

# PREA Facility Audit Report: Final

**Name of Facility:** City of Faith Monroe Federal

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/07/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> William Peck	<b>Date of Signature:</b> 11/07/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Peck, William
<b>Email:</b>	william199@comcast.net
<b>Start Date of On-Site Audit:</b>	10/14/2021
<b>End Date of On-Site Audit:</b>	10/15/2021

FACILITY INFORMATION	
<b>Facility name:</b>	City of Faith Monroe Federal
<b>Facility physical address:</b>	1408 Jackson Street, Monroe, Louisiana - 71202
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Troy Adams
<b>Email Address:</b>	tadams@cityoffaith.org
<b>Telephone Number:</b>	318-325-6231

Facility Director	
<b>Name:</b>	Lisa Harper
<b>Email Address:</b>	lharper@cityoffaith.org
<b>Telephone Number:</b>	318-325-6231

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

Facility Characteristics	
Designed facility capacity:	41
Current population of facility:	21
Average daily population for the past 12 months:	22
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21-65
Facility security levels/resident custody levels:	Min
Number of staff currently employed at the facility who may have contact with residents:	18
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:	City of Faith Prison Ministries, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1511 Jackson Street, Monroe, Louisiana - 71202
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Troy Adams	<b>Email Address:</b>	tadams@cityoffaith.org

## AUDIT FINDINGS

### Narrative:

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

### Acronyms:

COF	City of Faith Ministries
FBOP	Federal Bureau of Prisons, U.S. Department of Justice
PREA	Prison Rape Elimination Act
DOJ	U.S. Department of Justice

### Relevant Federal Bureau of Prisons Policies:

### SOW (Statement of Work)

### Audit Findings

### Audit Narrative

City of Faith Prison Ministries, Monroe, LA, is compliant with the U.S. Department of Justice PREA (Prison Rape Elimination Act) standards.

The on-site PREA audit of the City of Faith (COF) was conducted October 14-15, 2021 by Department of Justice Certified Auditor William Peck. Both an opening meeting and an out brief were held with the PREA Coordinator.

### Overview of the Audit Methodology

This Audit was conducted utilizing the Online Audit System (OAS) integral to DOJ and the PREA Resource Center (PRC) required processes for community confinement facilities. The PREA audit follows the guidance of dividing the audit process into 3 identifiable segments: the Pre-Onsite phase is primarily policy and documentation reviews, data reviews and preparation. The On-site phase has further documentation review and also emphasizes a site review as well as required specific and random interviews using DOJ protocols. The final phase is for Evidence Review and issuing the Interim or Final Report. Included in this phase is the triangulation of all information and observations received from the documentation, interviews and site review. Audits that have areas found to be non-compliant require

Corrective Actions prior to a Final Report and these are coordinated between the facility and the auditor.

#### Pre-On-site Phase

During the Pre-On-site Audit Phase, the PREA Coordinator provided all policies and procedures for review. The City of Faith maintains local specific policy regarding PREA and regarding FBOP approaches and requirements for PREA compliance. The auditor and PREA Coordinator had on-going communication for several weeks prior to the audit to prepare for the on-site visit. It became clear during the pre-visit review that Policy component sections were uniformly compliant and that the CDOC staff has drafted policy to be compliant for all CDOC facilities; policy parallels very closely, often verbatim, the PREA Standards and checklists for policy.

During the Pre-Onsite Audit Phase, the Auditor requested and reviewed PREA-related policies and also that the following staff and resident lists be provided at or in advance of the on-site visit, lists to be used in determining required interview lists:

1. A comprehensive list of residents and staff
2. Complete roster based on actual population at the beginning of the onsite portion
3. Residents with disabilities (i.e., physical disabilities, blind, deaf, cognitive disabilities)
4. Residents who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Residents
6. Residents who reported sexual abuse
7. Residents who reported sexual victimization during risk screening
8. Complete staff roster

It became clear during the pre-visit review that residents identified in categories numbered 3-7 above were non-existent, but that policy component sections were uniformly compliant and that the staff has drafted policy with the intent to be PREA-compliant; policy parallels very closely, often verbatim, the PREA Standards and checklists for policy. The on-site visit, then, focused on actual compliance in operations and whether local training, process and actual procedure mirrored policies.

#### On-Site Audit

On October 14 ,2021, the PREA audit of City of Faith began. An initial meeting took place in the main conference room. Those in attendance were the PREA Auditor, Facility Director, Chief of Security, and Agency PREA Coordinator, The auditor explained the audit process, schedule, and informed staff the purpose of the audit was to observe and assess all areas of the facility in order to verify compliance with the PREA Standards.

The on-site visit was focused on actual compliance in operations and whether local training, process and procedure mirrored these policies. The on-site phase included meetings and interviews with staff and residents in compliance with DOJ/PRC community facility protocols, a physical site review, and a review of documentation at the facility.

During the on-site audit, the Auditor was provided a private office in House Three from which to work and conduct required interviews.

#### Reviewing Documentation

Reviewing documentation is a critical component of the audit triangulation process. Before and during the site visit review, the Auditor

reviewed various files and documents, as noted below, to evaluate compliance levels of the policies and procedures. Facility information was entered in the DOJ Online Audit System (OAS) and included necessary audit information: the Audit Compliance Tool (ACT) including the Pre-audit questionnaire (PAQ), staff identification, current population. Also included were responses to the PREA Standards folders with policy procedures and secondary documentation. The PREA resource audit instrument for audit facility and jails furnished by the National PREA Resource Center was used for the audit including PRC protocols for interviews of staff and residents. In summary, there are seven sections including: The PAQ, the audit compliance tool, instructions for audit site review, interview protocols, auditor summary, facility map, and checklist of documentation.

The facility has zero notices of non-compliance with local, state, or federal laws or regulations.

The below files and documents reviews were used in triangulation of data following the on-site review.

1. Standards, Policies
2. Resident Handbook
3. Investigator training certifications
4. Records of PREA intake education received by residents
5. Staff training topics and dates training received
6. Investigation folders
7. Personnel Folders, random
8. Coordinated Response Plan

The facility houses no residents with sexual-related charges, no youthful residents and has not received a non-English speaker in recent memory. It houses Federal Bureau of Prisons females and males both.

All medical services are provided in the community, none at the facility. All allegations of abuse would be initially reviewed by senior staff for credibility and then referred to the City of Monroe Police Department per their mutual agreement, but there have been none. It should be noted that residents have full access to any and all reporting agencies due to their community-access status.

The facility uses no contractors or volunteers who have any contact with residents.

Operations are structured such that cross-gender searches, including pat downs, almost never occur, nor do cross-gender entry into bathroom and shower areas. Cross-gender entry into bedrooms, when required for issues like allowing in maintenance or inspection staff, is always announced and residents and staff both indicate that adequate time is allowed for residents to clothe themselves and depart the room before actual staff entry. The Coed house is staffed with both a male and female security person. Female staff do not enter male bathrooms or shower areas; if residents are in these areas during count, female staff wait for males to exit the bathroom or have a male staff enter the area for count. Counts occur at the same times daily, so residents acknowledged in the interviews they can decide for themselves whether they wish to be in the bath/shower or not.

Staff training is excellent, thorough, and well-documented and interviews affirmed that all required topics are covered annually and in initial training as well. Inasmuch as the small number of mid-level and senior staff routinely fill multiple roles, training usually overlaps several areas for each person.

There has not been an incident or allegation of sexual abuse or harassment for well over 10 years. All staff and residents are trained in appropriate responses, however, and all verified and demonstrated their knowledge of the proper steps through the interviews. Residents can contact the local victim services agency at the provided telephone numbers at any time, but the victim services agency is actually located in the same block as most the residential houses.

Aside from scheduled counts and regular locker searches, residents are lightly regulated and have extensive access to the outside community. Every resident was cognizant of several avenues to file a complaint although none had ever had any issues, and every resident firmly believed that a complaint to any staff member would elicit immediate response. Every resident stated confidently that the staff was committed to resident safety and would tolerate no inappropriate behavior. Problems are reduced also because the goal of every resident was to maintain their pending release date, work, earn funds and return home.

#### Site Review

The site review was made the morning of October 14, led by Troy Adams, PREA Coordinator, and visited all spaces and buildings.

The site review revealed a common and consistent approach to operations and physical plant furnishing and design. All sleeping rooms contained various numbers of bunk beds, all toilet areas were largely private, and showers were curtained. Cameras are well-placed in all common areas with none in areas where privacy would be expected.

The in brief was followed by an extensive site review of the facility which provided an opportunity for the Auditor to conduct a review of the different areas of the facility, observe procedures and interactions between staff and residents, and conduct informal interviews. This aided in gaining an understanding of facility operations and practices as well as insight into the facility's compliance with PREA standards. The Auditor reviewed the entire facility site, escorted by the PREA Coordinator, and observed the facility configuration, location of cameras and mirrors, staff supervision of residents, housing rooms layouts, including shower/toilet areas. Also noted were placement of posters and PREA informational resources, security monitoring, and search procedures.

The Auditor reviewed the entire facility site, escorted by the PREA Coordinator and observed the facility configuration, location of cameras and mirrors, sleeping rooms' layouts including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming.

Information related to the Prison Rape Elimination Act (PREA) and how to report sexual abuse was posted in all these housing and program areas. Information regarding contact with advocacy organizations was posted but it is noted that the Advocacy agency is also immediately available on the same block as City of Faith.

The auditor visited the following areas to observe conditions relating to departmental policy and operations:

All Housing areas

Food Service

Library

Programs

Training

Recreation areas

Facility grounds.

While conducting the site review, several staff and residents were informally interviewed and acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. Residents and staff both knew that they could report sexual safety issues and were well aware of the location of external addresses and phone numbers of potential sources to report or gain assistance with their issues but most said they would just report to staff.

The Auditor verified that supervisors make routine random rounds, documented in the logbook.

Staff were aware of the requirement to announce the presence of opposite gender staff and did so in all housing in a timely manner; interviews with residents and staff supported that cross-gender room entries are virtually non-existent.

It was also evident from interviews that all staff receive appropriate training concerning PREA and the zero-tolerance policy during initial training as well as annual and also regular refresher training. All staff were aware of their responsibilities for reporting sexual abuse, sexual harassment, staff negligence and any retaliation for reporting. Staff interviewed were familiar with the expectations of their duties as well as with the procedures for evidence preservation.

Each housing unit includes wall mounted telephones for resident use, and information about how to call or write for PREA reporting or assistance is posted in each unit adjacent to the phones.

Training is provided concerning cross-gender pat searches but these searches are not presently conducted by female officers. If a female is involved in a resident search, she uses a body search wand.

Staff Training receives significant emphasis and appears compliant. Due to the small staff size, any new staff receive their initial training individually at the facility and also complete NIC or DOC-sponsored specialty training depending on their area.

The following narrative description of the PREA-relevant programmatic services and functional areas regarding the quality of life.

#### Security

Security staff exhibited a high degree of knowledge when explaining the operation of their respective areas of responsibility and a personal knowledge of each resident who had been in the program more than a few days.

Each house at the facility has a Security Control Center which is manned 24/7. The staff assigned to this post are responsible for having all visitors to sign into the house and are also responsible for security rounds within the house and surrounding outside area.

Residents returning to the facility are searched and wanded to control the introduction of contraband to the facility. Breathalyzers are used on returning residents to detect if the resident has used alcohol during his absence from the facility.

#### Academic and Vocational Education

The City of Faith does not offer any Academic or Vocational Training Programs.

#### Sanitation

Sanitation throughout the facility was excellent, Floors were immaculate hallways and walkways were free off clutter, the grounds were well maintained. Residents are responsible to maintain their respective areas. Residents are also assigned additional duties within their House



for janitorial and maintenance responsibilities on a rotating basis.

#### Medical and Mental Health Care

The City of Faith does not provide on-site health care services. Medical, Mental Health, and Dental services are provided through an agreement with the local Medical Center and the local hospital (Ochsner LSU Hospital for emergent situations, and Monroe Medical Clinic for non-emergent situations) provides emergency health care. All medical care occurs in the community, not at the facility.

#### Resident Work Programs

The City of Faith has focused on the main program which is full time employment in the community. This is based on the principles on which the facility was founded. Residents are expected to obtain full-time employment (40 hours a week) within the first fifteen working days after being placed in the facility unless unable or restricted by court order, etc.

#### Social Services

The City of Faith offers AA/NA programming for residents.

#### Interviews

During the audit, the Auditor met with both staff and offenders to verify observations and/or to ask the Standards' interview questions concerning facility operations. The major portion of the site audit consisted of conducting these structured interviews with specialized and randomly selected staff and also with random and targeted categories of offenders (LGBTI, reported victims of abuse, etc.). In practical terms, since the facility had 22 residents (most at work or with community passes) overseen by 26 staff, over half of everyone physically present at the facility was interviewed.

The offenders and staff were well aware of PREA and the zero-tolerance policy of the Agency. All staff and offenders interviewed were very cooperative during the interview process.

#### Staff Interviews

Staff was questioned using the DOJ protocols that focus on their PREA training and overall knowledge of the agency's zero-tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. It is not unusual that staff members of this small group routinely had responsibilities that spanned several job functions.

The Auditor interviewed 18 staff in the course of the audit, 11 randomly selected staff; 6 specialized staff; and 1 HQ/Facility leadership staff. Since the facility is small, the 7 HQ and specialized personnel had primary or collateral jobs in 16 areas desired for interviews.

Staff were knowledgeable about their roles and responsibilities in the prevention, reporting, and response to sexual abuse and sexual harassment and easily articulated the variety of mechanisms for residents and staff to use to report.

Staff Interviewed (The majority of staff filled several different roles and assignments.)

- 1 Agency PREA Coordinator
- 1 Executive Director (Designee- the Agency Head had recently suffered a serious medical issue)
- 1 Human Resources Manager
- 1 Sexual Abuse Incident Review Team member
- 1 Retaliation Monitor
- 2 Staff who Performs Risk Screening
- 2 Intake Supervisor
- 1 Intermediate or higher-level Supervisors who make Unannounced Rounds
- 2 First Responders
- 1 Investigative Staff (Preliminary Oversight prior to referral to Monroe LA Police Department)
- 1 Facility Director
- 1 Security Chief (in Random Selection group)
- 1 Case Manager
- 11 Random Staff

Resident Interviews

Offenders with sexually related offenses are not considered for halfway house placement and the program does not receive youthful, severely disabled or limited English proficient residents. There were no residents reported, self-identified, or perceived as LGBTI. There have been no reports of sexual abuse since at least 2015 or earlier, and no residents reported any abuse at the time of Intake.

In a program this small, normal desired DOJ interview protocol would be for 5 residents randomly selected and 5 residents who fell into one of the above targeted categories. There were essentially no residents who fell into targeted categories with the exception of 2 older residents who suffered several disabilities. Additional random resident interviews were conducted above the 5 required in order to compensate for the absence of targeted categories.

Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. The interviews of residents reflected that they were aware of and understood the PREA protections and the agency's zero-tolerance policy. Residents receive written materials at intake and a video that provides detailed information about PREA protections, the multiple ways to report sexual abuse or harassment, and ways to protect themselves from abuse. During the interviews, the residents indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone numbers to call to report sexual abuse or harassment. Residents consistently indicated to the Auditor that they felt safe in the facility.

There were 22 residents in the facility from the FBOP and another 50 or so living in home confinement, not residing at the COF facility.

Residents Interviewed

- 2 Physical Disability residents

12 Random Residents, including 2 Female Residents (Only 2 females were assigned here during the audit)

#### Post-Visit Evidence Review

The post-audit phase consisted of triangulating all data and input received, reviewing interview data in detail, and merging this data with site review data to utilize in a final review of the ACT submission. Conclusions were then used to complete the OAS sections. Questions that arose about procedures or data needed for clarification were referred to the facility and the responses are incorporated in this report.

## AUDIT FINDINGS

### Facility Characteristics:

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

#### Facility Characteristics

Rated Capacity: 41

Actual Population: 22

Average Daily Population for the last 12 months: 22

Average Length of Stay: 6 months

Security/Custody Level: Community

Age Range of Residents: 21-65

Gender: Male and Female

Full-Time Staff: 26

City of Faith was founded as an opportunity for outreach for prisoners and operates as a private not-for-profit organization. Kathy Biedenbarn, founder, opened the first City of Faith halfway house in 1983.

The mission of the City of Faith is to work with the residents to help them become responsible family members, dependable employees, and productive citizens. The program is clearly faith-based in approach and staff all demonstrate that same approach. Underlying every rule and process is a leadership-driven commitment to treating all residents with respect and requiring all residents to treat staff with respect.

Corporate Administrative Offices, located in Monroe, LA at 1511 Jackson Street, maintain the offices for the: executive director, deputy director, human resource staff and fiscal personnel.

City of Faith contracts with the Federal Bureau of Prisons to provide residential services for residents serving the final phases of their sentences, accomplished at 3 houses in Monroe, LA., 2 of which are housing and 1 of which is administrative. The program is aligned with the contract requirements of the federal Bureau of Prisons (FBOP).

Residents must be adults within 48 months of their release to be considered for the program. In general, convictions for violent offenses or drug distribution crimes are restricted to no more than six months in the program. Offenders with sexually related offenses are not considered for halfway house placement and the program does not receive youthful, severely disabled or limited English proficient residents. There were no residents reported, self-identified, or perceived as LGBTI.

The population has been reduced from the last audit population size during the COVID pandemic as movement from the Louisiana corrections system ceased. COF is now a full federal facility serving FBOP inmates returning to the larger area. There are normally in-house populations of 20+ residents and Home Confinement populations of some 50+ that are monitored and served by COF.

House Three is a coed facility, a two-story wooden structure that consists of a security office and a dining area. The first floor also contains two bedrooms, one for females, and one for older or somewhat physically challenged residents. The second floor contains two bedrooms also. Both floors have private bathroom and shower facilities. Knock and announce is technically required for any cross-gender access, however every interview of both staff and resident stated that cross-gender entry into resident rooms did not occur.

House Five provides a quiet atmosphere for the residents who reside there. The facility includes a handicapped accessible room and the house is also ADA accessible. Handicap parking is available in the parking lot. Older residents are normally housed here and House 5 is the preferred house for most residents due to size and quietness. The first floor consists of a security office and a small dining area for the

delivered food that is prepared at House One. The second floor contains three bedrooms with showers, toilets, and sinks for residents. The seven total bedrooms house 41 residents. All shower and toilet areas are private.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

### Summary of Findings

The City of Faith is found to be compliant with U.S. DOJ PREA standards.

In summary, after reviewing all pertinent information, the site review, and after conducting resident and staff interviews, the Auditor found that department and agency leadership have made Standards compliance a high priority and have devoted significant resources to policy development, training of staff, and education of residents on all the key aspects of the PREA.

No significant issues were found during this audit. There have been zero incidents or allegations and every resident interviewed felt they were safe and felt every other resident was safe. It is noted that this is the same result encountered at the initial PREA audit 6 years ago, and again 3 years ago at the recertification, meaning there have been zero incidents in at least the past 10 years of auditing coverage.

The Auditor had been provided with extensive files before and during the audit for review to support the conclusion of compliance with the PREA. All interviews and observations supported compliance. The facility staff was found to be cooperative and professional.

At the end of the audit on-site portion, October 15, 2021 the PREA Auditor conducted a preliminary out brief with PREA Coordinator from the facility, The timeline and expectations for the remainder of the audit were discussed. It was explained that any areas found not to meet standards would need to be corrected and the auditor would be working closely with the PREA Coordinator to accomplish compliance. The willingness of all staff involved to accomplish PREA compliance was acknowledged and their eagerness to become compliant was evident.

There were no barriers encountered in the conduct of this audit.

**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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Policy is in place; interviews with both residents and staff affirmed that this culture is taken very seriously by the entire program and all staff. This faith-based program takes its mission to heart and embeds resident safety and mutual resident-staff respect into all facets of its operations. The PREA Coordinator is identified and meets the criteria. There is one PREA coordinator for the program, very effective due to the size of the population.</p>



115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Non-Applicable. City of Faith does not contract out confinement with other entities. Agreements with the Police Department and community medical/mental health providers do specify PREA compliance by those organizations.

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">The facility has a staffing plan based on 61 residents and has averaged 43 since the last audit, however, this year's population has remained in the low- to mid-'20s due to the cancellation of Louisiana DOC transfers, leaving the facility to be a federal inmate community program.</p> <p data-bbox="229 367 1509 638">There are supervision and camera policies in place and there are facility layout reviews by staff, however, there are numerous areas not camera-covered because of the community pre-release nature of the program. Cameras cover all community and common areas but no sleeping rooms or shower/toilet areas. It appears that the staffing plan is followed and there is documentation in the file that there is an annual -offsite planning and preparation meeting of agency key personnel to review all issues and plan for the year ahead. Populations may increase again following the easing of pandemic restrictions. There is a Supervisor on all shifts and both the Director and Security Chief are on call, all of whom make logged, unannounced rounds.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 456">Policy provides that they do not perform cross-gender pat searches except for exigent circumstances and there have been none in recent years. There is an unusual occurrence report to use if needed to report such a search. Although program policy allows for the possibility of cross-gender pat-down searches of males (not females), all staff and residents interviewed confirmed that no cross-gender pat-down searches are ever done in practice. When a female staff needs to search a resident, a wand is used.</p> <p data-bbox="229 456 1509 568">The policy in place also states that no one will be searched to determine their genital status. The facility does not do any cavity searches and those would be done at a medical facility if needed. The program utilizes a local hospital, Ochsner LSU Hospital.</p> <p data-bbox="229 568 1509 680">There is a policy in place for strip searches for both genders, as well as detailed staff training. Training rosters reflect appropriate training. Strip searches are authorized in policy but have not been performed in recent staff memory. The facility director must authorize any strip search, which must be performed by two same-sex staff members in private.</p> <p data-bbox="229 680 1509 878">There is no cross-gender viewing of residents in toilet or shower areas, and there is no cross-gender access to rooms without announcements and waiting enough time for residents to cover themselves. Policy in place is to allow at least 5 seconds and it was obvious in the tour and interviews that longer times are routine.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The City of Faith has a policy in place that aligns with PREA requirements but has not received non-English speaking residents. Severely handicapped offenders are not received here from the Federal Bureau of Prisons. They have received some older residents and on rare occasions, a somewhat disabled resident, and these offenders are housed in the smaller, quieter house in ground floor spaces. Medical treatment for older or disabled offenders is in the community and they are transported by staff van.</p>

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy meets all standards. The facility has an agreement with the Ouachita Parish Sherriff's office to do the personnel background checks and 5-year re-checks; staff agree in writing to inform the program of any criminal history changes or incidents, and required sexual abuse-related questions are asked during all interviews. The small size of the facility causes numerous staff to assume multiple roles and the functions of the Human Relations/Personnel area are carried out by the PREA Coordinator and all PREA staffing requirements are met.</p>

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Facility upgrades do not occur as often as maintenance improvements but policy and practice are in line with the PREA standard. All mid-level and executive interviews indicated a sensitivity to camera placement, life cycle maintenance issues, and ensuring that any changes either enhance security or do not weaken it. No structural changes or camera additions have occurred since the last audit although some aging cameras were replaced. Three of five resident housing units were closed due to small resident numbers and the loss of LA DOC State offenders, but nothing structural occurred in the remaining houses.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 528">The facility PREA Coordinator provides administrative investigations and criminal investigations are conducted by the Monroe Police Department, which follows PREA guidelines. The staff responses to questions about first response following an incident were uniformly alike-- there have been no PREA incidents, the safety of the resident was paramount and preservation of evidence was required immediately. All staff carries the facility protocol on a card with their identification card. Medical care is not provided at all on-site but is all in the community at either the Monroe Medical Clinic or the Ochsner LSU Hospital. If an incident occurred, a resident is asked if a Victim Advocate is desired. Advocates are available from Ochsner LSU Hospital and from the Wellspring Community Agency across the street from the City of Faith main building and resident housing buildings.</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The policy is compliant and the agreement with the City of Monroe Police Department for investigations of incidents also requires and implements PREA standards policy. There have been no incidents reported, but if there were, the facility's initial response is the safety of offenders, preserving evidence, securing the scene, and notification of the police department. All staff interviewed were aware that they could call the investigator, Chief of Security or Facility Director at any time of the day or night to report an incident.</p>



115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 573">As one would expect in a community residential operation, small staffing numbers do not allow for routine initial training in groups, so all newly-hired staff is trained individually; all receive the required training, adequately annotated in their files, and all are trained by the staff program subject matter experts in those areas, and especially by the supervisor in the area for which they are hired. Annual training is well-documented and provided in group settings. All required topics are covered, acknowledgments are signed, and staff interviews indicated that staff had clearly been trained in required PREA topics. During the pandemic, additional training was moved from in-person to online, adding to online training that already existed. Training topics include PREA-required topics as well as generic City of Faith topics and required FBOP topics.</p>

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	City of Faith does not use volunteers or contractors; the contractors have no contact with residents. Nevertheless, the policy provides that volunteers and contractors receive all PREA required initial and annual PREA staff training, documented by the PREA Coordinator in training records, if ever utilized.

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All 56 residents received the past 12 months have had full intake education, including the information in their resident manual, and all have received a further review and training if they remained 30 days in the facility. The facility is small enough that every intake is individual and every individual is provided all information in person verbally by the intake staff member. Key information on reporting and community assistance and advocacy is posted throughout the facility. All residents sign for receipt of this information.</p>

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The facility PREA Coordinator is the administrative investigator and has received training both through the National Institute of Corrections (NIC) and through a program provided by the LA Department of Corrections Investigative Office. Criminal investigations are conducted by the local Police Department, not by the facility.

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency does not employ or provide medical or mental health personnel, these standards are not applicable.

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">Screening is completed as required and no incidents have been reported; however, as a general rule older, and presumably more vulnerable, residents and those with minor disabilities, are housed in the smallest and quietest house to increase their comfort and feeling of security.</p> <p data-bbox="229 367 1509 479">The City of Faith uses an adapted version of the Louisiana DOC formal risk screening protocol and documents even though arriving residents are preparing for release and have been screened by FBOP prior to assignment and transfer. The COF also has an additional screening form specific to them that assesses risk as well as program needs.</p> <p data-bbox="229 479 1509 651">Since this is a re-entry facility, City of faith intake screening also reviews any possibility of co-defendants and enemies being in the same facility, an additional precaution although this has also been reviewed by the FBOP prior to transfer.</p>

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1481 398">Staff determines where to house new residents after their initial arrival and assessment period, and they do consider history, behavior, social skills, and length of time remaining. As noted earlier, sex offenders and youthful offenders are not received here, so some normal PREA classification decisions are not needed. Most screening is geared towards needs to meet to assist in preparation for return to the community- jobs, housing, substance abuse programs, etc.</p> <p data-bbox="244 432 1445 557">As a general rule older, potentially more vulnerable, residents, are housed in the smallest and quietest house to increase their comfort and feeling of security. Those with minor disabilities are housed on the first floor. Case Managers meet frequently with their cases and monitor schedules and release plans developed at intake to ensure the resident is progressing towards successful program completion.</p>

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 264"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 488">Reporting information is provided to every offender at arrival and is included in the offender orientation manual received at intake. Posters are located throughout the facility and include any information required to make a report. Offenders can report to Crime Stoppers, report to the PREA Coordinator or any staff member, and can also make a report while in the community each day. The majority of residents interviewed indicated that they would report to security staff, telephone their Case Manager, or speak directly to the Facility Director. All interviews of residents who had been there more than 2 or 3 weeks said all staff of every level were readily available to deal with issues or have discussions at any time.</p> <p data-bbox="231 488 1508 598">Staff indicated they could report privately via hotline or mail but saw no reason they would not simply approach senior staff.</p>



<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy, file documentation, and interviews with both residents and staff show that program policy and practice align with the PREA standard. The City of Faith rules provide for unfettered access to grievance procedures in any sexual abuse-related issue, there are no restrictions on use or time to use the process. Appeals procedures are also available using the FBOP federal prisons forms and rules, which contains several levels of review options up to the FBOP Central Office General Counsel, all of which are explained and available at intake and in the offender manual. The ARP (Administrative Remedy Procedure) received no grievances in the past 12 months.</p>

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Wellspring, the Monroe, LA victim services organization, which has an agreement with COF, is an immediate neighbor on the same block as the facility and is available by phone or mail, or in-person visit; all necessary information is published in the Handbook, and posters are widely posted in both houses.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	All residents were aware of the capability and methods to do this, including use of their own families and visitors, calling Crime Stopper's hotlines, the WellSpring Advocacy Agency, FBOP, or U.S. Probation resources, etc.

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Although no reports have been received, policy and training are very clear that staff will treat each and all complaints as credible regardless of source, and will respond immediately and ensure that the leadership structure is notified immediately. Staff interviews routinely acknowledged this mandate. Each house operates semi-autonomously in overnight hours, and staff from both houses indicated they would not hesitate to call any senior staff member at any hour. There are no youthful offenders at this facility.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The extensive focus on responsibility and culture of respect in this program is clear in all policies and the program policy on reporting is built into all processes. Every staff and resident interviewed was aware of the requirement to immediately report issues and to ensure the safety of all residents. Both security staff and case management staff interviewed were clear that they interact frequently and directly with all residents and consider the safety of those individuals their primary responsibility.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies are in place and compliant but have not needed to be exercised as there have been no reports received from another facility or about COF to another facility.

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 539">Each staff member interviewed was trained on basic initial response steps and all security staff was additionally trained as first responders. First responders/security staff interviewed gave input in more detail, but all staff members interviewed, including non-security persons, were aware of the basic requirements to protect victims, separate parties, preserve evidence, and notify leadership. All staff carries a card with their ID badge that lists the first response steps and requirements. Additionally, the facility also emphasizes accurate reporting of times and events in detail as part of their contract with FBOP. The training is both initial and recurs annually.</p>

115.265	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The program has a coordinated response plan but has yet to use it due to the absence of any incidents. The planned coordinated response process in policy also recognizes the speed expected due to the compact chain of command in a facility that has few levels of supervision. Additionally, when confronted with individual challenges that occur in residents' lives, the issues are usually life issues vice safety or security, and normally require individual case management response, not incident response.</p>



115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	There has been no collective bargaining agreement entered into or renewed since the 2018 audit. There are no impediments to disciplinary action COF may utilize to protect residents and staff.

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Coordinator acts as the Retaliation Monitor, per program policy, but has yet to face any need for him to oversee such a protection protocol. If monitoring were needed, it would involve frequent check-in with the resident and checking with house supervisors. Monitoring would be a minimum of 90 days and, the PREA Coordinator interview reports, most likely until the expiration of the sentence and permanent release into the community. There is no maximum time to monitor any incident.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 573">All investigations are referred to the Monroe Police Department (MPD) per the COF agreement, but the Facility PREA Coordinator does initiate an administrative investigation to ensure evidence is preserved, participants are identified, etc. The Coordinator has received investigator training through the National Institute of Corrections and through the LA DOC Investigative Office. The local agreement with the police calls for PREA observance by the MPD in process, investigations, and investigator training. All records have a 5-year retention cycle. Decisions on referral for prosecution are in line with PREA requirements but follow MPD investigation, not COF actions in administrative investigations. There have been no criminal referrals since the last audit or within recent memory of senior staff.</p>

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Program policy is aligned and requires the preponderance standard in internal decision-making and disciplinary reviews. Interview with the PREA Coordinator affirmed this standard would be used in the event of an incident.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy is aligned and procedures exist. Staff does provide feedback to residents in this manner on routine life and community issues but no PREA-related incidents have occurred where this required feedback has been necessary.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy is compliant, there have been no incidents, and interviewed staff were aware of requirements and had been trained correctly. Initial training includes direct one-on-one training on PREA policies, rules and procedures, and discipline, all elements of which are repeated in the Employee Handbook. The training and Handbook are receipted for by these staff. COF actions are compliant and the facility has met the standard.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The City of Faith utilizes no contractor services that interact with residents, nor does the program have volunteers but the policy does provide for required training and screening processes if they are ever utilized.

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy is compliant and in place, training is in place. Files reviewed and interviews of staff and residents conducted indicated that discipline for residents is infrequent and has been not related to any sexual abuse but for routine residential offenses like not reporting to work; failure to maintain sleeping areas in order; etc. The disciplinary process also provides for external reviews, appeals, and decisions by the DHO (Discipline Hearing Officer) at the FBOP Regional Office in Dallas, TX. for more serious cases if they arise.</p>



115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	All services are in the immediate or nearby community and available whenever needed. Transport is always available to the two hospitals utilized by COF. Generally, if it were a PREA medical issue, or involved forensics, transport would be to Ochsner LSU hospital due to its larger size and greater capabilities.

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This capability is present in both medical and mental health facilities, and in the adjacent victim advocacy agency, but has not been needed at this point. Additionally, the FBOP has contractual arrangements with a local provider who can provide support for substance abuse or mental health issues, including access to a psychiatrist.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy and process and training are in place but no incidents have occurred in numerous past years based on records dating back to prior to 2015. The Incident Review Board consists of the 3 senior staff members of the facility and other identified staff depending on any case that would present itself. The review checklist of areas to review after an incident mirrors DOJ and FBOP recommendations and expectations.

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Data is gathered as required including all incident reports etc. in order to be provided to DOJ if requested. Annual PREA reports are also published in the program report at <a href="https://cityoffaith.org">https://cityoffaith.org</a></p> <p>Annual reports on the site date back to 2015. Annual, quarterly, monthly and other reports are also provided as required by the FBOP and include data in addition to that published on the facility website.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Facility Director, PREA Coordinator, and Deputy Executive Director review data annually to determine any needed changes and to search for any trends. This review is required in their policy. The program publishes its data on its own website. The COF senior staff has also initiated an annual retreat offsite to review the year, to plan ahead, to assess trends and needs, and to keep all senior staff fully current on all phases of the program.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The policy is compliant, records are securely maintained, with restricted access, and an annual report is published as required. Retention is 5 years minimum. Reports inclusive of aggregated data but are redacted of PII prior to publishing.

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A single community facility in Monroe, LA; their first audit was 2015. Files were provided through the Online Audit System in a timely manner and few additional documents were requested and all those were provided immediately upon request. All program areas were accessible to the auditor and the staff was extremely responsive, professional, and helpful in all areas of the audit. There were no barriers to completing the audit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	PREA audits for 2015 and 2018, and Annual Reports dated back to 2015, are on the website. <a href="https://cityoffaith.org">https://cityoffaith.org</a>



<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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 staffing patterns?	yes
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female 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
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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, 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 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

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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 with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated 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
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.222 (b)</b>	<b>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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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



<b>115.231 (c)</b>	<b>Employee training</b>	
	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
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	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 criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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



<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes



<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	no
	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.)	no
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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