

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: 10/09/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Michele Dauzat	Date of Signature: 10/09/2024

AUDITOR INFORMATION	
Auditor name:	Dauzat, Michele
Email:	michele.dauzat@la.gov
Start Date of On-Site Audit:	08/08/2024
End Date of On-Site Audit:	08/09/2024

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

Primary Contact

Name:	Troy Adams
Email Address:	tadams@cityoffatih.org
Telephone Number:	3183256231 Ext 301

Facility Director	
Name:	Lisa Harper
Email Address:	lharper@cityoffaith.org
Telephone Number:	318-325-6231 Ext 304

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

Facility Characteristics	
Designed facility capacity:	45
Current population of facility:	31
Average daily population for the past 12 months:	35
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:	21-80
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with	23

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
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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:	
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Name:	Terry Williams
Email Address:	tpwcof@cityoffaith.org
Telephone Number:	501-615-1090

Agency-Wide PREA Coordinator Information			
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Name:	Troy Adams	Email Address:	tadams@cityoffaith.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-08
2. End date of the onsite portion of the audit:	2024-08-09

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I spoke with Wellsprings Community Outreach program. The director verified information provided during audit and provided verbal information about the services offered. The Center is located directly next door to the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	45
15. Average daily population for the past 12 months:	35
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	31
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Auditor interviewed all residents at the facility during the audit. There was one female who identified as a lesbian and one resident who was elderly and was currently using a hearing aid. Both residents voiced the facility ensured they had all the information needed regarding PREA and in a manner they could understand. Both residents stated they felt safe and verified the facility takes sexual safety very seriously.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>23</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	All staff were cooperative and verbalized knowledge and commitment to the mission of sexual safety.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	There were limited number of residents available while onsite due to the nature of the facility population.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were limited amount of residents available during the onsite visit due to the residents working in the community or being assigned to home confinement. I interviewed all of the residents that were on the premises at the time of the audit. The interviews consisted of residents from both housing areas in addition to the only female resident at the facility. The challenge with auditing this type of facility is the lack of options to select for the resident interview process. The facility does not typically house the type of residents that are categorized as specialized interviews nor does the facility have an abundance of residents available due to the community work program. Although the residents interviewed were representative of all gender, race, and age of the resident population, it is challenging to complete the required number of interviews as indicated by the auditor handbook due to the nature of the population housed in a Community Confinement establishment.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not house residents with physical disabilities, the resident is screened prior to placement at COF and sent to facility that can accommodate the residents need.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not house residents with cognitive disability, the resident is screened prior to placement at COF and sent to facility that can accommodate the residents need.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not house Blind residents, the resident is screened prior to placement at COF and sent to facility that can accommodate the residents need.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All residents at the facility were interviewed and all residents spoke English. If COF receives a resident that does not speak English and would have difficulty maintaining employment in the area due to the language barrier, the resident will be sent back to BOP for a more appropriate placement. COF has the Spanish version of the educational material available but the resources for day to day functioning for a non English speaking residents are limited in the area.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility PREA Coordinator pulled the screenings from the previous year for auditor to view onsite. No resident indicated a transgender or intersex identity. Staff interviews verified there has not been a transgender or intersex resident in the recent past. In speaking with the PREA Coordinator and interviews with staff and residents, it was clear that the facility has a plan to accommodate a transgender/intersex resident in the event COF receives a transgender/intersex on intake.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility PREA Coordinator pulled the screenings from the previous year for auditor to review onsite. No resident indicated previously reporting a sexual abuse. The residents are screened closely by BOP prior to sending a resident to COF, residents who are high risk for sexual abuse and/or high risk to abuse are not typically sent to COF.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility PREA Coordinator pulled the screenings from the previous year for auditor to review onsite. No resident indicated previously reporting a sexual abuse. The residents are screened closely by BOP prior to sending a resident to COF, residents who are high risk for sexual abuse and/or high risk to abuse are not typically sent to COF.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There is no segregated housing at this facility. In the event a resident required segregated housing, the resident would be sent back to BOP immediately.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Selecting residents for targeted interviews is challenging due to the limited selection of residents. All staff and residents were extremely accommodating and cooperative.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All staff were cooperative and extremely open during interview process. COF was accommodating to auditor in preparation for employee interviews</p>
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Due to the size of the facility, staff wear multiple hats and all assist in any area needed. All staff were knowledgeable about PREA and the policies and processes related to the standards.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Auditor had access to all areas of the facility during the tour. All residents and staff were allowed to speak freely and informally with auditor during onsite tour.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Auditor had access to view all documents related to each standard prior to arrival onsite. In addition to requesting additional documentation onsite and also requesting supplemental documentation during post audit review.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There have been no allegations reported to prompt an investigation in the last 12 months.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There have been no reports in the past 12 months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • 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)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The facility has a very detailed policy directive for Sexual Abuse. They provide a safe and secure environment for residents. The policy outlines the facilities approach to preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes a response protocol for allegations of abuse and/or harassment. The policy is in practice; 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 criteria. There is one PREA coordinator for facility but due to the size of the population, one is very effective. The PREA Coordinator, although has many responsibilities, voiced he has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA standards. The facility upper management staff meets weekly for routine administrative meetings. During this meeting, the PREA Coordinator updates all staff on any upcoming trainings or any recent issues regarding PREA. Based on the detailed policy, awareness of staff and affirmation from residents that the facility has a zero</p>

	tolerance approach to preventing sexual abuse.
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility entered into a contract with the Federal Bureau of Prisons for the housing of residents serving sentence requirements in the BOP. All agreements in the language are clearly defined by the facility memorandum of understanding and statement of work. City of Faith takes the mission of sexual safety very serious and prioritizes definitive language in all contracts for confinement of residents. The facility maintains agreements with the Police Department and community medical/ mental health , these agreements reflect do specify PREA compliance by those organizations.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a plan based on the number of residents housed at COF. The population the day of the onsite audit was 32 residents. The policy directive ensures the facility will develop, document and make its best effort to follow a staffing plan that provides for adequate level of staffing and when applicable video monitoring, to protect residents against sexual abuse. The staffing plan also includes but is not limited to: number and placement of supervisory staff, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, generally accepted detention and correctional practices, any judicial findings of inadequacy, any finding of inadequacy from Federal Investigative agencies, all components of the facility’s physical plant, the composition of the resident population, facility programming, any applicable state or local laws, regulations, or standards, any findings of inadequacy from internal or external oversight bodies, and any other relevant factors. The staffing plan is reviewed annually in collaboration with agency PREA Coordinator and Facility Director. The facility administration reported that the facility has not deviated from the staffing plan within the past 12 months.</p> <p>There is a female and male officer on each shift and the Director and Chief of Security are always on call, all of whom make logged, unannounced rounds. This documentation was reviewed during the Onsite review and interviews with staff indicated rounds were unannounced and completed on routine and unscheduled basis. During interviews, the residents verified that there is always a female and male staff on duty. All residents interviewed stated the Chief of Security is very</p>

	accessible and responds to the facility after hours if needed.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy covers the procedures for searches and is compliant with the mandates of this standard. There is a policy in place for strip searches for both male and female population. The facility Director has to authorize any strip search which must be performed by two same sex staff members in a private setting. Staff are presented with a detailed training presentation on how to conduct pat gender searches. Policy provides that they do not perform cross gender pat searches except for exigent circumstances. There is an incident report to use if needed. 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 done in practice. On the rare occasion a female staff needs to search a resident, a wand is used. Staff is trained on the practice of cross gender searches and this was verified through training rosters and staff interviews.</p> <p>The policy in place also states that no one will be searched to determine their genital status. The facility does not do cavity searches and those would be done at a medical facility if needed. The program utilizes a local hospital, Oschner Medical Center for all medical needs.</p> <p>There is no cross-gender viewing of residents in toilet or shower areas, and there is no cross-gender access to dormitories 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. During the interviews with residents, it was reported by every resident that staff is respectful of their privacy and wait for residents to dress before entering unit.</p> <p>Residents also reported that there is no time that a resident is in naked in full view of opposite gender staff member. Currently, the facility does not have any transgender residents; however, the facility has a clear plan on how to afford a transgender resident with a private shower located in the handicap restroom if the need arises. Informal conversations with staff during tour verified the privacy of the residents when showering and undressing. Camera views were observed during tour and there is no capability to view individual areas where residents shower or change clothes. Female residents verified at no time is a female prohibited from activity, programming or work due to not having female staff to search.</p> <p>Shower and living areas were observed during onsite audit and verified the ability for complete privacy to toilet and undress. All bathrooms have private stalls and showers with shower curtains. All resident living quarters have privacy with the ability to shut the door and even opt to utilize the private restroom to change clothes. All residents interviewed verified that the facility accommodates the need</p>

	for complete privacy and voiced staff was very respectful of the residents living and shower quarters. Residents stated during interview process that very rarely does a staff member of the opposite sex enter the residential area without a same sex member. In the event this is an occurrence, it is usually for an emergent issue.
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, intellectual and/or physical disabilities, as well as to residents who have limited reading skills.</p> <p>However, severely handicapped and non English residents are not housed at COF. Facility policy prohibits the use of resident interpreters. In the past 12 months, City of Faith has not used a resident interpreter to gather information for a PREA allegation. During the interviews with random sample of staff, no staff member could recall the facility ever using a resident for translation purposes as it relates to PREA. Medical treatment for older or disabled residents is in the community and they are transported by COF staff. The facility has an agreement with the local University of Louisiana Monroe to utilize the staff and/or students from the Foreign Language Department for translation needs. The staff also offers a Spanish version of the handout and has on hand a Spanish version DVD explaining PREA. Any individual with special needs would typically not be housed at COF. In the event COF receives an individual with medical, mental health and/or translation needs, the BOP would be contacted and resident would be transferred to the appropriate facility.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy meets all standards. The facility has an agreement with the Ouachita Parish Sherriff's office to conduct an NCIC background checks and 5-year re-checks on all employees. Per policy, staff is required to inform the program of any criminal history changes or incidents, and required sexual abuse-related questions are asked during all interviews. Due to the size of the facility, many staff operate in multiple functions. The Human Relations/Personnel duties are carried out by the PREA Coordinator and all PREA staffing requirements are met. Auditor reviewed multiple examples of background checks while onsite, in addition to the interview with the HR Director.</p>

	<p>PREA Coordinator also attached examples of the NCIC checks completed in addition to verification of the five year checks.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Facility upgrades do not occur as often as maintenance improvements but policy and practice is in line with the standard. All mid-level and executive interviews indicated a sensitivity to camera placement, life cycle maintenance issues and ensuring any changes enhance security or do not weaken it. The facility has recently upgraded all cameras and is working on plans to implement additional camera to increase visibility across the board. All housing areas had clear camera views with little areas lacking visibility. During onsite review with Facility Head, she voiced the plan to install additional cameras, specifically in the laundry housing and recreational area for House 5. The area is located outside and directly behind the residential house. Although cameras are currently present, the Facility Head indicated the desire for additional coverage in the area.</p>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The facility PREA Investigator conducts administrative investigations and criminal investigations are completed by the Monroe Police Department, which complies PREA guidelines. The facility works closely with the Monroe Police Department and documentation review reveals the notification from the facility to the Police Department outlining the required compliance for PREA. The agency protocol is attached to the identification card for each staff member. 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. Wellspring Community Agency was contacted during site visit and vocalized available services and voiced a "great" relationship with COF leadership staff.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The policy is compliant and the agreement with the City of Monroe Police Department for investigations of incidents also states language that requires and implements PREA standards policy. 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. Residents were aware of the avenues available for help in the even of a PREA incident and stated there would be assistance/intervention if necessary day or night. Each resident has a personal cell phone in their possession at all times and the contact information for resources are visible throughout the facility. All residents interviewed stated a feeling of security that any allegation would be investigated thoroughly and appropriate.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Typically in the community confinement setting, staffing numbers do not allow for recurrent or routinely scheduled initial training, so all newly-hired staff are trained individually; all receive the required training, adequately annotated in their files, and all are trained by the 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 and interviews indicated that staff had clearly been trained in required PREA topics. The staff was very knowledgeable about responsibilities and zero tolerance. There is a number of trainings conducted online, the facility verifies compliance with online training and the staff could articulate the specifics of training and how it relates to PREA. Staff interviewed stated the Agency takes PREA very serious and adheres to all standards as a part of agreement with BOP.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	City of Faith does not use volunteers or contractors; the vendors that enter facility, have no contact with residents. However, each vendor is provided the information

	<p>regarding PREA in a face to face orientation by PREA Coordinator. The vendors are escorted and supervised at all times by staff while on the premises. 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.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Every resident that arrives at COF is transferred from the BOP. The BOP has already provided the PREA training in regards to educational information for residents. Schedules, policies, receiving/training requirements for new residents, and all interviews clearly demonstrated compliance. Every resident was clear that the procedures, rules, processes and- most importantly- culture of zero tolerance were imparted to them beyond any questioning. Residents verified that prior to arrival at COF, they received a packet of information that described the zero tolerance policy of the facility and how to access support services. In addition, each resident receives education upon arrival and again within 30 days of arrival. Each resident is also interviewed periodically by case manager in which all issues of safety are addressed. All residents interviewed stated full awareness of PREA based on intake and previous housing location. In addition, all residents indicated PREA was thoroughly explained upon arrival at COF. The Case Manager also conducts interviews upon arrival and again within 30 days upon assignment to housing area. There were informational pamphlets/posters visible in each resident living area in addition to common areas. Each resident is provided a copy of the facility resources to utilize to report a PREA incident to include contact information for staff responsible for all PREA functions.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA coordinator has received additional training in sexual abuse investigations through NCIC; but an investigation, if one were to occur, would be handled by the Police Department. The facility also has a Chief of Security who is retired Law Enforcement which provides additional experience in the event of a PREA incident. In the event of an assault, local Police Department would be notified and respond immediately. The facility has a good working relationship with the community and the Director voiced no concerns regarding response and cooperation from local PD if necessary.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>As noted earlier, medical and mental health care is provided external to the program. The local Behavioral Health Center and Wellsprings Community Mental Health center accepts referrals for mental health issues. Any Safe/Sane exams would be completed at local hospital, Oschner of Monroe Hospital. Auditor verified with the local hospital the availability of a SAFE/SANE Nurse on staff. Case management staff can refer as necessary. It is noted that mental health and major medical cases have not been sent to this program by the Federal Bureau of Prisons.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Screening is completed as required and no incidents have been reported. The screening form is objective and entails all factors relative to making an accurate assessment for placement. The facility currently conducts 30 day review for each resident completed by the Case Manager. This review is to ensure residents feel safe in assigned housing unit and there have been no changes to the original information. All residents have previously been screened by BOP prior to placement at COF. There are no high risk predators or victims sent to COF. In the event the facility received a high risk, vulnerable or disabled individual, BOP would be contacted immediately for transfer. In the meantime, the resident would be housed in the smallest and quietest room in the building to increase feeling of safety until they were moved to a more suitable facility. Transfers typically occur within 24 hours of request. Due to the specific population and the facility being a Reentry facility, COF also reviews the possibility of any co-defendants and/or enemies prior to transfer. COF works with BOP staff prior to receiving transfers to ensure the resident will be safe and have all needs accommodated.</p> <p>None of the residents interviewed were identified as high risk or a known victim. All residents voiced a feeling of safety at COF with adamant certainty that that staff does an excellent job at ensuring all residents feel safe and have privacy. All residents interviewed also stated multiple staff members they felt comfortable reporting an incident in the event it was necessary. When asked to rate the facility in regards to sexual safety, all residents voiced COF being the safest in regards to staff awareness and sexual safety.</p>

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 1481 1666">Staff does a good job in determining where to house new residents after their initial arrival and assessment period, and they do consider history, age behavior, social skills and length of time remaining. Although high risk residents and known victim residents are not typically transferred to COF, the policy covers necessary process in compliance with PREA. Typically risk based housing decisions are not necessary due to the nature of the population housed at COF; however, intake staff was familiar with necessary placement process based on risk. Sex offenders and youthful offenders are not received here, so typical classification functions are not utilized. The screening process, although involves PREA, is focused more on what the resident needs to prepare him/her to live in the community. Job, housing, substance abuse programming is one of the specific areas focused on in regards to screening. Occasionally, the facility will receive older, possibly more vulnerable individuals. These residents in addition to anyone that may have a minor disability (low vision, hard of hearing, etc), are housed in the residential room closest to staff. The facility has not had a transgender resident to date. However, staff was familiar with process if the facility were to receive a transgender resident. One resident interviewed was openly gay and stated the facility does not discriminate or treat her any different because she is Lesbian. She stated she feels completely comfortable voicing any concerns and staff has never made any negative comments or prohibited her from doing any activity due to her orientation. In addition, she stated he feels completely safe and does not feel she was placed in a specific housing unit due to her admission of being gay. She stated she is completely comfortable in her living quarters and would not want to be housed anywhere else. She verified staff was professional and accepted her lifestyle with no problems. Each resident has frequent contact and unlimited access to the assigned Case Managers. All residents articulated who their Case Manager was and each one stated a feeling of being able to engage at anytime with CM in addition to leadership staff. During record review and staff and resident interviews, it was determined the residents who are permitted for Home Confinement receive the same screening process as in house residents. While onsite, Auditor was able to view the intake process for an unexpected intake and found the procedure to be private, thorough and a team effort for all staff.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Reporting information is provided to every resident at arrival and is included in the orientation manual received at

	<p>intake. Posters and pamphlets are located throughout the facility and include any information required to make a report. Residents 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. All required notices with phone numbers, addresses, etc. are in all houses, on all bulletin boards. Additionally information on Crime Stoppers is provided on the bulletin boards. Every resident interviewed indicated they would just access a staff member versus an external agency, as they were uniformly certain that any issue would be immediately resolved. All interviews of residents said all staff of every level were readily available to deal with issues or have discussions at any time. In addition, all residents are permitted to keep a cell phone on person at all times. Each resident would have the ability to report any issues through multiple avenues utilizing their cell phones. Staff indicated they could report privately via hotline or mail but also voiced leadership and senior staff would readily receive a report. Residents also have access to the community service agency, Wellsprings, which is located right next door to the facility, in addition to a local church which is also next door. The residents interviewed stated are given adequate freedom and flexibility which would allow them to walk into the community resources located close and ask for assistance if necessary.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policy, file documentation and interviews with both residents and staff indicate that policy and practice comply with the PREA standard. There are no restrictions for filing a grievance at City of Faith. In accordance with policy, all sexual assault grievances are to be handled as an emergency and will be answered immediately. All of the policies and procedures are mirrored from FBOP which includes all mandated aspects of the standard. All appeals would be handled by FBOP and each resident is provided the information upon arrival on how to file a grievance. There were not any grievances filed at the facility within the last 12 months.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The City of Faith is located next door to WellSprings Community Service Organization. WellSprings offers victim services to the Monroe/ West Monroe area</p>

	<p>and has an MOU with COF. While onsite, auditor verified partnership with Wellsprings through contact with the organization. The organization is available by phone, mail or in person visit. All contact information is widely posted for all residents to view. All residents interviewed acknowledged the freedom to contact the organization on their own in addition to being able to freely walk into Wellsprings as it is located so close. Facility also provides hotline numbers to local Rape Crisis Center hotline in the event the residents are not comfortable with utilizing services from Wellsprings Community Organization. As stated before, all residents have the ability to reach any local community resource utilizing their personal cell phones at any time. The residents also have access to utilize internet services as needed to research any resources that are available. It is evident the facility offers multiple avenues for emotional support relative to sexual abuse. Not all residents could articulate specifics regarding every avenue available but did verify the feeling of safety and knew the facility would readily provide any available resource in the event a complaint was filed. At not time did any resident voice a feeling of being unsafe or afraid to discuss any PREA related concern with staff.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility offers contact information for Crimestoppers, WellSpring Advocacy Agency, FBOP , STAR Rape Crisis Center and U.S. Probation resources. All residents interviewed verified awareness of being able to contact all entities in addition to contacting family, friends, visitors, etc. In addition, the brochure given to the resident also provides a direct contact number for the PREA Coordinator. Each resident verified that there would be no hesitation to report to staff but each had an individual (family, friend, employer, etc) that would receive a report with no issue.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Although there have been no reports in the last 12 months, policy and training are very detailed that staff will treat each and all complaints as credible regardless of source, and will respond immediately and insure that the leadership staff is promptly notified. Staff interviews verified this practice was in place and each staff could articulate the process on reporting. All residents expressed the feeling of safety and confirmed feeling comfortable to contact any senior staff member at any hour. Each housing unit operates independently but staff acknowledged 24 hour</p>

	<p>access to contact the Chief of Security in the event of an issue. It was apparent through staff interviews that officers feel comfortable to notify not only their immediate supervisor but leadership staff if necessary. Teamwork and respect was a common theme noticed during the staff and leadership interviews. COF does not house youthful residents.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The detailed focus on responsibility and culture of respect in this program is clear in all policies and the program policy on reporting.. Every staff and resident interviewed was aware of the requirement to report issues and to insure the safety of all residents. Both case management and security staff are easily accessible to residents and conduct frequent rounds to interact on a routine basis with all residents.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies are compliant with this standard. Staff articulated frequent communication with leadership staff and Chief of Security. Staff is aware of the importance of reporting immediately and acknowledged a notification would be initiated immediately and turned over to leadership staff. There have been no incidents to require notification to another confinement facility. Prior to arriving at COF, the facility in conjunction with the FBOP thoroughly screen the residents to ensure criteria is met and there is no need for services the facility does not offer. Staff was aware of the protocol for compliance with this standard and has a policy in place in the event it is necessary for notification. There have been no need to contact another facility for PREA purposes in the last 12 months.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	All staff is trained in basic first responder duties in addition to steps taken for notification and preservation of crime scene. Security supervisors and leadership staff were able to adequately articulate first responder responsibilities but all staff was familiar with policy and procedure for initial response. COF staff members carry an identification card which includes the first responder duties in the event of a PREA incident. All staff carries the ID card on person and each person interviewed had the card attached to uniform. It was also observed during onsite audit tour, residential staff had the ID card visible. All staff interviewed acknowledged the identification card as a reference provided a sense of security that the response would be handled appropriately. Per the FBOP contract, the facility has procedures and time frames regarding reporting and responding.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	COF has a coordinated action plan in the event a PREA incident occurs. There are specific reports to complete in the event of an incident. All staff is familiar with the coordinated action plan and was able to easily articulate the overall process. There are very few supervisors due to the size of the facility so the timeline of reporting is speedy and response is efficient. Due to the type of facility and the purpose as to why the residents are assigned there, most issues that are brought to staff attention are related to normal, life issues and are not of immediate safety concern.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There has been no collective bargaining agreement into or renewed since last audit.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Per policy, the PREA Compliance Manager also serves as the Retaliation monitor. To date there has not been a need to implement this practice; however, if necessary the policy is detailed and outlines the procedure in compliance with standard. There is a form used to document contacts with residents. Auditor made a suggestion to amend the form to include spaces to elaborate on nature of complaint. Monitoring would be a minimum of 90 days although there is no maximum time to monitor any complaint. Protective measures will be considered and implemented as necessary based on individual circumstances of incident.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>All investigations are referred to the local Monroe Police Department per the COF agreement. However, the facility will initiate an administrative investigation if necessary. There is a procedure to address administrative investigations and the Facility Director voiced a zero tolerance policy if a staff member was determined to have violated the PREA policy and procedure. The documentation for the investigation would be forwarded electronically to the FBOP, with the facility maintaining a copy for the records. The Coordinator has received the investigation training through NCIC as well as the facility Chief of Security. The local agreement includes PREA requirements as mandated by standard. All records have a five year retention cycle. Decisions for prosecution referral is consistent with PREA mandates. There have been no criminal referrals since the last audit.</p>

115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Preponderance of evidence is standard in internal decision making and disciplinary reviews. Facility Director was adamant about the zero tolerance policy and vocalized any employee found guilty of a PREA violation would be terminated and issue handled appropriate with PREA standards and state law. Staff interviews also verified staff awareness of repercussions of policy violation. Policy aligns with requirements from standard. Interview with Coordinator demonstrated understanding and cooperation with this practice.</p>

115.273	Reporting to residents
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy and procedure align with this standard. There is a good communication line between staff and residents based on the interviews. Staff is accessible and provides feedback to residents on a routine basis regarding life and community issues. There have been no incidents that occurred which warrants the type of feedback described by standard; however, the facility is equipped with guidelines per policy to implement practice as necessary.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Initial training for staff includes one on one education regarding PREA policies and practice. All of the elements covered are also referenced in the Employee Handbook. Staff rule violations and sanctions, including PREA, is outlined in manual as well as required facility training. Policy is compliant and there have been no incidents requiring disciplinary action against staff for a PREA related issue. Leadership staff is adamant about adhering to the policies when it relates to staff discipline. The facility has a zero tolerance policy for staff misconduct which is strongly enforced according to the Facility Head. Staff could also articulate knowledge of repercussions of misconduct as it relates to PREA.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There are no contractors or volunteers that have access to interaction with residents without supervision from staff. However, the policy does require training in the event a volunteer or contractor would be permitted to interact with residents, appropriate disciplinary action would occur a violation was determined. There is a screening process in place for contractors and volunteers and each volunteer, vendor or contractor would have to undergo PREA orientation prior to beginning a service to the facility.

115.278	Disciplinary sanctions for residents
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Due to the nature of the population, the need is rare for discipline for residents. There have been no record of resident discipline for a PREA related incident since the last audit. Policy is compliant and training is in place. The disciplinary process is clearly defined and provides outlet for external review, disciplinary appeals, etc. Auditor reviewed files and there is no indication that any resident has been disciplined for any PREA related incident. Staff and resident interviews indicated that there is no recollection of any resident disciplined for PREA related circumstances. Often times the few disciplinary issues at COF are in accordance with failure to comply with basic rules, absence from work, untidy living quarters, etc. The disciplinary process is compliant with FBOP policies and procedures and offers steps for review, appeals, etc. During intake, residents are provided information regarding prohibited activities and consequences for violations. There is also information included regarding disciplinary sanctions and appeals.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>COF policy is compliant with this standard. All victims of sexual assault will be immediately transported to the local hospital for appropriate evaluation and/or medical intervention. All senior staff members articulated the process for seeking assistance from appropriate source to provide required resources. Transportation is available through facility but if necessary the facility would arrange transportation through local law enforcement, ambulance services, etc. The availability of a SAFE/ SANE nurse at Oschner Hospital was verified by auditor.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>There is a Community Organization neighboring the facility that would receive the follow up requests for mental health care for sexual victims. In addition, there is the Monroe Behavioral Health Center that would receive referral for follow up treatment for an abuser. However, due the type of facility COF is designed to be, it is highly unlikely the victim and/or abuser would remain at the facility. FBOP would review the need to make arrangements for transfer to a a facility that is equipped to</p>

	accommodate the needs of the resident.
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Procedure, policy and training are in place but there have been no incidents to review within the last 12 months or recent years. The review board would consist of PREA Coordinator and three Senior staff members. Depending on the specific details of the case, additional staff members may be present. The review would occur within 30 days of the incident and would examine all necessary components of the standard. There is a standard form that would be used to document review. In addition, the BOP would send a reviewer to evaluate all of the details and determine any recommended changes.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Data is gathered and prepared annually in accordance with the standard. Annual PREA reports are available online through the Agency website. The online reports were reviewed by auditor as a part of the pre audit review. Annual, quarterly and monthly reports are also provided as a monitoring requirement per FBOP.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Agency Head, Facility Director and Deputy Executive Director review data annually to determine any recent trends or changes that need to be made. This review is in accordance with the facility and bureau policy. The information gathered is publicized on the website for each facility. In addition, the facility staff in addition to the Agency Head organizes a weekend retreat for senior staff as a "brain storming" session to determine how the facility can improve the operations.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Annual report is published as required and records are securely maintained. The policy is compliant and the procedure mirrors the policy. Retention for record keeping is 5 years minimum. All reports on website have any identifying information redacted and are reviewed and approved by Agency Head prior to finalization.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The first audit was conducted in 2015 for COF Monroe. All of the facilities managed by the Agency are in compliance with mandated audit schedule. All files were uploaded in a timely manner to the Online Audit System. Additional documents were provided as requested. All staff was polite, helpful and willing to accommodate any request from Auditor. There were no challenges or barriers to completing the audit. It is evident the Agency takes the PREA initiative very seriously and maintains professionalism with all staff.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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</p> <p>Relevant Federal Bureau of Prisons Policies: SOW (Statement of Work)</p> <p>Audit Narrative</p> <p>City of Faith Prison Ministries, Monroe, LA, is compliant with the U.S. Department of Justice PREA (Prison Rape Elimination Act) standards.</p>

The on-site PREA audit of the City of Faith (COF) was conducted August 8-9th, 2024 by Department of Justice Certified Auditor Michele Dauzat.

An opening meeting and an out brief were held with the PREA Coordinator and Agency Head.

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 consistent, on-going communication prior to the audit to prepare for the on-site visit. It was evident during the previsit review that Policy component sections were uniformly compliant and that the COF staff has drafted policy to be compliant for all COF facilities; policy are very similar, often using the same language, 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 was obvious based on pre audit review that there were limited, if not zero, number of residents that would fit into categories 3-5. However, policy review revealed there is a procedure in place for each standard, regardless if it directly applies to the facility at all times. After a complete review of the policies and supporting documentation provided, the onsite visit focused on the actual compliance of operations and interview of staff and residents.

On-Site Audit

On August 8-9th, 2024, the onsite portion of 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, Agency PREA Coordinator, some frontline staff and the PREA Coordinator from a sister facility. The auditor explained the process for the onsite audit and welcomed any questions.

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 the administration building from which to work and conduct required interviews. Some interviews were hand written by auditor on a pre printed questionnaire, some interviews were typed in real time while the auditor and staff member conversed over several topics.

Reviewing Documentation

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 community confinement 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 collection 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 (if applicable)
7. Personnel Folders, random
8. Coordinated Response Plan

Policies and Procedures are written as 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. Residents and staff communicate consistently and residents voiced no concerns for relaying important information to any staff member.

Staff training complies with standard and is done on a routine basis. Documentation is thorough and staff expresses a general knowledge of training material in addition to familiarity with agency policies. Due to small size of the facility, many roles overlap and training material is relevant to multiple areas of the operations, often supervised by one individual.

There have been no recent incidents of sexual abuse or assault. All staff and residents are properly trained on response and interviews verified the understanding of the procedures. Although residents have capability to contact resources at any time, a community organization for victim services is located right next door. Interviews with staff and residents indicated the freedom of a resident to utilize the services without having to have permission from staff. Additional resources and contact information is provided to residents upon intake and visible throughout living quarters and common areas. The only area that is utilized at the same time by both female and male residents is the dining hall, where meal time is supervised.

Despite routine locker searches and counts, residents have the ability to move around freely with minimal regulation. This includes attending functions in the community and the utilization of community resources. Every resident acknowledge how to report a complaint although all of the residents interviewed denied the need to access the resources. Residents voiced security that any inappropriate behavior would not be tolerated from residents or staff. The primary goal of each resident is

to move forward and be a community citizen which reduces the probability of problems between residents.

Site Review

The onsite tour was conducted on August 8th, led by Facility Head and Chief of Security. The resident living units had recently been remodeled to include modern bathroom accommodations and a newly remodeled dining hall. Each living quarters had private shower with shower curtains and stalls for toilet. All common areas had adequate coverage and additional cameras are going to be installed in laundry and outside recreational areas. All areas were reviewed including resident living quarters (male and female), common areas, recreational areas, officer post areas, dining hall, bathrooms and laundry/outside recreational area. Placement of PREA posters and resource contact information was noted during tour.

Routine round and cross gender announcements were verified by auditor through log books and interviews. Residents receive PREA training per standard and are also re evaluated within 30 days to ensure no unexpected issues have arisen. All residents have access to a community phone in the residential quarters in addition to possessing a personal cell phone to reach out for assistance if needed. Chief of Security stated that a contact number for staff is accessible to residents for after hour concerns if necessary.

Staff training is compliant with standards. Staff is trained on all components of PREA including topics that are not consistently addressed at COF such as transgender and cross gender pat searches, availability of mental health follow up and retaliation monitoring. Staff training is frequent at COF and conducted in an intimate setting making it comfortable for staff to ask questions regarding topics that may not be clear. Staff voiced the trainers used to present PREA are professional and explain the topic in a manner in which anyone can understand.

Security staff articulated a high degree of knowledge regarding the responsibilities and safety for residents. It is evident the Chief of Security takes pride in his position and wants every resident and staff to feel safe. Each house has 24 hour security present and are responsible for the security rounds and monitoring of any individuals entering or exiting the building. The camera views were excellent, great visibility and overall coverage was remarkable given the size of the facility. Each officer questioned regarding the camera system was very knowledgeable, could easily articulate what areas the present view showed and how to locate additional views of the same area.

Although there is no vocational or educational programming, the facility is committed to actively pursue whatever resources each resident needs in order to prepare them for reentry to society.

The entire facility was extremely clean and organized. Residents are assigned light housekeeping duties, but also there is a janitorial service provided. The conditions of the living quarters were excellent and many areas had recently been remodeled with plans to complete a total remodel facility wide in the future. It was evident

touring with the Agency Head that the quality of the living quarters and common areas are very important to her to ensure the residents have adequate accommodations for all basic living needs.

Although the facility does not offer onsite Medical and Mental Health services, the local resources are within a few minutes from the facility. Appropriate referrals are made through the Case Manager on an as needed basis. Due to the longevity of the program placement in Monroe, the facility has a great relationship with all community resources.

Interviews

During the audit, the Auditor met with both staff and residents 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 residents (LGBTI, reported victims of abuse, etc.). In practical terms, since the facility had 32 residents (most at work or with community passes) overseen by 26 staff, over half of everyone physically present at the facility was interviewed.

The residents 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 completed 23 interviews for staff. This includes 10 specialized interviews, 12 random selected staff; and 1 HQ/Facility leadership staff.

Since the facility is small, the HQ and specialized personnel had primary or collateral jobs in multiple 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.)

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1 Agency PREA Coordinator

1 Human Resources Manager

1 Retaliation Monitor

2 Staff who Performs Risk Screening/Intake

1 Intermediate or higher-level Supervisors who make Unannounced Rounds

3 First Responders

1 Investigative Staff (Preliminary Oversight prior to referral to Monroe LA Police Department)

1 Facility Director

12 Random Staff

Resident Interviews

Residents with sexually related offenses are not considered for halfway house placement and the program does not house youthful residents. Auditor looked through rosters, asked various staff members and even inquired vaguely with resident interviews to determine any residents that may meet the criteria for the specialized interviews. However, based on the screening requirements, there are very few residents at COF that fall into the specialized category. There were a total of 32 residents on the first day of the onsite audit. The majority of the residents were either working or on Home confinement status. All residents present at the facility were interviewed. The auditor interviewed 10 random resident interviews and two specialized interviews. One resident identified as Lesbian and the LBTGQ interview protocol was conducted and one resident that suffered mild hearing loss, and COPD was interviewed as specialized interview. During the interviews, both residents indicated a feeling of safety at the facility and verified the information received upon intake relative to PREA was given in a manner in which they could understand. Neither resident voiced any concerns or complaints. All random resident interviews verified a feeling of safety and voiced no concerns with any of the operations at COF. The residents acknowledged resources are provided for PREA but some could not articulate specifics due to short period of time since arrival or just general disinterest in the information due to no safety concerns. All residents indicated staff and facility would take a PREA allegation serious and act accordingly. The only female resident present at the facility was interviewed and all male residents present at the facility were interviewed.

Post Audit Review

The post audit phase consisted of a review of documentation provided while onsite, in addition to interview data. Auditor reached out to facility for additional documentation as necessary. All responses were received and have been incorporated into this report as necessary.

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident 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
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have 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
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

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

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

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	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.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is 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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	Reporting to residents	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the 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
115.273 (d)	Reporting to residents	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes