. · Appropriate facility personnel shall provide a memorandum outlining a sustainable action plan identifying the designated position responsible for ensuring the requirements of §115.233(a) are implemented and maintained. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard. · Upload all supporting documentation to the corresponding provision within the Online Audit System. Post audit, the facility provided a Counselor Meeting Agency demonstrating Health Education – Retraining for Client Education ensuring the following information is delivered to all clients during orientation. · Read the PREA statement to clients o What is PREA? o Texas' Response to Sexual Assaults in Correctional Facilities o PREA Ombudsman Office o Reporting Sexual Abuse, Sexual Harassment, and Voyeurism o Family and Friends o Providing Helpful Information · PREA contact information · PREA 115.6 Definitions related to Sexual Abuse · Advocacy – SARC (Sexual Abuse Resource Center) information and contact o Read all materials in its entirety to clients · Group Note o Clients must answer all questions correctly · Name a resource for sexual abuse and/or domestic violence · Clients should be able to identify SARC as a resource and services they provide · Does BVCASA have a Zero Tolerance for any PREA related incident/Sexual violence? · Clients should be able to answer yes, BVCASA has a zero tolerance policy

§ Each client is provided with a copy of the health education packet to keep

Post audit, the facility provided a Department Inservice Sign-In Sheet: Health Education – PREA Advocacy Services demonstrating the TDCJ Clinical Manager, Lead Counselor, two Counselors and three Counselor Interns received refresher training on the delivery of PREA education to Clients.

(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or 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 was 1203.

BVCASA Procedure No. 616 G., Training and Education, page 2, section A., states, “During the intake process, residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.”

The facility provided page 15 of the Residential Treatment Handbook demonstrating the following information is education to Offenders.

· What is PREA

· Texas’ Response to Sexual Assaults in Correctional Faculties

· PREA Ombudsman Office

· Reporting Sexual Abuse, Sexual Harassment, and Voyeurism

o Staff

o Clients – to include their right to be free from sexual abuse and sexual harassment education.

o Family and Friends

o Providing Helpful Information

o Contact Information

	· PREA §115.6 Definitions related to sexual abuse o Sexual abuse o Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident o Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer o Sexual harassment o Voyeurism The final page of the education is documentation of Client participation in PREA education by Client Signature and date. The facility provided a Zero Tolerance for Sexual Abuse and Sexual Harassment flyer, in English and Spanish. The flyer provides information on the following elements. · Right to Report · How to Report · Additional points of contact (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was zero. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was zero. BVCASA Procedure No. 616.G, Training and Education, page 2, section B., states, “BVCASA provides refresher information whenever a resident is transferred to a different facility.” (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf,

	visually impaired, or otherwise disabled and those who have limited reading skills. BVCASA Procedure No. 616.G, Training and Education, page 2, section C., states, “BVCASA provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.” (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency maintains documentation of resident participation in PREA education sessions. Procedure compliance can be found in provision (a) of this standard. BVCASA Procedure No. 616.G, Training and Education, page 3, section D., states, “BVCASA maintains documentation of resident participation in these education sessions. In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.” (e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. Provision compliance can be found provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616 G., Training and Education, dated 9.2013

	3. National Institute of Corrections, PREA Learning Center, Training Course Outline: Investigating Sexual Abuse in a Confinement Setting, not dated 4. National Institute of Corrections Certificates of Completion, PREA: Investigating Sexual Abuse in Confinement Setting Interviews: 1. TDCJ Program Director Investigator The interview with the TDCJ Program Director demonstrated he completed specialized investigator training through the National Institute of Corrections and applies that training when responding to allegations of sexual abuse and sexual harassment. Site Observations: Specialized investigator training certificates were uploaded to the Online Audit System during the pre-audit phase. (a-b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. BVCASA Procedure No. 616.G, section Specialized Training: Investigations, page, states, “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 facility provided a National Institute of Corrections, PREA Learning Center, Training Course Outline: Investigating Sexual Abuse in a Confinement Setting I. Chapter 1: Course Introduction A. Section 1: Taking the Course B. Section 2: PREA Investigative Standards C. Assessment

II. Chapter 2: PREA Investigations

A. Section 1: A Systemic Approach

B. Section 2: Criteria and Evidence for Administrative Action and Prosecution

C. Section 3: The Role of Medical and Mental Health in the Investigative Process

D. Section 5: The Role of the Victim Advocate

E. Section 4: Forensic Medical Examination Process

F. Assessment

III. Chapter 3: Working with Victims

A. Section 1: Understanding the Victim

B. Section 2: Hesitant Victims

C. Assessment

IV. Chapter 4: Interviewing Techniques

A. Section 1: Managing Biases

B. Section 2: Soft vs. Hard Interviewing

C. Section 3: Interviewing and Gender Differences

D. Section 4: Interviewing Juvenile Populations

E. Section 5: Interviewing Minority Populations

F. Section 6: Sequencing Interviews

V. Chapter 5: Institutional Culture and Investigations

A. Section 1: Encouraging a Reporting Culture

B. Section 2: Professional Boundaries and Red Flags

C. Section 3: Handling False Report

	Treatment Center PAQ states the agency maintain documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is three. The facility provided three Certificates of Completion, PREA: Investigating Sexual Abuse in Confinement Setting presented by the National Institute of Corrections. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616 G., Specialized Training: Medical and Mental Health Care, dated 12.2022 Interviews: 1. Executive Director / PREA Coordinator The interview with the Executive Director demonstrated the facility does not employ or contract with medical or mental health care personnel. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency does not have a policy related to the training of medical and mental health practitioners who work regularly in its facilities. BVCASA Procedure No. 616 G., section Specialized Training: Medical and Mental Health Care, page 3, states, “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.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency does not have medical staff at this facility. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.H, Screening for Risk of Victimization & Abusiveness, dated 9.2013 3. Sexual Harassment and Sexual Abuse Risk Assessment, not dated 4. Risk Assessment Data Collection and Bed Assignments Spreadsheet Interviews: 1. Random Clients 2. Targeted Clients 3. LCDC Lead Counselor Interviews with clients demonstrated each remembered being asked risk screening questions during the intake process, including questions regarding prior sexual victimization or sexually abusive behavior, how they identify, and whether they had any safety concerns upon entering the facility. Clients further stated their counselors revisited the risk screening within 30 days of admission, with staff routinely reminding them they could update or change their responses if circumstances or comfort levels changed.

	The interview with the Lead Counselor demonstrated risk assessments are completed during a one-on-one meeting within 24 hours of admission and reassessed within 30 days. The Lead Counselor explained the assessment includes prior incarcerations, prior sexual victimization, collateral information, and whether a client is a known victim or known abuser. Furthermore, the Lead Counselor stated only upper management has access to completed risk assessments. Site Observations: Utilizing the PREA Community Confinement Documentation Review Resident File/ Records Review template, 20 of 20 client files reviewed demonstrated each client had been admitted to the program within the previous 12 months. Documentation further demonstrated all 20 initial risk assessments were completed within the required 72-hour time frame, and 18 of 20 reassessments were completed within 30 days of admission. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. BVCASA Procedure No. 616.H, Screening for Risk of Victimization & Abusiveness, page 1, section Procedure A., states, “All residents are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. 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 was 1199. BVCASA Procedure No. 616.H, Screening for Risk of Victimization & Abusiveness, page 1, section Procedure B., states, “Intake risk screening is completed within 72 hours of arrival at the facility.”

(c-e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the risk assessment is conducted using an objective screening instrument.

BVCASA Procedure No. 616.H, Screening for Risk of Victimization & Abusiveness, page 1-2, section Procedure C-E, states,

C. Such assessments are conducted using an objective screening instrument.

D. The intake screening considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

1. Whether the resident has a mental, physical, or developmental disability

2. The age of the resident

3. The physical build of the resident

4. Whether the resident has previously been incarcerated

5. Whether the resident's criminal history is exclusively nonviolent

6. Whether the resident has prior convictions for sex offenses against an adult or child

7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming

8. Whether the resident has previously experienced sexual victimization

9. The resident's own perception of vulnerability.

E. The intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive."

The facility provided a Sexual Harassment and Sexual Abuse Risk Assessment. The assessment includes the following elements.

· Initial Assessment / Due / Completed

· Follow Up Assessment / Due / Completed

· Resident Name / SID #: / Counselor

· Gender / Age / Height / Weight / Build (SM, Med, Large)

	1. Have you been incarcerated more than once? 2. Is your criminal history exclusively nonviolent? (Mark yes for a nonviolent history) 3. Do you have any prior convictions for sex offenses against an adult or child? 4. Have you ever forced another offender by violence, threats, or promise to provide protection to engage in sexual acts? 5. Do you have any mental, physical, or developmental disability? 6. Have you ever experienced sexual or physical victimization? 7. Have you ever engaged in sexual activity with another for protection, or because you believed you would be harmed if you refused? 8. Do you feel at risk for assault or harassment from other residents? If yes, why? 9. Is a referral for mental health services needed based on prior history of mental health issues or by request of client as seen in the screening and mental health portion of the Assessment? 10. Do you wish to identify yourself as any of the following? · (LGTQI, Gender Nonconforming, Decline to answer) The facility provided a sample Risk Assessment Data Collection and Bed Assignments Spreadsheet demonstrating the following is documented once risk screenings have been completed. · Admit Date · Last Name / First Name · SID# · Notes · Age / Height / Weight / Build · Previous Incarceration · Nonviolent History? · Prior Convictions for Sex Offense? · Ever Forced Sexual Acts On Another · Mental, Physical, or Developmental Disability

	· Previously Experienced Sexual or Physical Victimization? · Ever Engaged in Sexual Activity For Protection Or Fear of Harm? · Feel At Risk For Assault Or Harassment From Other Residents? If Yes, Why? · Referral for MH? · Identification of Gender/Sexuality · Victim Designation · Predator Designation (f) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states 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 was 951 assessments. BVCASA Procedure No. 616.H, Screening for Risk of Victimization & Abusiveness, page 2, section Procedure F., states, “Counselors will reassess the residents on their caseloads after 30 days. Additionally, the Counselors reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.” (e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the policy requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. BVCASA Procedure No. 616 H., Screening for Risk of Victimization & Abusiveness, page 2, section Procedure G., states, “A resident’s risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.” (h) The Brazos Valley Council on Alcohol and Substance Abuse Transitional

	Treatment Center PAQ states the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability. BVCASA Procedure No. 616 H., Screening for Risk of Victimization & Abusiveness, page 2, section Procedure H., states, "Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to paragraphs (D)(1), (D)(8), or (D)(9) of this section." (i) BVCASA Procedure No. 616 H., Screening for Risk of Victimization & Abusiveness, page 2, section Procedure I., states, "BVCASA implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.H, Use of Screening Information, dated 9.2013 Interviews: 1. Targeted Clients 2. LCDC Lead Counselor

	Interviews with targeted clients, including one transgender client, three clients identifying as bisexual, lesbian or gay, three vulnerable clients, one client with an ADA accommodation, one client who had recently undergone surgery, and one cognitively delayed client, demonstrated each was comfortable with their housing assignment. Clients consistently reported they were not treated differently by staff or peers based on how they identify. The client with an ADA accommodation further demonstrated housing was assigned to meet accessibility needs, including being housed in a room alone and in close proximity to the staff station. The interview with the Lead Counselor demonstrated housing assignments are made after considering personality conflicts, known victimization or abusive behavior, client stature, and other identified risk factors. The Lead Counselor further explained known victims, clients with disabilities, and vulnerable adults are housed near the staff station when appropriate, and a SART member is available to approve room changes when safety concerns or other needs arise. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. BVCASA Procedure No. 616.H, Use of Screening Information, section A-B., states, A. “BVCASA uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized form those at high risk of being sexually abusive. B. BVCASA makes individualized determinations about how to ensure the safety of each resident.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 615.1 Reporting, dated 9.2013 3. BVCASA – Transitional Treatment Center Handbook, dated 5.2025 Interviews: 1. Random Clients 2. Targeted Clients 3. Direct Care Staff Monitors 4. TDCJ Program Director / Investigator Interviews with clients demonstrated each was comfortable reporting allegations of sexual harassment or sexual abuse verbally to any staff member, through the hotline, the TDCJ PREA Ombudsman, law enforcement, a third party, or through the grievance process. Clients further stated telephones are accessible whenever needed and a client expediter is available to assist with making reports. One client stated, "I would report for anyone and speak up if I saw or heard anything," while others shared, they had no concerns utilizing the reporting options available. Interviews with Direct Care Staff Monitors demonstrated staff would accept allegations of sexual harassment or sexual abuse verbally, in writing, through the grievance process, or from third parties. Staff consistently articulated their responsibility to report all allegations, suspicions, or information received, with one staff member stating, "Report everything, even if it is something small." The interview with the TDCJ Program Director demonstrated client mail is processed through the Facility Program Coordinator, who logs all incoming and outgoing correspondence before it is distributed or mailed. The Program Director explained incoming mail is opened in the presence of staff to inspect for contraband; however, client mail is not read or monitored.

	Site Observations: During the tour, standardized bulletin boards with PREA information were observed on each floor in areas readily visible to clients. The bulletin boards included agency zero tolerance information, internal and external reporting information, including reporting options for the TDCJ PREA Ombudsman and law enforcement. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. BVCASA Procedure No. 615.1 Reporting, section Resident Reporting, A., states, “BVCASA provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.” BVCASA – Transitional Treatment Center Handbook, page 18, section PREA Contact Information provides multiple internal and external reporting options as well as the following text. “Due to its serious nature, anyone knowledgeable of an offender-on-offender or staff-on-offender sexual abuse/harassment/voyeurism that occurs within BVCASA’s facility is encouraged to immediately report the allegation. Reports will be accepted verbally, in writing, anonymously, and from third parties. Staff will promptly document any verbal reports and will respond in a timely manner.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. BVCASA Procedure No. 616.1, page 1, Reporting, section Resident Reporting, C.,

	states, “Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.” (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Employees are made aware of the following through the facility PREA policy training received at orientation and annually thereafter. BVCASA Procedure No. 616 1., page 2, Reporting, section Resident Reporting, D., states, “Through PREA training, staff and residents know that they can report sexual abuse and/or sexual harassment via the Grievance procedure and that they can submit these forms anonymously.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.252	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 615.1, PREA, dated 9.2013 3. Grievance Emergency Checklist, dated 9.1.2023 4. Grievance Log, dated 6.25.2025 – 5.28.2026 Interviews: 1. Random Clients 2. Targeted Clients Interviews with clients demonstrated they were aware of the grievance process and understood they could file a grievance for any rights violation, including allegations

	of sexual abuse or sexual harassment. Clients consistently stated grievance forms are always available at the staff desk or within designated form stations located throughout the facility and reported they have continual access to the grievance process. Several clients also shared they had not experienced concerns requiring a grievance, with one stating, "I haven't had any problems like that here." Site Observations: During the tour, client forms, including grievance forms, were observed to be readily available in each main hallway on every floor and within the McCaffrey House. Grievance boxes were also observed near the reception desk and within the McCaffrey House, providing clients with accessible methods to submit grievances and continual access to the administrative remedy process. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. BVCASA Procedure No. 615.1, PREA, section Exhaustion of Administrative Remedies A. states, “BVCASA will not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. 1. The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. 2. The agency does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. 3. Nothing in this section restricts BVCASA’s ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.” The facility provided a Grievance Emergency Checklist demonstrating the following is documented. Client Name / SID# / Grievance # / Facility 1. Does the allegation describe an incident of sexual abuse or sexual assault without that person’s consent? 2. Does the allegation describe an incident of unwelcome sexual advances,

	requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature? 3. Does the allegation describe any physical contact that would present a substantial risk to the client, irreparable harm, or place the client in serious danger? 4. Does the allegation describe a situation or a specific threat by a staff member or another client that would present a substantial risk to the client, cause irreparable harm, or place the client in serious danger? 5. Does the allegation involve the denial of treatment that would present a substantial risk to the client, cause irreparable harm, or place the client in serious danger? 6. Does the allegation describe an incident that has been previously identified and/or addressed in another grievance? · If the response to question 6 was yes, were the following actions taken regarding this incident? · • Telephone call to the highest-ranking supervisor YES NO · • Immediate written notification (email) to appropriate staff YES NO · • Copy of narrative provided to appropriate staff YES NO · • Investigation was initiated (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Policy compliance can be found in provision (a) of this standard. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. BVCASA Procedure No. 615.1, PREA, section Exhaustion of Administrative Remedies B., states, “BVCASA ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint.” (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse was zero. BVCASA Procedure No. 615.1, PREA, section Exhaustion of Administrative Remedies C., states, “BVCASA will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. 1. Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. 2. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency notifies the resident in writing of any such extension and provides a date by which a decision will be made. 3. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.” (e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident decline to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident’s decision to decline was zero. BVCASA Procedure No. 616.1, page 2, section Exhaustion of Administrative Remedies D., states, “Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in

	filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of residents. 1. If a third party files such a request on behalf of a resident, BVCASA 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. 2. If the resident declines to have the request processed on his or her behalf, the agency will document the resident's decision." (f) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was zero. BVCASA Procedure No. 616 1., page 3, section Exhaustion of Administrative Remedies E., states, "BVCASA has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. 1. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, BVCASA immediately forwards 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, provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. 2. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance." (g) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that

	resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero. BVCASA Procedure No. 616.1, page 2, section Exhaustion of Administrative Remedies F., states, “BVCASA may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 615.1, PREA, dated 9.2013 3. Cooperative Working Agreement Brazos County Rape Crisis Center, Inc. Center, dated 1.25.2023 4. SARC – Sexual Assault Resource Center Flyer 5. Post Audit: Orientation/HIV/PREA Comprehension Form, not dated Interviews: 1. Random Clients 2. Targeted Clients 3. Executive Director Interviews with clients demonstrated they were aware of the Sexual Abuse Resource Center (SARC), with one client stating the facility had made a referral based on her prior history of sexual abuse. Although clients recognized the advocacy center, 10 of the 20 formal interviews demonstrated clients were not familiar with the services available through the Sexual Abuse Resource Center. A recommendation was

	provided to incorporate additional information regarding available advocacy services into the client orientation process. The facility responded by creating an Orientation/HIV/PREA Comprehension form demonstrating clients are asked questions regarding the agency's zero-tolerance policy and the name of the sexual abuse and/or domestic violence advocacy provider to reinforce understanding of available services. The interview with the Executive Director demonstrated clients would be transported to the Sexual Abuse Resource Center to receive ongoing emotional support services when those services meet the needs of both the client and the advocacy center. Site Observations: During the tour, Sexual Abuse Resource Center brochures were observed on each standardized PREA bulletin board located throughout the main hallways of the facility and within the McCaffrey House, ensuring clients have continual access to advocacy contact information, including the center's telephone number and address. The Sexual Abuse Resource Center was contacted utilizing a client telephone with the assistance of a client expediter. After introductions and an explanation of the purpose of the call, the advocate explained the center would assess the circumstances of the allegation, make any required reports, and provide ongoing counseling and therapy services to clients when appropriate. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. BVCASA Procedure No. 616 1., page 2, section Resident Access to Outside Confidential Support Services, A., states, “BVCASA provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents

	and these organizations, in as confidential a manner as possible.” The facility provided a Cooperative Working Agreement with the Brazos County Rape Crisis Center, Inc. The agreement appears to be current and does not contain an obvious termination date. The agreement is signed and dated by the Executive Director of the Sexual Assault Resource Center and the Executive Director of BVCASA. The facility provided a Sexual Assault Resource Center Flyer. The flyer provides information on counseling, crisis intervention, education, a 24-hour hotline number and internet address. (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. BVCASA Procedure No. 616.1, page 3, section Resident Access to Outside Confidential Support Services, B., states, “BVCASA informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” The facility provided a revised BVCASA – Residential Treatment Handbook, pages 16-17 section Clients, second paragraph states, “Clients housed at the TTC are encouraged to immediately report allegations of sexual abuse/harassment/ voyeurism to direct care staff, counselors, or facility director. The client's communication with outside entities regarding sexual abuse/harassment/voyeurism will not be monitored or prevented. Contact information is provided in this section. In addition, clients may report allegations of sexual abuse/harassment/voyeurism through the grievance process. Allegations of sexual abuse/harassment/voyeurism are confidential. However, BVCASA must report such allegations to the Texas Department of Criminal Justice, the Texas Health and Human Services Commission, and if a crime has been committed, to the Bryan Police Department. Additionally, if the victim concerned is 65 years or older, federal law requires a report to Adult Protective Services.” (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional

	Treatment Center PAQ states the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. BVCASA Procedure No. 616.1, page 2, section Resident Access to Outside Confidential Support Services, B., states, “BVCASA informs 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.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 615.1, PREA, dated 9.2013 3. Phone dialing instructions Interviews: 1. Random Clients 2. Targeted Clients 3. Direct Care Staff Monitors 4. TDCJ Program Director Interviews with clients and staff demonstrated an understanding of third-party reporting. Both clients and staff consistently stated allegations of sexual harassment or sexual abuse may be reported by a client's family member, friend, legal counsel, or other third party on the client's behalf.

(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents at BVCASA's Website: http://bvcasa.org/prea/

BVCASA Procedure No. 615.1, PREA, section Third-Party Reporting, A., states, “BVCASA has established a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.”

On 6.13.2026 at 2:37 pm MST the following email was sent to prea.ombudsman@tdcj.texas.gov, testing a third party option provided to clients at the facility. “As part of the PREA audit process, I am conducting a test of the Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center facility's third-party reporting process.

Please describe the steps your agency would take upon receipt of an allegation of sexual abuse or sexual harassment submitted through this reporting option, including any notifications, reporting requirements, and actions taken to ensure the safety of the client and the initiation of the investigative process.”

On June 15, 2026 at 3:11 pm, the following response was provided.

Good afternoon,

The PREA Ombudsman department, in conjunction with the correctional facilities, provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment allegations. Additionally, the agency provides at least one avenue for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately process the claim to agency officials.

Steps for processing Sexual Abuse / Sexual Harassment claims:

	1. The PREA Ombudsman staff accepts allegations of sexual abuse (SA) and sexual harassment (SH) made verbally, in writing, and anonymously by inmates and/or third parties. Once these allegations are received (by either method), they are reviewed by the PREA Ombudsman staff to ensure the allegation(s) have a clear description of SH & SA as outlined in the PREA Standard 115.6. (All allegations are documented in the PREA Ombudsman electronic database) 2. If the allegation(s) made by the inmate or a third party is not clear, the inmate will be interviewed for clarification, or the third party will be contacted to get clarification of the claim. 3. Once clarification is obtained and the allegation(s) meet the PREA Standard, the inmate will be separated from general population, depending on the circumstances. 4. The facility in which the alleged incident occurred will be notified by the PREA Ombudsman department to investigate the allegations. Once completed, the investigation will be forwarded to the PREA Ombudsman office for final review. (This process is to ensure the investigative process was conducted in full compliance) 5. Once the investigation review is completed, the inmate or third party will be provided a written response with the investigation's findings. If the allegation(s) reported do not meet the PREA Standard: 1. The inmate or third party will receive a response from the PREA Ombudsman office advising the allegation(s) was received but did not meeting the definition of SH or SA as defined by the PREA Standard. The PREA Ombudsman office will refer these allegation(s) to the appropriate department / unit for review and disposition. Regards, James Booker PREA Ombudsman Director (Interim) Texas Board of Criminal Justice Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.261	**Staff and agency reporting duties**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ

2. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, dated 9.2013

Interviews:

1. Direct Care Staff Monitors

2. TDCJ Program Director

3. Executive Director / PREA Coordinator

Interviews with staff demonstrated each understood the importance of immediately reporting all allegations, suspicions, or knowledge of sexual abuse and sexual harassment. Staff consistently articulated they would immediately notify their immediate supervisor, the Program Director, the PREA Coordinator, the PREA hotline, or the TDCJ PREA Ombudsman. One Direct Care Staff Monitor stated, "Report everything, even if it is something small," demonstrating staff's understanding that all concerns are reported regardless of perceived severity.

Site Observations:

The facility had three administrative investigations during the previous 12 months. Documentation demonstrated two allegations were reported verbally by the alleged victims, while one allegation was reported directly to staff by a third-party client.

(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

	BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 1, section A., states, “BVCASA requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 1, section B., states, “Apart from reporting to designated supervisors or officials, staff will 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.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.262	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Interviews: 1. TDCJ Program Director / Investigator 2. Executive Director / PREA Coordinator Interviews with the PREA Coordinator and TDCJ Program Director demonstrated staff respond promptly upon the discovery of an allegation of sexual abuse or sexual

	harassment. Both explained staff immediately initiate the appropriate response, notify supervisory personnel, ensure client safety, and implement the facility's coordinated response procedures. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.263	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, dated 9.2013 Interviews: 1. TDCJ Program Director The interview with the TDCJ Program Director demonstrated he understood his responsibility to notify the head of the facility upon receiving an allegation that a client was sexually abused while confined at another facility. The Program Director explained notifications would be made to the head of the facility where the abuse was alleged to have occurred, Health and Human Services, and the TDCJ PREA Ombudsman within three hours of receiving the allegation. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a policy requiring that, upon receiving

	an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 1, section Reporting to Other Confinement Facilities, A., states, “Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director of BVCASA notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 2, section Reporting to Other Confinement Facilities, B., states, “Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation.” (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 2, section Reporting to Other Confinement Facilities, C., states, “BVCASA documents that it has provided such notification. The facility head or agency office that receives such notification ensures that the allegation is investigated in accordance with PREA standards.” (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero. Policy compliance can be found in provision (c) of this standard.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, dated 9.2013 Interviews: 1. Direct Care Staff Monitors 2. Specialized staff 3. TDCJ Program Director / Facility Investigator Interviews with staff demonstrated each understood their first responder responsibilities and the importance of taking immediate action upon learning of an allegation of sexual abuse or sexual harassment. Staff stated they would radio for assistance before separating those involved, encourage victims not to disturb evidence on their persons, ensure alleged perpetrators do not disturb evidence on their persons, and secure the area where the sexual abuse incident was alleged to have occurred until further instruction. Staff consistently stated reporting information is posted throughout the facility, and each has access to PREA policies and forms needed to respond to an allegation. Interviews further demonstrated staff understood the importance of promptly notifying supervisory personnel, preserving potential evidence, and protecting the safety of all clients involved. Site Observations: During interviews, first responder badges were observed to be worn or carried by staff, providing immediate access to first responder responsibilities.

	(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser 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, zero allegations occurred where a resident was sexually abused. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero. In the past 12 months, there were three allegations where staff were notified within a time period that still allowed or the collection of evidence. Of these allegations the number of times the first security staff member to respond to the report was three. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was three. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero. The PAQ states, “In 2 incidents, the only evidence was video footage which first responders do not have access to. In the 3rd incident, the client called 911 and the police secured evidence and transported the client to the hospital.” BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 2, section Staff First Responder Duties, A., states, “Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is 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. 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." (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 2, section Staff First Responder Duties, B., states, "If the first staff responder is required to request that the alleged victim not take any actions that could destroy physical evidence and then notify local law enforcement." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.265	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, dated 9.2013 3. BVCASA Coordinated Response Plan, Sexual Abuse Response Team Protocol, not dated

Interviews:

1. TDCJ Program Director / Investigator

The interview with the Program Director demonstrated the facility's coordinated response plan is maintained within PowerDMS, where all employees have access to agency policies and procedures. The Program Director explained staff can readily access the coordinated response plan to ensure responsibilities and response procedures are available following an allegation of sexual abuse or sexual harassment.

(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 2, section Coordinated Response states, “As BVCASA is a substance abuse transitional treatment center, it does not have medical personnel or mental health practitioners. BVCASA’s security staff, for the purposes of this policy, are those who are responsible for overseeing the safety and security of residents. Security staff are also known as Direct Care staff. The agency has developed written procedures regarding coordination of staff actions, to include leadership, taken in response to an incident of sexual abuse.”

The facility provided a BVCASA Coordinated Response Plan, Sexual Abuse Response Team Protocol. The protocol includes elements and steps to be followed for the following employees and external agencies.

A. Following a Reported Risk of Imminent Sexual Abuse

1. Staff First Responder

2. Shift Leader

B. Following Suspected Alleged Incident of Sexual Abuse

1. Staff First Responder

2. PREA Compliance Manager

3. PREA Coordinator

	4. Sexual Assault Nurse Examiner or Sexual Assault Forensic Examiner 5. Rape Crisis Advocate 6. Law Enforcement Investigator 7. District Attorney or Designee C. Prior to Transport to a Medical Forensic Exam 1. PREA Coordinator or designee 2. Shift Leader/Designee D. During the Medical Forensic Exam 1. Shift Leader/Designee 2. Sexual Assault Nurse Examiner 3. Law Enforcement Investigator 4. Rape Crisis Advocate E. If a Forensic Exam Is Not Conducted 1. PREA Coordinator 2. Rape Crisis Advocate F. Following the Exam/After Acute Care is Provided 1. PREA Coordinator / Program Manager / Executive Director 2. PREA Coordinator 3. Law Enforcement Investigator 4. Sexual Assault Nurse Examiner 5. Rape Crisis Advocate G. Follow-Up / Long-Term Duties 1. Executive Director 2. Law Enforcement Investigator 3. Sexual Assault Nurse Examiner 4. Rape Crisis Advocate 5. District Attorney or Designee

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Interviews: 1. Executive Director / PREA Coordinator The interview with the Executive Director/PREA Coordinator demonstrated the facility is not subject to collective bargaining agreements. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ

2. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, dated 9.2013

3. PREA Sexual Abuse Retaliation Monitoring Form, not dated

Interviews:

1. TDCJ Program Director / Retaliation Monitor

The interview with the TDCJ Program Director demonstrated he is responsible for conducting retaliation monitoring for clients and employees who report sexual abuse or sexual harassment, as well as alleged victims. The Program Director explained retaliation monitoring would continue for a minimum of 90 days, or longer when warranted, and would include reviewing incident reports, case notes, shift logs, client and staff behaviors, disciplinary reports, and conducting periodic check-ins with the client or reporting party. The Program Director further stated retaliation monitoring is documented through weekly check-ins on the PREA Sexual Abuse Retaliation Monitoring form.

(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Monitoring is completed by the QA/PREA Compliance Manager – Residential Program.

BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 3, section Agency Protection Against Retaliation, A-C., state,

A. “BVCASA protects all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

B. BVCASA’s PREA Compliance Manager is the designated staff member charged with monitoring retaliation. The PREA Coordinator will serve as the Retaliation Monitor in the PREA Compliance Manager’s absence.

C. BVCASA employs multiple protection measures, such as room 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.”

	The facility provided a PREA Sexual Abuse Retaliation Monitoring form demonstrating the following is documented. · Date Allegation Received / Facility · Type of Monitoring – New 90-Day Monitoring or 30-Day Continuation · Assigned Monitor / Title / Date Assigned · Name of Individual Being Monitored / Resident or Staff / Resident SID/ Employee ID # · Monitoring Reason – Report Sexual Abuse / Victim/Alleged Victim / Fear of Retaliation · Monitoring – Week 1 – 13 · Conclusion (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation. BVCASA Procedure No. 616.J, Official Response Following a Resident Report, page 3, section Agency Protection Against Retaliation, Section D., states, “For at least 90 days following a report of sexual abuse (or until the clients involved are discharged from the facility if discharge occurs before 90 days), BVCASA monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and will act promptly to remedy any such retaliation. Changes that will be monitored include: 1. Resident disciplinary/incident reports, 2. Resident disciplinary action/punishments, 3. Denials of daily plans or other regular activities, 4. Housing or program changes.” Based on the review of documentation, observations, and interviews, the facility

	meets the standard requirements.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616.K, Investigations, dated 9.2013 3. PREA Investigation Overview and Checklist, not dated 4. Investigation Offender Protection Investigation Review Interviews: 1. TDCJ Program Director / Investigator The interview with the Facility Investigator demonstrated a clear understanding of the investigative process, including the collection and review of all available evidence, conducting interviews with alleged victims, clients, witnesses, and third parties, assessing the credibility of those involved, and completing thorough investigative documentation. Site Observations: The facility had three administrative investigations during the previous 12 months. Each investigation demonstrated the investigative process was initiated promptly, conducted in an objective and thorough manner, and included a review of prior complaints involving the alleged perpetrator. Interview summaries and investigative findings were documented within each investigative file. (a-f) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. BVCASA Procedure No. 616.K, Investigations, page 1 section A., states, “BVCASA

	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 facility provided three investigations for review to include a PREA Investigation Overview Checklist which documents the following. · Incident Details · Individuals Involved · Brief Summary of Incident/Initial Report · Notifications Made · Ensure First Responder Duties are Followed · Administrative Investigation Checklist · Retaliation Monitoring · Sexual Abuse Incident Review · Staff on Offender Sexual Abuse Investigation Worksheet (h) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit, was zero. BVCASA Procedure No. 616.K, Investigations, page 1 section C., states, "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 Texas Health and Human Services (HHSC) and the Texas Department of Criminal Justice (TDCJ) for formal investigation and referral for prosecution for substantiated allegations of conduct that appear to be criminal. Efforts will be made to preserve physical data." (i-j) The Brazos Valley Council on alcohol and Substance Abuse Transitional Treatment Center PAQ states substantiated the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by

	the agency, plus five years. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Interviews: 1. TDCJ Program Director / Investigator The interview with the Facility Investigator demonstrated allegations of sexual abuse and sexual harassment are determined using a preponderance of the evidence standard when making investigative findings. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Bureau states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ

2. BVCASA Procedure No. 616 K., Investigations, dated 9.2013

3. Offender Notification Brochure, dated 7.2014

4. BVCASA Memorandum, Subject: PREA Compliance Roles and Responsibilities, dated 6.19.2026

5. PREA Investigation Packet

6. Department Inservice Sign-In Sheet, dated 6.18.2026

Interviews:

1. TDCJ Program Director / Investigator

The interview with the TDCJ Program Director demonstrated clients are notified of the outcome of investigations involving both staff and client perpetrators. The Program Director explained clients are informed when an alleged staff perpetrator is no longer assigned to the client's unit, is no longer employed at the facility, has been indicted, or has been convicted on charges related to sexual abuse. When the alleged perpetrator is another client, the client is notified of the outcome of the investigation and whether the alleged perpetrator has been indicted or convicted on charges related to sexual abuse. The Program Director further stated verbal notifications are documented and maintained within the facility investigative packet.

During the pre-audit phase it was determined further staff training was needed regarding PREA compliance roles and responsibilities. A memorandum was provided from the Executive Director demonstrating staff members responsible for completing investigations, retaliation monitoring, victim notification, SAIRs and review of completed investigations and documentation.

The facility provided a PREA Investigation packet demonstrating the following forms were trained to appropriate personnel.

· PREA Investigation Overview and Checklist

· Texas Department of Criminal Justice Safe Prisons/PREA Program Staff-on-Offender Sexual Abuse Investigative Worksheet

· Retaliation monitoring form and process

· Offender Notification Brochure

	The facility provided a Department Inservice Sign-In sheet demonstrating three facility personnel completed documentation on the PREA Investigative Packet (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was three. BVCASA Procedure No. 616 K., Investigations, page 2, section Reporting to Residents A., states, “Following an investigation into a resident’s allegation of sexual abuse suffered at BVCASA, the agency informs the resident verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.” The facility provided an Offender Notification Brochure documenting the following information. · To / TDCJ # / Unit · From / Date / Re: Notification of Sexual Abuse Outcome / EAC# · Determination of allegation o The alleged staff member/contractor/volunteer listed below is no longer assigned to the unit o The alleged staff member/Contractor/volunteer listed below is no longer employed with the Texas Department of Criminal Justice o The Safe Prisons/PREA Management Office will inform you of any criminal sexual abuse charges related to your allegations when the staff member(s) has been 1) indicted (True Billed) or 2) convicted of the charges. If you need assistance understanding the information contained in this brochure, contract the Safe Prisons/ PREA Manager on your unit. · The document is signed and dated by the Program Director

	(b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero. The PAQ states, “Unknown if residents were notified. One discharged the day after the incident. The other client discharged 4 weeks later but had the investigator's information.” (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident’s unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency has a policy that all notifications to residents described under this standard are documented. Of those notifications made in the past 12 months, the number that were documented was zero. BVCASA Procedure No. 616 K., Investigations, page 2, section Reporting to Residents D., states, “Following a resident’s allegation that he or she has been sexually abused by another resident, BVCASA will subsequently inform the alleged victim whenever: 1. BVCASA learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2. BVCASA learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

	3. All such notifications or attempted notifications are documented. 4. BVCASA's obligation to report under this standard terminates if the resident is released from the agency's custody. All notifications to residents described above are documented." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Interviews: 1. TDCJ Program Director The interview with the Program Director demonstrated no staff were disciplined for violating the agency's sexual abuse or sexual harassment policies during the previous 12 months. The Program Director further explained if an allegation of sexual abuse or sexual harassment involving a staff member were substantiated, the employee would be terminated, staff would be notified the individual is no longer permitted within the facility, and appropriate licensing agencies would be notified, when applicable. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.

(c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.

(d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 615.L, Discipline, dated 9.2013 Interviews: 1. TDCJ Program Director The interview with the Program Director demonstrated the facility does not utilize contractors or volunteers; therefore, no contractors or volunteers were disciplined for violating the agency's sexual abuse or sexual harassment policies during the

	previous 12 months. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero. BVCASA Procedure No. 615.L, Discipline, page 1, section Corrective Action for Contractors and Volunteers, A., states, “Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. BVCASA Procedure No. 615.L, Discipline, page 1, section Corrective Action for Contractors and Volunteers, B., states, “BVCASA takes appropriate remedial measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 615.L, Discipline, dated 9.2013 Interviews: 1. TDCJ Program Director The interview with the TDCJ Program Director demonstrated no clients falsely reported allegations of sexual abuse or sexual harassment during the previous 12 months. The Program Director further explained if a client were found to have sexually abused another client, the clients would be immediately separated and a new placement would be requested or the offending client would receive an unsuccessful discharge from the program. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero. BVCASA Procedure No. 615.L, Discipline, page 1, section Disciplinary Sanctions for Residents, A., states, “Residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.” (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

	(e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. BVCASA Procedure No. 615.L, Discipline, page 2, section Disciplinary Sanctions for Residents, E., states, “BVCASA may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.” (f) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. (g) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ Interviews: 1. Executive Director / PREA Coordinator

	The interview with the Executive Director demonstrated the facility does not employ or contract with medical or mental health personnel. The Executive Director explained clients alleging sexual abuse would be immediately referred to emergency medical services for treatment, when appropriate, and to the Sexual Abuse Resource Center for advocacy and ongoing emotional support services. Site Observations: The facility has not experienced a need for emergency medical or mental health services related to a sexual abuse allegation during the previous 12 months. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states, resident victims of sexual abuse while incarcerated are 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. (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ

Interviews:

1. Executive Director / PREA Coordinator

The interview with the Executive Director demonstrated the facility does not employ or contract with medical or mental health personnel. The Executive Director explained clients would continue to be referred to the Sexual Abuse Resource Center for advocacy services and to emergency medical services, when appropriate, following an allegation of sexual abuse.

Site Observations:

The facility has not experienced a need for emergency medical or mental health services related to a sexual abuse allegation during the previous 12 months.

(a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PAQ states, “We do not have medical or mental health staff.”

(d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

(e) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

(f) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

(h) The Brazos Valley Council on Alcohol and Substance Abuse Transitional

	Treatment Center PAQ states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.286	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. Completed Administrative Incident Reviews Interviews: 1. TDCJ Program Director The interview with the Program Director demonstrated the sexual abuse incident review team consists of the Executive Director, Program Director, Clinical Directors, Finance Director, and one manager from each program. The Program Director explained the team reviews the facts and findings of each incident, determines whether staff actions could have prevented the incident, identifies barriers, evaluates camera placement and accessibility, reviews room assignments, determines whether policies and procedures were followed, and assesses whether the investigative determination was appropriate. The Program Director further stated incident reviews are completed within 30 days of the investigative report, and the PREA Coordinator and Clinical Director oversee the implementation and sustainment of any recommendations resulting from the review. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there have been zero criminal and three administrative investigation of alleged sexual

	abuse completed at the facility. The facility provided three completed administrative incident review demonstrating the following was documented for each. · Incident Number / Location / Date · Type of Incident · Persons Involved · Summary · Timeline of Events · Employee Actions or Inaction · Corrective Action Taken · Attachments · Administrators Reviewing · Incident Reports · Witness Statements (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents was three. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and

	PREA Coordinator. (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616 N., Data Collection & Review, dated 12.2022 3. BVCASA PREA Annual Data Collection Tool, dated 1.1.2022 – 12.31.2022 (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. of the Survey of Sexual Violence (SSV) conducted by the Department of Justice." The facility provided a BVCASA PREA Annual Data Collection Tool. The tool documents the following elements. Section I – General Information Section II – Inmate-On-Inmate Sexual Victimization/Harassment Outcomes Section III – Staff-On-Inmate Sexual Abuse/Harassment Outcomes Section IV – Total Substantiated Incidents of Sexual Victimization

	(b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency aggregates the incident-based sexual abuse at least annually. BVCASA Procedure No. 616 N., Data Collection & Review, page 2, section Data Review for Corrective Action, B., states, “BVCASA aggregates the incident-based sexual abuse data at least annually.” (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. BVCASA Procedure No. 616 N., Data Collection & Review, page 2, section Data Review for Corrective Action, C., states, “BVCASA maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.” (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. BVCASA Procedure No. 616 N., Data Collection & Review, page 2, section Data Review for Corrective Action, D., states, “Upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30.” (e) This provision is not applicable as the Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center does do not have private facilities. (f) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ 2. BVCASA Procedure No. 616 N., Data Collection & Review, dated 12.2022 3. PREA Annual Report, dated 5.1.2025 Observation: The agency's annual report is currently available to the public through its website. (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. BVCASA Procedure No. 616 N., Data Collection & Review, page 2, section Data Review for Corrective Action A., states, "BVCASA reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: 1. Identifying problem areas 2. Taking corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each

	facility, as well as the agency as a whole.” The facility provided a 2021 PREA Annual Report, signed by the Executive Director on 2025. The annual report documents the following elements. · PREA Standard § 115.288 · Facility Information · Key Terms and Definitions · 2020-2025 Comparison of PREA Allegations · Comparative Analysis · 2025 Corrective Action · 2024 Corrective Action · 2023 Corrective Action · 2022 Corrective Action · 2021 Corrective Action · 2020 Corrective Action The Annual Report is signed by the Executive Director on 5.1.2026 (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the annual report includes a comparison of the current year’s data and corrective actions to those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. The Annual report is available at PREA | (bvcasa.org) (d) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ (a) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency ensures that incident-based and aggregate data are securely retained. (b) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. (c) The Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. (d) BVCASA Procedure No. 616 N., Data Collection & Review, page 2, section Data Storage, Publication & Destruction, D., states, “BVCASA maintains 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.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) This standard is not applicable as the facility is a standalone facility and not part of an agency of facilities. (b) This is the third audit cycle for Brazos Valley Council on Alcohol and Substance Abuse Transitional Treatment Center and the first year of the fifth audit cycle. (h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility. (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). (m) The Auditor was permitted to conduct private interviews with residents. (n) Residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has posted the current 2023 PREA audit report, on their website. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

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

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

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

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

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

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

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

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

	administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

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

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

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

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

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

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

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

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

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

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

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

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

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

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

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

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

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

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

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

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

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

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

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

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

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

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

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

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

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

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes