

# PREA Facility Audit Report: Final

**Name of Facility:** City of Faith Little Rock

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/09/2025

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"/>
<b>Auditor Full Name as Signed:</b> Michele Dauzat	<b>Date of Signature:</b> 04/09/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Dauzat, Michele
<b>Email:</b>	michele.dauzat@la.gov
<b>Start Date of On-Site Audit:</b>	03/03/2025
<b>End Date of On-Site Audit:</b>	03/04/2025

FACILITY INFORMATION	
<b>Facility name:</b>	City of Faith Little Rock
<b>Facility physical address:</b>	1401 Garfield Drive, Little Rock, Arkansas - 72204
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Troy Adams
<b>Email Address:</b>	tadams@cityoffaith.org
<b>Telephone Number:</b>	3183256231

<b>Facility Director</b>	
<b>Name:</b>	Michael South
<b>Email Address:</b>	msouth@cityoffaith.org
<b>Telephone Number:</b>	5016151090

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	99
<b>Current population of facility:</b>	96
<b>Average daily population for the past 12 months:</b>	82
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	21-72
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	34
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	City of Faith Prison Ministries, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1511 Jackson Street, Monroe, Louisiana - 71202
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Terry Williams
<b>Email Address:</b>	tpwcof@cityoffaith.org
<b>Telephone Number:</b>	501-615-1090

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

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

#### Number of standards exceeded:

0	
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#### Number of standards met:

41	
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#### Number of standards not met:

0	
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## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-03-03
2. End date of the onsite portion of the audit:	2025-03-04

#### 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:	Heart of Healing, Little Rock Arkansas Little Rock Hospital Foreign Language Department University of Little Rock

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	99
15. Average daily population for the past 12 months:	96
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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**

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	85
<b>19. 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:</b>	0
<b>20. 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:</b>	0
<b>21. 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:</b>	0
<b>22. 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:</b>	0
<b>23. 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:</b>	0
<b>24. 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:</b>	0

<p><b>25. 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:</b></p>	<p>1</p>
<p><b>26. 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:</b></p>	<p>0</p>
<p><b>27. 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:</b></p>	<p>0</p>
<p><b>28. 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:</b></p>	<p>0</p>
<p><b>29. 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):</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials.</p>

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>30. 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:</b>	34
<b>31. 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:</b>	0
<b>32. 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:</b>	0
<b>33. 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:</b>	The facility does not utilize volunteers due to the residents being able to freely participate in outside community service organizations. The vendor company contractors are trained in PREA prior to administering service and are supervised by staff at all times.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	21



<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Due to the majority of the residents being offsite at employment, the selection to interview was minimal. Auditor randomly selected from the residents onsite and then remained at facility to interview various residents that returned from work.</p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor was presented a list of residents and selected every 5th name on the roster. Auditor ensured sample included both female and male and various ages and ethnicities. If the selected individual was offsite, the next name was selected.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>38. 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):</b></p>	<p>No text provided.</p>

<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<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>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>40. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. There were two residents with mild vision impairment housed in the past 12 months, both had been released prior to the Audit. All current residents were English speaking, this information was verified through staff and resident interviews.</p>
<p><b>41. 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:</b></p>	<p>0</p>
<p><b>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>41. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. All current residents were English speaking, this information was verified through staff and resident interviews.</p>
<p><b>42. 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:</b></p>	<p>0</p>
<p><b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>42. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. All current residents were English speaking, this information was verified through staff and resident interviews.</p>
<p><b>43. 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:</b></p>	<p>0</p>
<p><b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>43. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. All current residents were English speaking, this information was verified through staff and resident interviews.</p>
<p><b>44. 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:</b></p>	<p>0</p>
<p><b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>44. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. All current residents were English speaking, this information was verified through staff and resident interviews.</p>
<p><b>45. 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:</b></p>	<p>0</p>
<p><b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>45. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. All current residents were English speaking, this information was verified through staff and resident interviews. There were no residents who identified as gay or lesbian. One transgender resident was interviewed as a targeted interview.</p>
<p><b>46. 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:</b></p>	<p>1</p>
<p><b>47. 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:</b></p>	<p>0</p>
<p><b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>47. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. All current residents were English speaking, this information was verified through staff and resident interviews. There were no residents who identified as gay or lesbian. One transgender resident was interviewed as a targeted interview. According to Case Manager, PREA Coordinator and Intake Specialist, there were no residents that reported sexual abuse in the past 12 months. This was verified through record review of the intake form for 25 percent of the current resident population, in addition to spot checking additional screening forms. There had been no reports of sexual abuse in the past 12 months. This information was verified through a review of the investigative files, interview with Investigator and PREA Coordinator. In addition, the auditor reviewed the reports required by BOP that indicates the number of PREA allegations.</p>
<p><b>48. 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:</b></p>	<p>0</p>

<p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>48. 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).</b></p>	<p>According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials. All current residents were English speaking, this information was verified through staff and resident interviews. There were no residents who identified as gay or lesbian. One transgender resident was interviewed as a targeted interview. According to Case Manager, PREA Coordinator and Intake Specialist, there were no residents that reported sexual abuse in the past 12 months. This was verified through record review of the intake form for 25 percent of the current resident population, in addition to spot checking additional screening forms. There had been no reports of sexual abuse in the past 12 months. This information was verified through a review of the investigative files, interview with Investigator and PREA Coordinator. In addition, the auditor reviewed the reports required by BOP that indicates the number of PREA allegations.</p>

<p><b>49. 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:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>49. 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).</b></p>	<p>This is not applicable to this facility. There is no Segregated Housing area, only dorm style housing units.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Due to the lack of residents who met the criteria for a targeted interview, auditor interviewed additional random inmates.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>

<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input 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>
<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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>	
<p><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>9</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<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)

**60. 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
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>64. Did you have access to all areas of the facility?</b>	<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:

<b>65. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>66. 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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>68. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
<p><b>Documentation Sampling</b></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><b>70. 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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</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.

### 72. 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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	1
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<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input 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><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input 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><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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 sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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 inmate-on-inmate sexual harassment investigation files)</p>
<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The two investigations reviewed did not occur during this reporting period. The two investigations were reviewed to determine appropriate action taken per the facility coordinated action plan. There were no incidents to investigate in the past 12 months.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>95. 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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

96. 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

97. 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



<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></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>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<ul style="list-style-type: none"> <li>A. COF Agency Mission on <a href="https://www.cityoffaith.org">https://www.cityoffaith.org</a></li> <li>B. COFLR Facility Organizational Chart</li> <li>C. COFLR Resident Orientation Handbook</li> <li>D. Coordinated Response Plan</li> <li>E. Resident Orientation Handbook Spanish</li> <li>F. Zero Tolerance Poster for PREA</li> <li>G. ACA and BOP audit reports</li> <li>H. Daily population report for the last day of the month x12 months</li> <li>I. Staff Training Rosters</li> </ul>

	<p>Interviews</p> <p>A. PREA Coordinator/ Chief Financial Officer/Human Resource Director, Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. PREA Coordinator, Keauna Smith</p> <p>D. Random Staff Interviews</p> <p>E. Facility Policy and Procedure Directive Sexual Abuse Intervention</p> <p>Site Review Findings (By Provision)</p> <p>115.211</p> <p>(a) The agency does have a written policy mandating zero tolerance toward all forms of sexual abuse and harassment, City of Faith Policy and Procedure Directive Sexual Abuse Intervention (PREA) in all facilities operated directly or under contract. Policy clearly defines prohibited behaviors regarding sexual abuse and harassment, includes sanctions for those found to have participated in these behaviors, and adequately describes agency strategies to reduce and prevent the sexual abuse and harassments of residents.</p> <p>(b). COF employs a designated agency wide PREA Coordinator who, according to interviews and documentation review, has adequate time and authority to develop, implement and oversee all efforts to comply with PREA standards. The PREA Coordinator position is in the upper level agency hierarchy as reflected in the Organization Chart. There is one PREA compliance manager for facility but due to the size of the population, one is very effective. . 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. Observations during the site review the auditor observed a culture of zero-tolerance for sexual abuse and sexual harassment throughout the facility - posters hanging in several facility common areas. Additionally, interviews with persons incarcerated and staff verified that there is a strict zero tolerance policy embedded in the program.</p> <p>The auditor reviewed policies and other agency/facility documents to determine compliance. Information from facility documents and interviews conducted allows the auditor to conclude the program is in compliance with this PREA standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Documents</p> <p>A. Facility PREA Policy Directive</p> <p>G. BOP Contract</p> <p>Interviews</p> <p>A. Prea Coordinator and Agency Contract, Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. Facility Administrator, Mike South</p> <p>Site Review Findings (by Provision)</p> <p>115.212</p> <p>(a). 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 contract with the Bureau of Prisons for 1 year with 4 optional years and includes a statement of work, which was reviewed during the pre audit preparation. City of Faith takes the mission of sexual safety very serious and prioritizes definitive language in all contracts for confinement of residents. (b) The facility maintains agreements with the Police Department and community medical/ mental health, these agreements do specify PREA compliance by those organizations. (c) The COF corporation currently does not have any contracts in place that do not require full compliance with PREA standards.</p> <p>The auditor reviewed policies and other agency/facility documents to determine compliance. Information from facility documents and interviews conducted allows the auditor to conclude the program is in compliance with this PREA standard.</p>
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<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.213</p> <p>Documents</p>

- A. Facility PREA Policy Directive
- B. Organizational Chart
- C. Facility Staffing Plan
- D. Facility Camera Layout
- E. Statement of Work Staffing Plan from BOP
- F. Agency Personnel Resource Plan
- G. Resident Roster
- H. Staffing Roster/Schedule
- I. Separation by Gender Action Plan
- J. Annual Staffing Plan Reviews

#### Interviews

- A. PREA Coordinator/HR Director, Troy
- B. Agency Head, Terry Williams
- C. Facility Administrator, Mike South
- D. Lead Shift supervisor
- E. Random Staff

#### Site Review Findings (By Provision)

(a)The facility has a staffing plan as indicated by Agency PREA Directive based on the number of residents housed at COF. The population the day of the onsite audit was 85 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.

(b)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. In the event the staffing plan is

	<p>not complied with, the facility will document the deviation utilizing a Significant Incident Form.</p> <p>(c)The staffing plan is reviewed annually in collaboration with agency PREA Coordinator, Troy Adams and Facility Director, Mike South, Chief Operating Officer, Alan Winkler. Auditor viewed the staffing plan and review for the past three years. The facility administration reported that the facility has not deviated from the staffing plan within the past 12 months. The Federal Bureau of Prison contract requires facility to have a female and male officer on each shift. The Statement of Work from the BOP provides the requirements for staffing of the facility. The Director and Chief of Security are always on call, all of whom make logged, unannounced rounds. The facility only has one housing building and they make rounds multiple times a day. This was verified through random staff and resident interviews. In addition, the Chief of Security and the Director’s office is in very close proximity to the housing area. During interviews, the residents verified that there is always a female and male staff on duty. All residents interviewed stated the Chief of Security, Sam Williams is very accessible during if needed.</p> <p>As described above, the auditor reviewed the most recent facility staffing plan, policies and other agency/facility documents to determine compliance. Information from facility documents and staff interviews allows the auditor to conclude the program is in compliance with this PREA standard.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Camera Layout</li> <li>C. Resident Orientation Handbook</li> <li>D. Search Training Curriculum</li> <li>E. Staff Training Logs</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head , Terry Williams</li> </ul>

- C. Facility Administrator, Mike South
- D. Random Resident
- E. Random Staff
- F. PREA Compliance Manager, Keauna Smith

Site Review Findings (By Provision)

(a) Policy covers the procedures for searches and is compliant with the mandates of this standard as exhibited in PREA policy directive. The policy also includes instruction for strip searches for both male and female population. The Bureau of Prisons Regional Reentry Manager has to authorize any strip search which must be performed by medical staff at a hospital in a private setting. Staff are presented with a detailed training presentation on how to conduct pat gender searches.

According to interviews with staff and residents, there have been no cross gender strip searches or cross gender visual body cavity searches of residents.

(a)

(b) 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. Staff is trained on the practice of cross gender searches and this was verified through training rosters and staff interviews. While onsite, auditor reviewed 36 training files (all employee training files )to verify search training was completed. All training records reflected the training had been completed.

(c) 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, University of Little Rock for all medical needs. According to policy, staff and resident interviews, the facility does not restrict access to programming in order to comply with this provision. In the unlikely event this would occur, the information would be documented on a facility Incident Report. All female residents interviewed reported there has been no incident of a cross gender pat down search or being denied programming due to lack of female staff available to pat search. According to resident interviews, the electric wand is utilized for some of the searches and that practice is same gender only as well.

(d) 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. The female hall has a locked key pad that has to be unlocked by the female in the control room that is watching the hall entry on camera. Practice is in place is to allow at least 5 seconds and it was

	<p>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. 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 have one transgender resident and the resident stated during interview that the showers are completely private. The facility has placed a lock on the handicap restroom specifically for the transgender resident. The resident can utilize the handicap restroom as necessary 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>(e) 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 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.</p> <p>(f) There have been no documented cross gender searches in the past 12 months. This information was verified through staff and resident interviews.</p> <p>(g) All current staff have received the mandatory training on conducting searches. This was verified by auditor through a review of 36 (all employees) training files. Auditor reviewed 100 percent of employee training files and search training was clearly documented in each file.</p> <p>The auditor reviewed policies and other agency/facility documents to determine compliance. Information from facility documents and interviews conducted allows the auditor to conclude the program is in compliance with this PREA standard.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents</p> <p>A. Prea Policy , Policy Directive</p>

B. Letter to UALR Foreign Language Department

C. Resident Orientation Handbook

D. Staff Training PREA

E. Resident Orientation Handbook Spanish

F. Poster

G. Victim Poster

#### Interviews

A. PREA Coordinator, Troy Adams

B. Agency Head, Terry Williams

C. Facility Administrator, Mike South

D. PREA Compliance Manager, K. Smith

E. Random Staff (which included case manager)

F. Random Resident Interviews

#### Site Review Findings (By Provision)

The facility has policy in place that ensures disabled residents have 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.

(a) The facility provides offender 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. The facility has agreements with the University of Little Rock Foreign Language Department as well as the Arkansas School for the Blind and Deaf to service the facility residents if the need arises. The agreements with both facilities have been in place for years and are easily accessible to the facility.

(b) 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. The facility staff verified there were no disabled or Non English speaking residents during the time of the audit. Although it is rare for City of Faith to receive disabled residents, it is evident that the facility is very accommodating to all special needs of the population.



	<p>The auditor reviewed policies and other agency/facility documents to determine compliance. Information from facility documents and interviews conducted allows the auditor to conclude the program is in compliance with this PREA standard.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Agency Organizational Chart</li> <li>C. Employee Handbook</li> <li>D. Employee Background Checks NCIC</li> <li>E. New Hire Employee Background Check</li> <li>F. Letter of approval to hire from BOP</li> <li>G. Reviewed 15 Employee files (48% of employees)</li> <li>H. Electronic signature of vendor acknowledgment form</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator/Agency HR Director, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. Random Staff</li> </ul> <p>Site Review Findings (By Provisions)</p> <p>(a). Policy requires that City of Faith shall not hire or promote anyone into a position who may have contact with residents that have engaged in sexual abuse of offenders in an institutional setting, has been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or has been civilly or administratively adjudicated to have engaged in such activity.</p> <p>(b). According to policy, the facility does consider prior incidents of sexual harassment/sexual abuse when determining whether to promote or hire staff. The HR Director confirmed this practice during interview, in addition to Auditor reviewed 48 percent of employee files to verify (15 total). The background check was present</p>

	<p>for all employee files reviewed. Four employee examples of the PREA misconduct form signed by employees have been uploaded to the OAS. The employee files that were reviewed were staff from all areas, direct care staff, supervisors, front line, etc.</p> <p>(c). The facility is in compliance with the requirement of the standard of conducting background checks on all employees every five years. The facility uses the NCIC database to run the checks on all potential and current employees. During the onsite audit review, 15 employee files were reviewed specifically to verify the background check was completed, and all contained background check in accordance with the standard. In October of 2024 the facility ran an NCIC on all employees, this was verified through interviews in addition to documentation review of Employee personnel files. All checks have been included in the OAS under supplemental documentation.</p> <p>(d/e). According to policy, the facility requires a complete background checks before enlisting the services of any contractor who may have contact with residents. Staff reports there have been zero contracts established for the facility during this audit period. All services are provided by the facility. The food vendor (Baptist Health) provides the prepared food but the facility picks it and transports it to the facility. The vending machine company has to sign acknowledging they have read the PREA brochure provided when entering the building. This is done electronically with an email verification. The vendor is supervised by staff while in the building. Auditor verified this practice by reviewing informational brochure, signing electronically. Email communication was sent immediately to the auditor email to verify information.</p> <p>(g). Agency policy states that omission of misconduct for providing false information shall be grounds for termination.</p> <p>The auditor reviewed policies and other agency/facility documents to determine compliance. Information from facility documents and interviews conducted allows the auditor to conclude the program is in compliance with this PREA standard.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents
	A. Prea Policy Directive
	B. Camera Layout
	Interviews

	<p>A. Facility Director, Mike South</p> <p>B. Agency Head, Terry Williams</p> <p>E. Random Staff</p> <p>Site Review Findings (By Provisions)</p> <p>(a). According to Agency Head, there have been no modifications or substantial expansion since the last PREA audit in 2022. All cameras were operable and visibility was excellent. There is a total 34 cameras located in the Control Room of the housing.</p> <p>(b). Based on a recommendation from auditor during onsite review, the facility now has plans to install a camera in the interview room which occasionally is utilized by female residents as a day room. The plan for installation is already underway.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>A. PREA Policy Directive</p> <p>B. Letter to Little Rock Police Department</p> <p>C. Consent for Victim Advocate</p> <p>D. Plan for SAFE/SANE letter</p> <p>E. Victim Advocate Qualification brochure</p> <p>F. DOJ Uniform Evidence Protocol for Sexual Assault</p> <p>Interviews</p> <p>A. PREA Coordinator, Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. Facility Administrator, Mike South</p> <p>D. Investigator, Sam Williams</p> <p>E. Random Staff</p>

Site Review Findings (By Provisions)

(a). The Investigator is responsible for conducting administrative sexual abuse investigations. The facility refers all PREA allegations to the local law enforcement agency, Little Rock Police Department. In the event the allegation can't be addressed through an administrative investigation or if it involves staff, The LRPD responds immediately and assumes responsibility for the investigation. The LRPD acknowledges and adheres to PREA standards relative to investigations. The facility maintains documentation that reveals the expectation and agreement for LRPD to comply with PREA. The FBOP and Agency PREA Coordinator also has to be notified if an allegation cannot be completed through the administrative investigation procedures. During interviews with staff, it was obvious staff is aware of the procedures on how to contact the appropriate agency and medical staff to respond to facility in the event of an allegation. The safety of the resident is priority and preservation of the evidence was required immediately. The facility uses the Healing Hearts and Spirits for the Victim Advocacy services. The facility has not had any PREA allegations in the past 12 months that would require a forensic examination. Any medical needs, including a forensic exam, are addressed by the University of Little Rock Arkansas.

(b). City of Faith does not house youthful residents and the Agency utilizes the DOJ Uniform Evidence Protocol for Sexual Assault as their selected protocol. The agency protocol is attached to the identification card for each staff member.

(c). Medical care is not provided at all on-site but is conducted at University of Little Rock Hospital. There is no cost for medical care to any of the residents at COF. All medical expenses are covered by the facility. University of Little Rock Hospital has SAFE/SANE staff on call and readily available to respond as necessary. This information was verified by the Auditor reaching out to the Director of Nursing at the hospital to verify available resources. There have been zero forensic exams conducted in the past 12 months.

(d). According to Director of Nursing at hospital and facility staff, Healing Hearts, is the community resource organization that provides victim advocacy services in the event of a sexual assault.

(e). The agency maintains and MOU with Healing Hearts and their services are accessible through phone, mail or face to face visit. All contact information and educational material regarding Healing Hearts is published and consistently posted in all housing and common areas throughout the facility.

(f) COF maintains an Agreement with the Little Rock Police Department that articulates the requirement of the PD to adhere to PREA standards when investigating any sexual abuse/assault case reported from City of Faith.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents

- A. PREA Policy Directive
- B. Agency Website <https://www.cityoffaith.org>
- C. PREA Investigation Referral
- D. Coordinated Response Plan
- E. Transfer orders for residents to BOP
- F. Previous Investigation (2 years ago) and transfer to BOP

Interviews

- A. PREA Coordinator , Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator, Mike South
- D. Investigator, Sam Williams E. Random Staff

Site Review Findings (By Provisions)

(a). The agency policy requires all administrative and criminal investigations to be completed for any allegations of sexual abuse and harassment. This finding was deemed to be compliant through the facility PREA policy review, in addition to staff and resident interviews. There have been 0 allegations of sexual abuse and/or harassment received in the past 12 months. In the event an allegation is being investigated, the resident who is the alleged aggressor would be transferred back into custody of BOP. There were no transfer orders viewed by Auditor indicating the reason for transfer was related to a PREA allegation. However, during onsite review, Auditor reviewed an allegation that took place two years ago, the review verified the practice that a resident is transferred back to BOP if an allegation is determined to be substantiated.

(b). The agency has an agreement viewed by Auditor with the Little Rock Police Department. The LRPD will investigate any allegations referred by the City of Faith LR location. This information is published on the agency website <http://cityoffaith.org/prea-compliance>. In addition, the agency created a specific form to utilize for said referrals, the form is titled PREA Investigation Referral. Although, the form has not been used, the auditor was able to view the form during the pre-audit documentation review.

115.231	Employee training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Online PREA Training Program (Pdf)</li> <li>C. Search Training Curriculum</li> <li>D. Staff PREA Training Curriculum</li> <li>E. Sexual Abuse Training</li> <li>F. Code of Conduct Training</li> <li>G. Standards of Conduct</li> <li>H. Interpersonal Relations and Communication Skills</li> <li>I. Social and Cultural Lifestyles of the Resident Population</li> <li>J. Fifteen Staff Training Records</li> <li>K. Acknowledgement form for Sexual Assault and Sexual Conduct with Offenders</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. Intermediate or Higher Level Staff</li> <li>E. Random Staff</li> </ul> <p>Site Review Findings (By Provisions)</p> <p>(a) It is the policy of the Agency for all employees, regardless of position, to complete training regarding Sexual Abuse and Harassment and the facility PREA policy. The PREA training curriculum includes all aspects of PREA standard 115.231. The curriculum was viewed by Auditor during the pre-audit phase and subject matter confirmed through staff interviews. Staff easily articulated the content of the training and how it relates to their job duties.</p> <p>(b) City of Faith houses both female and male residents, so the training is presented in a manner that is tailored to meet the needs of both genders. Due to the physical</p>

	<p>layout and size of resident population, staff will routinely interact with both female and male residents; therefore, the training covers both female and male residents ensuring all employees are adequately trained for working with all residents.</p> <p>(c) All newly hired staff members are required to undergo the initial staff orientation for PREA. In addition, the facility conducts mandatory annual staff training and also has supplemental online training for staff to educate on all aspects of PREA. This finding was demonstrated by the review of 15 employee training documentation for staff.</p>
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115.232	Volunteer and contractor training
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.232</p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. PREA Vendor Brochure</li> <li>C. Volunteer and Contractors Training</li> <li>D. List of Vendor Visits</li> <li>E. Electronic Signature Process for Visiting Vendors</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. Random Resident</li> <li>E. Random Staff</li> </ul> <p>Site Review Findings (By Provisions)</p> <p>(a) The agency policy states that all contractors and volunteers are required to undergo training prior to providing services at COFLR. All vendors that provide a service such as vending machine, food delivery, etc. are provided a brochure outlining the PREA requirements of the facility and are escorted by staff while onsite.</p>

	<p>(b)The brochure has to be read and visitor has to sign acknowledging understanding of the material provided. The food vendor (Baptist Health) provides the prepared food but the facility picks it and transports it to the facility. The vending machine company has to sign acknowledging they have read the PREA brochure provided when entering the building. All vendors are supervised by staff while in the building.</p> <p>(c) The facility mandates that all volunteers or contractors that have contact with residents receive the same PREA training as the facility staff. The curriculum demonstrated for findings in PREA standard 115.231 is the same one used for contractors/volunteers. The facility has a PREA pamphlet for vendors that enter the facility. The vendor is required to read and acknowledge understanding with the information provided in the brochure. The vendors are supervised by staff when conducting their services while onsite</p> <p>After receiving and reviewing brochure, the vendor/contractor signs electronically in the presence of staff that the brochure has been read and understands the training. Auditor verified practice of vendor/contract while onsite during tour.</p>
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. PREA Resident Brochure/English and Spanish</li> <li>C. Poster</li> <li>D. Resident Handbook</li> <li>E. Sexual Abuse Training Acknowledgement form for Residents</li> <li>F. Victim Poster</li> <li>G. Intake Records</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Intake Officer, C. Collins</li> <li>C. Facility Administrator, Mike Smith</li> <li>D. PREA Compliance Manager, K. Smith</li> </ul>



E. Random Resident

F. Department Head Foreign Language UALR

Site Review Findings (By Provisions)

(a) Upon arrival to COFLR, residents receive written information regarding the facility's zero tolerance for sexual abuse and harassment, how to report such incidents and the facility's procedure for responding to such incidents. Out of the 22 residents interviewed, 22 reported they received the initial orientation immediately upon arrival to the facility. In addition, the facility policy requires the facility to provide additional PREA education for the resident within the first 30 days of his or her arrival. Auditor reviewed the education materials provided upon intake as well as the comprehensive education materials. All materials provide specific information about the zero tolerance policy and multiple ways to report incidents and/or suspicions of sexual abuse or harassment. The content of the materials also include contact information for victim advocacy, consequences for PREA violations, and an overall definition of PREA terms.

(b) The vast majority of the residents are transferred directly from the Bureau of Prisons. Once COFLR is provided the name and location for potential transfer, COFLR mails the resident a packet of information that includes the zero tolerance policy and how to access support services. The resident then receives a training upon intake and a refresher within 30 days of arrival. This information was verified through resident interviews. Auditor also reviewed 15 copies of the signed form of resident receiving information and cross referenced it with the transfer order indicating the day the resident arrived, all were in compliance with standard. The number of files were selected from a list of 85 current residents, There is limited selection of residents available for the interview process due to the residents being at work. The auditor used a stratified random sample method and selected every 4th name on the resident rosters. If the resident was at work, auditor chose the next name while ensuring the sample had both male and female residents included.

(c) The facility has a Spanish version of the PREA Resident Orientation handbook in the event the facility receives a resident who only speaks Spanish. The facility also maintains a partnership with the University of Arkansas Little Rock Foreign Language Department. The collegiate department has agreed to offer all language services to the facility as a part of the classroom instruction. According to the interview with the PREA Compliance Manager, this service has not had to be used to date but the partnership is still in good standing in the event services need to be accessed. The Foreign Language Department was contacted at UALR and Stephanie Dhonau, Director verified the union between facility and college and also indicated there has been no need for services to date. COFLR also maintains an agreement with the Arkansas School for the Blind and Deaf in the event they would receive a resident with hearing or visual impairment needs. This information was verified by a call to the Arkansas School for the Blind and Deaf. According to staff interviews with Facility Director and PREA Coordinator, the agency rarely receives a resident with special medical needs due to the nature of the community confinement setting. All

	<p>residents are encourage to work independently and significant language barriers and/or medical needs are often transferred to a facility with specific services available to meet the special needs of the resident. Interviews with Case Managers and residents verified the frequent one on one meetings and the willingness of the Case Manager to assist with any needs the resident may have. This would include any intellectual challenges relative to reading and/or limited ability to comprehend written materials.</p> <p>(d) The Agency maintains signed documentation that each resident received and understood PREA training upon arrival to the facility. Auditor reviewed 15 resident training files and 100 percent compliance was indicated during review. All files reviewed included the resident signature and date of arrival. The forms were then cross referenced to the intake sheet that verified the date of intake for the resident.</p> <p>(e) The agency has posters and information regarding support services and reporting avenues located throughout the facility. During onsite tour, auditor noted visibility of PREA information displayed in the following areas, Kitchen, intake area, hallway, entry way, common areas and administrative office areas. The facility had the information appropriately placed where it was easily accessible to be viewed by staff and residents. The audit notice was appropriately posted in all areas and was posted approximately 5 weeks prior to the audit. The resident interviews verified the notice had been visible and reported the PREA signage is a permanent fixture in the facility. The information was not obscured and clearly identified what services were available and for what purposes.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>A. PREA Policy Directive</p> <p>B. Organizational Chart</p> <p>C. Investigator Certification of Specialized Training</p> <p>D. Coordinated Response Plan</p> <p>E. NIC Training Curriculum for Investigator</p> <p>F. Letter to Little Rock Police Department</p> <p>G. Consent for Victim Advocate</p> <p>H. Plan for SAFE/SANE letter</p>

	<p>I. Victim Advocate Qualification brochure</p> <p>J. DOJ Uniform Evidence Protocol for Sexual Assault</p> <p>Interviews</p> <p>A. PREA Coordinator, Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. Facility Administrator, Mike South</p> <p>D. Investigator, Sam Williams</p> <p>E. Random Staff</p> <p>Site Review Findings (by Provision)</p> <p>(a/b) The agency requires all PREA Investigators complete the required training for Investigating Sexual Abuse cases in a confinement setting. The training provided for the current Investigator was provided through the U.S. Department of Justice, Investigating Sexual Abuse in a Confinement Setting. The lead Investigator, Sam Williams not only completed the required specialized training but also has an extensive employment history in Law Enforcement. His previous work experience is an asset to the facility Investigative operations.</p> <p>(c) The Auditor viewed the completion certificate for the current Investigator. The current Investigator, who also serves as Head of Security, is retired Law Enforcement for the city of Little Rock, Arkansas. According to the facility action plan, in the event of an allegation of abuse, the LR Police Department would be notified immediately and respond to facility. The information would be turned over to the LRPD and the investigation would be conducted by LRPD and not COFLR. In addition, there are two other staff members who completed specialized training for Investigating Sexual Abuse, Troy Adams and Alan Winkler, who would assist as needed.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents
	A. PREA Policy

	<p>B. Organizational Chart</p> <p>C. Resident Orientation Handbook</p> <p>D. Coordinated Response Plan</p> <p>E. Resident Orientation Handbook Spanish</p> <p>F. Poster</p> <p>G. Victim Poster</p> <p>Interviews</p> <p>A. PREA Coordinator</p> <p>B. Agency Head</p> <p>C. Facility Administrator</p> <p>D. Intermediate or Higher Level Staff</p> <p>E. Random Staff</p> <p>Site Review Findings (by Provision)</p> <p>(a,b,c) This standard is essentially not applicable to COFLR. All medical and mental health care is provided externally through the assistance of community resources. The Recovery Center of Arkansas accepts referrals for mental health issues and all medical needs are addressed through the local UALR medical center. The services for SAFE/SANE needs would also be provided through the local hospital. The local hospital complies with the medical standard of care which provides for forensic exam for sexual assault victims. It is noted, as previously mentioned, residents that have significant medical and/or mental health needs are not sent to COFLR for placement. The FBOP thoroughly screens residents for appropriate placement secondary to the individual needs prior to assignment of facility.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents
	A. PREA Policy Directive
	B. Screening Assessment (PREA)

- C. Resident Orientation Handbook
- D. PREA Reassessment
- E. Resident Arrival Documents
- F. Poster
- G. Victim Poster
- H. Screening form for 25% (21) of current residents

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator , Mike South
- D. Screening Officer, Cindy Collins
- E. PREA Compliance Manager
- F. Random Staff
- G. Random Residents
- H. Specialized Resident

Site Review Findings (by Provision)

(a) According to staff interviews, the administrative coordinator and Intake specialist, Cindy Collins is responsible for conducting the risk screening for residents upon arrival. The screening process takes place in the interview room which ensures privacy for the sensitive nature of the questions during the screening process. Auditor reviewed space and interviewed screener to verify process and privacy provided. Auditor did suggest the placement of camera in the room since the room is also utilized occasionally as a female dayroom. The interview with screener indicated a vast understanding of the sensitive nature of the questions and appeared to be equipped with the communication necessary to foster comfort and elicit response in a safe and professional manner. The auditor reviewed the screening assessment instrument and verified it includes specific questions related to risk to be sexually abused and sexually abusive towards residents. A review of 25 percent of current resident files indicated that all inmate files selected for the sample by the auditor, included a completed vulnerability assessment at intake and when transferred from another facility. The facility indicated that over the past 12 months zero were admitted and assessed during an intake screening for their risk of

being sexually abused by other residents or sexually abusive toward other residents.

(b) The agency policy states the PREA screening is conducted upon arrival and according to documents reviewed, this practice is compliant. Auditor reviewed 25 percent of the current residents screening forms and cross referenced date of arrival to ensure the screening is completed in a timely manner and performed upon arrival. The file revealed that all residents are screened for vulnerability within 72 hours and most often, within 24 hours. Every risk screening was evidenced to be completed within 72 hours of intake and resident interviews verified staff conducted assessment either immediately upon intake or the following day. The auditor also interviewed staff who conducts the screening (Intake Specialist) who also verified the screening takes place upon arrival unless an exigent circumstance occurs.

(c/d/e) The risk assessment used by COFLR is an objective screening assessment that was created by the agency. The screening assessment includes all items required in provisions (d) (e). Examples of scored items are: history of past sexual abuse, age, resident's own perception of vulnerability, if the resident is or perceived to be LGBTQ or gender non conforming, physical stature, any developmental disability/mental health, etc. Based on the resident's answers, the resident is given a designation to indicate possible risk of victimization or potential as an abuser.

There is an additional space to add any information that is relevant to the resident's unique needs and/or reporting data. COFLR provides training for staff who completes the assessment to ensure additional documents are reviewed to confirm the resident's answers. In addition, the training instructs the staff member how to override the original score for that item and rescore the instrument. In the event the score is overridden or changed, the justification for the change has to be included in the comments and forwarded to the PREA Coordinator for approval.

(f) The facility Case Managers meet with the resident within 30 days after arrival to determine if the resident is having any issues in their assigned housing areas, any issues with other residents and/or staff. The purpose of this review is to ensure the resident feels safe and there have been no changes to the original information provided upon intake to facility. During this meeting, the Case Manager updates the information utilizing the vulnerability assessment instrument, and complete a new screening if any new concerns are identified. Twenty five percent of the current resident population 30 day reassessments were reviewed and were in compliance with the standard.

(g) All residents are screened by BOP prior to placement at COF. There are no high risk sexual predators or residents high risk for victimization typically transferred to COF. In the event the facility receives a high risk resident, vulnerable or significantly disabled individual, BOP is contacted and transfer arrangements are initiated based on the environment being primarily a community work program. The resident in question would be housed separately until the time of the transfer,

	<p>which according to the Agency head, is within 24 hours from the time of the 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 all needs accommodated.</p> <p>(h) In the event of an allegation and/or incident, the facility would reassess the level of victimization and document accordingly prior to the resident's transfer. COF is required by contract to report any instances of sexual abuse to BOP immediately. The revised assessment would accompany the resident upon transfer from COFLR to BOP. There is no in house disciplinary process at COF; therefore, no resident would not be disciplined for refusing to answer any questions relative to a PREA allegation. All disciplinary concerns are reported to BOP and a transfer is arranged immediately.</p> <p>(i) An interview with case managers and PREA coordinator, confirmed that information from the vulnerability assessment is protected. During the onsite visit the auditor was told that only the Case Managers have access to completed instruments. These instruments are stored on a secure National Institute of Standards and Technology (NIST) server, only accessible by Case Manager. Staff are informed via the logbook and during shift-change meetings of any safety concerns about specific residents. The specific historical information is not shared with all staff. Information regarding a resident's vulnerability level is shared to ensure proper supervision of higher risk residents. Interviews with direct care staff verified they do not have access to the instrument and are only provided basic information to inform the supervision of residents.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <p>A. PREA Policy Directive</p> <p>B. Screening Assessment (PREA)</p> <p>C. Resident Orientation Handbook</p> <p>D. PREA Reassessment</p> <p>E. Resident Arrival Documents</p> <p>F. Poster</p> <p>G. Victim Poster</p>

H. Risk Based Housing Memo

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator , Mike South
- D. Screening Officer, Cindy Collins
- E. PREA Compliance Manager
- F. Random Staff
- G. Random Residents
- H. Specialized Resident

Documents

- A. PREA Policy Directive
- B. Screening Assessment (PREA)
- C. Resident Orientation Handbook
- D. PREA Reassessment
- E. Resident Arrival Documents
- F. Poster
- G. Victim Poster
- H. Risk Based Housing Memo

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator , Mike South
- D. Screening Officer, Cindy Collins
- E. PREA Compliance Manager



F. Random Staff

G. Random Residents

H. Specialized Resident

Site Review Findings (by Provision)

(a). The agency utilizes the information obtained through the screening process to determine housing appropriate to the resident's individual needs and PREA designation. Due to the thorough screening process completed by BOP prior to transfer, it is not likely that a resident will need specific housing based on the designation from the PREA screening. However, in the event the screening indicates vulnerability or high risk for predator or sexual victimization, the resident will be housed separately until transfer, which typically occurs within 24 hours. During interviews with the PREA Compliance Manager/Case Manager, Intake Specialist, and PREA Coordinator, the auditor verified that information from the vulnerability instrument does help inform the level of supervision needed while residents are in the community as well as type of employment resident seeks. However, the due to the population composition and thorough screening from BOP, it is unlikely a high risk predator would be sent to COFLR and allowed to remain. The facility produced a Memo signed by the Agency PREA Coordinator that verified the facility was not currently under any consent decree, etc. , nor has the facility had a need to transfer a resident secondary to the screening results during this audit period.

(b) The Agency makes individualized determinations on how to ensure the safety of each resident. Per the facility PREA policy and directive, these decisions are made by the Case Manager with consultation from Intake Specialist and is based on the screening assessment, record review, prior behavioral history, etc. The policy continues to state the facility will consider on a case by case basis the best placement for the resident to ensure overall safety. The decision will be documented in the resident's case file. The one resident who identifies as transgender, was assessed upon arrival and based on the screening was housed appropriately and per the resident's request. The resident explained there have been no issues since arrival and at no time was there a feeling of being unsafe.

(c) According to facility PREA policy, the facility shall make decisions on placement of transgender or intersex residents on an individualized basis to ensure the residents health and safety. This process would be completed by the Case Manager with consultation from Intake Specialist and documented in the resident case file. To date, the facility reports they have one transgender resident. The staff interviews revealed staff was aware of the provisions would be taken to accommodate needs of the transgender resident. These actions may include closer staff supervision (1:1), more check-ins while resident is in the facility, and possible transfer to another facility. The resident has the opportunity to shower, toilet and change clothes in privacy.

(d) Interviews with Case Managers verified they are aware of the PREA requirement that transgender or intersex residents must be reassessed at least twice each year to review any threats to safety experienced by the resident. The transgender who is currently housed at the facility has only been there approximately one month.

(e) Within thirty days of intake process, all residents complete a vulnerability assessment/interview. As mentioned, the COLR instrument used has a specific question regarding a resident's view of their safety. Specifically, the item asks if any threats had been made while being housed at COFLR, any sexual advances been made, or if the resident has concerns or fears in housing assignment. Interviews with Case Managers verified that they ask new residents all questions on the vulnerability instrument. Review of resident files also confirmed that all questions are scored.

(f) PREA regulations require all transgender and intersex residents have the opportunity to shower separately from other residents. All residents in the female and male units shower individually. The program has one shower for four residents. Residents are not permitted to be in the bathroom at the same time and when in use, the bathroom door must be closed. Interviews with residents verified all residents shower alone.

(g) The program layout does not allow for LGBTQI to be housed on a separate wings or floor. Interviews with the Case Manager and Facility Superintendent explained that residents are placed in bedrooms based on vulnerability tool information, residents perception of vulnerability but not because they are LGBTQI.

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Sexual Abuse Training</li> <li>C. Resident Orientation Handbook</li> <li>D. Resident PREA Brochure English</li> <li>E. Resident Orientation Handbook Spanish</li> <li>F. Poster for PREA</li> <li>G. Victim Poster</li> <li>H. Resident Brochure Spanish</li> </ul>

- I. Procedure for a PREA Incident
- J. Online PREA training curriculum
- K. Staff training rosters
- J. PREA Incident form

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator, Mike South
- D. Random Resident
- E. Random Staff

Site Review Findings (by Provision)

115.251

(a) City of Faith Little Rock has numerous methods for residents to report any issues of abuse or harassment. A number for a Sexual Assault hotline is included in the facility brochure provided upon intake. In addition, there is contact number provided for Crimestoppers and Healing Hearts in the PREA specific brochure provided sent prior to arrival and issued again at intake. Not only does the resident have a cell phone in his/her possession at all times, the telephone number and mailing address to Healing Hearts Victim Advocate agency is visibly posted within the facility. The facility also provides the telephone number of the PREA Compliance Manager to all residents upon intake. All numbers were tested by auditor and appeared to be working and available to accept calls.

(b) Due to ability to possess a cell phone, each resident has the freedom to contact the local police department, 911, community resources at any time. This flexibility provides an avenue that could be utilized at any time, day or night and could be done independently if the resident chooses not to report to staff. Auditor interviewed 22 of residents and the majority of the residents were familiar with the methods available to report any sexual abuse and/or harassment and reported knowing the information was located on the bulletin boards. Although most could not state the specifics of the contact information, the poster is visible and residents admitted knowing where to locate information.

(c) The educational brochure distributed to the resident upon arrival clearly indicates in writing that COF has a zero tolerance policy for any sexual abuse and/or harassment. The policy reads that any allegation of sexual abuse shall be reported to the Company's PREA Coordinator immediately following the notification to the

	<p>Director. The policy states the staff member receiving the report is responsible for documenting the incident on an Unusual Occurrence Report form immediately.</p> <p>(d) The Agency includes in PREA policy directive, all staff is required to report any sexual abuse/harassment allegation and document it utilizing the Procedure for a PREA Incident form that is completed. The form has the information needed to ensure all parties are contacted and all actions post allegation are completed in a timely manner. Staff has the ability to confidentially report any harassment and/or abuse allegations directly to the Agency head or the upper management. This notification can be done via email, phone call or through utilizing the reporting form. During interviews with the Agency Head, Random Staff and Facility Director, it is clear the Agency fosters an “open door” policy for all staff to have access to upper management. The Agency schedules activities for team bonding and has an annual staff wellness retreat. In the policy confidentiality is addressed specifically when addressing reporting allegations. It is my disposition based on interviews and observations that staff could easily report to any member of upper management and the concerns would be addressed appropriately.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Administrative Remedy procedure</li> <li>C. Resident Orientation Handbook</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A . Facility Director, Mike South</li> <li>B. PREA Compliance Manager/Case Manager, K. Smith</li> <li>C. Agency Head, Terry Williams</li> <li>D PREA Coordinator, Troy Adams</li> <li>E. Random Staff</li> <li>F. Random Resident</li> </ul> <p>Site Review Findings (by Provision)</p>

(a) The facility has a PREA policy in place that outlines the procedure for filing a grievance regarding sexual abuse. The interview with staff and residents verified knowledge of this policy and confirmed practice is followed accordingly.

(b) The facility policy instructs staff that all PREA grievances will be handled as an “emergency” grievance and answered immediately upon receipt. The facility has no restrictions for a resident to file a grievance at City of Faith. The facility does not require the resident to use an informal grievance process to resolve a sexual abuse allegation.

(c) The process outlined in the policy allows the resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The policy states all complaints are reviewed by Director and/or designee and are kept in the Director’s office. The process includes a resident filing a formal written grievance and forwarding the grievance to the RRM. If the grievance is considered to be sensitive in nature or any sexual assault/abuse allegation, there is no time limit when reporting. The policy also states that all PREA related grievances will NOT go through the informal resolution process. In addition, the grievance filed will not be referred to the staff member who is the subject of the complaint. The directive also details the process of receiving third party grievances regarding sexual assault. All sexual assault grievances are processed on an emergent basis

(d) As stated earlier, all grievances related to sexual abuse allegations are answered immediately but not to exceed the 90 days from the filing of the grievance. In the past 12 months, there have been no PREA grievances filed. This was verified through auditor review of all grievances in the past 12 months, none of them were found to be related to sexual abuse or harassment allegations. In addition, zero of the 22 residents interviewed had filed a PREA grievance while housed at the facility. Due to the lack of grievances file, there were no instances in which an extension had been requested. The facility would notify the resident in writing that the agency filed an extension and a date when a decision would be rendered.

(e) The policy permits third parties to assist residents in filing request for administrative remedies relating to sexual abuse and to file such requests on behalf of the resident. In the event a resident declines to have third party assistance in filing a grievance alleging sexual abuse, the agency will document the residents decision to accept or decline. To date there have been no incidents in which a resident has declined to have third party assistance in filing a grievance alleging sexual abuse.

(f) The agency policy requires an initial response within 48 hours of the grievance being filed, if the grievance is alleging substantial risk of imminent sexual abuse. According to policy, the final agency decision has to be issued within 5 days. All appeals to a grievance decision is forwarded to the Federal Bureau of Prisons. There have been no grievances filed within the last 12 months that required a response within 5 days. Auditor reviewed all grievances filed, and none of the grievances filed were alleging sexual abuse/harassment.

	(g) The facility policy has limitations on discipline for residents who is determined to have filed a grievance in bad faith. The procedure includes possible discipline of a resident who is believed to have filed a grievance in bad faith, only where the agency demonstrates that the resident filed the grievance in bad faith.
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Letter to Healing Hearts Advocacy renewing agreement</li> <li>C. Memo regarding referrals to Healing Hearts</li> <li>D. End of Silence brochure</li> <li>E. PREA resident brochure</li> <li>F. PREA Poster</li> <li>G. Victim Poster</li> <li>H. Resident Handbook</li> <li>I. Sexual Abuse Training Curriculum for Residents</li> <li>J. Victim Services qualifications</li> <li>K. Observations during site tour</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. PREA Compliance Manager/ Case Manager, K. Smith</li> <li>E. Random Staff</li> <li>F. Random Resident Interviews</li> </ul>

G. Informal Conversation with staff and residents

H. Healing Hearts Victim Service Organization

Site Review Findings (by Provision)

(a) City of Faith, Little Rock has an MOU with Healing Hearts Advocacy Center. While onsite, auditor verified partnership with Healing Hearts 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 by using their personal cell phone. Facility also provides hotline numbers to local Rape Crisis Center hotline in the event the residents are not comfortable with utilizing services from Healing Hearts 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. In addition, the residents who could not specify resource, were fully aware the contact information is located on all bulletin boards throughout the housing unit. At no time did any resident voice a feeling of being unsafe or afraid to discuss any PREA related concern with staff.

(b) The facility informs the residents of the mandatory reporting rules governing privacy and confidentiality through the orientation documents and resident handbook. The handbook is provided at all intake interviews and the resident signs verifying receipt of handbook. In addition, the information is forwarded to the sending facility prior to transfer to COF. The resident is provided the resources for reporting avenues prior to arrival at COF and again during the COFLR intake process.

(c) The facility maintains an MOU with Healing Hearts Advocacy Center located in Little Rock. The auditor reviewed a copy of the agreement between the facility and the community organization. Healing Hearts has been utilized by the facility since the inception of the PREA policy at City of Faith. The facility maintains a productive working relationship with the organization, coordinating victim advocacy services through communication with organizational Executive Director Joyce Raynor. The mission of Healing Hearts Advocacy center is "To promote and nurture individuals in areas of economic and community development, healthcare issues, public safety and race relations." The Center for Healing Hearts and Spirits' Victim Service Program was designed to assist crime victims and their affected families to improve the quality of victim services. The organization provides education, community outreach, group support, victim assistance, spiritual guidance, mentoring and a multitude of legal resources. The organizational services are also available to Non English speaking clients. The auditor contacted Healing Hearts and the services for

	COFLR were verified. The organization stated they have a good working relationship with the facility and are happy to assist if needed.
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Letter to Healing Hearts Advocacy renewing agreement</li> <li>C. Memo regarding referrals to Healing Hearts</li> <li>D. End of Silence brochure</li> <li>E. PREA resident brochure</li> <li>F. PREA Poster</li> <li>G. Victim Poster</li> <li>H. Resident Handbook</li> <li>I. Sexual Abuse Training Curriculum for Residents</li> <li>J. Victim Services qualifications</li> <li>K. Observations during site tour</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. Intermediate or Higher Level Staff</li> <li>E. Random Staff</li> <li>F. Random Resident</li> <li>G. Informal conversations with residents and staff</li> </ul>



	<p>Site Review Findings (by Provision)</p> <p>(a) The agency provides multiple methods for a resident to report sexual abuse and/or harassment. Upon arrival to the facility, each resident is provided a brochure titled End the Silence. The reporting methods are listed on the brochure as follows; Crimestoppers 501-371-4636, Healing Hearts and Spirits 1-855-643-5748, Third party reporting to the Facility PREA Manager 501-615-1090 ext 217. In addition, the brochure provides the phone number to the Agency Compliance Manager and the Sexual Assault Hotline 501-340-8487. The facility publicly distributes this information on the bulletin boards located throughout the facility. The bulletin boards are in areas that all residents have access to view. In addition to the brochure, the information is also provided in a packet sent to the resident prior to arrival and is located in the resident handbook given at intake COFLR. The auditor verified the Crimestopper number is active and able to take a call for allegation. The facility would be notified immediately if Crimestoppers received a call from the facility or third party regarding an incident at COFLR. In addition, the auditor tested the sexual assault hotline and it is also active and able to receive calls. The resident interviews verified they are provided with the numbers and understood they various ways to report.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. PREA response card</li> <li>C. Staff PREA Training Curriculum</li> <li>D. Coordinated Response Plan</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head , Terry Williams</li> <li>C. Facility Administrator, Mike South</li> </ul>

	<p>D. Investigator, Sam Williams</p> <p>E. Random Staff</p> <p>Site Review Findings (by Provision)</p> <p>(a) Included in the policy directive, the agency requires all staff to report immediately any knowledge, suspicion or information received regarding an incident of sexual abuse. This information is covered in annual PREA training and monitored through the review of the Unusual Occurrence Reports submitted at the end of each shift. The policy outlines that all staff is to report any allegations of retaliation of residents for submitting a report. In addition, staff is required by policy to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>(b) In the PREA policy, it states that all allegations shall be treated with discretion and confidentiality. There are specific methods for staff to privately report sexual assault or misconduct of residents to any staff member. During staff interviews, it was verified that the upper management is perceived to be very approachable and staff stated there would be no hesitation to privately report an incident or allegation to leadership staff. Staff confirmed that PREA response and reporting is a routine topic during monthly meetings and staff trainings. Documents that involve any type of PREA allegation are secured in the office of the assigned case manager and uploaded to company database. Viewing access of the database is limited and information cannot be shared.</p> <p>(c) COFLR does not employ medical or mental health staff; however, all staff is trained on the requirement of reporting sexual abuse immediately in accordance with the Agency policy.</p> <p>(d) COFLR does not house residents under the age of 18. Per the PREA policy directive, the facility staff is required to report any allegation regarding a vulnerable adult to the designated State or local law enforcement agency. This includes those residents who would be considered a vulnerable adult.</p> <p>(e) The investigator receives all allegations which includes any allegations of sexual abuse or harassment reported by third party and/or anonymous reports.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

- A. PREA Policy Directive
- B. Statement of fact regarding Efforts to Protect Residents
- C. PREA response card
- D. Coordinated Response Plan

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head , Terry Williams
- C. Facility Administrator, Mike South
- D. Investigator, Sam Williams
- E. Random Staff

Site Review Findings (by Provision)

(a) The facility policy directive outlines the steps the agency requires staff to follow in the event the facility learns the resident is subject to a substantial risk of imminent sexual abuse. The facility coordinated action plans instructs staff to immediately respond and separate the abuser from the victim. Furthermore, the policy outlines the procedure to refrain from allowing victim to shower and to contact assistance from the supervisor immediately. The facility includes the procedure to contact appropriate persons necessary to ensure medical and mental health services are provided, in addition to investigative services. To date, the facility has not had any incidents that determined a resident was subject to a substantial risk of imminent sexual abuse. This was verified by review of investigative files in addition to interviews with Investigator and PREA Coordinator. Onsite interviews indicated staff receives formal training understanding the importance of resident's safety and procedures on response to imminent risk for sexual abuse. The process includes immediate separation of the alleged perpetrator and victim.

Interview with Agency PREA Coordinator and Agency Head confirmed that in the event a staff member was alleged to have sexually abused or sexually harassed a resident, the staff member would be removed from the premises and suspended immediately. Staff residents revealed an understanding of the coordinated response protocol which includes immediate action and follow up to ensure long term safety (private room, transfer if requested by resident, etc.) All staff wear an id badge that outlines the action plan to respond to an allegation of sexual abuse. Interviews verified City of Faith practice is consistent with agency policy and PREA federal standards. There is sufficient evidence supporting COF would respond immediately and take appropriate action to any sexual abuse allegation.

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1102 663"> A. PREA Policy Directive  B. Memo from Agency stating reporting occurrences  C. Previous notification submitted by Probation and Parole  D. Coordinated Response Plan  E. Email from COFLR following up on report </p> <p data-bbox="280 842 437 878">Interviews</p> <p data-bbox="280 913 828 1236"> A. PREA Coordinator, Troy Adams  B. Agency Head, Terry Williams  C. Facility Administrator, Mike South  D. Prea Compliance Manager, K. Smith  E. Random Staff </p> <p data-bbox="280 1344 772 1379">Site Review Findings (by Provision)</p> <p data-bbox="280 1415 1485 2078"> (a) The facility PREA policy directive states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the director or designee of the facility receiving the information shall notify in writing the administrator at the facility the resident transferred from. COFLR has not had an incident in which a resident disclosed they were sexually abused while in prior placement/facility in the past 12 months. The facility received a report in 2023 from Probation and Parole stating a former resident reported a sexual relationship with a staff member at COFLR. The allegation was investigated and employee was placed on leave immediately and resigned not long after investigation began. The agency notified BOP and turned the investigation over to the Bureau since the resident was no longer incarcerated. Interview with the PREA Coordinator and the Agency Head verified in the event COF received the information that the resident alleged abuse at the previous facility, a notification would be sent to the administrator (at prior facility) immediately. This notification would be done in writing via email, followed by a phone call. In addition, the facility would report this notification to the assigned facility BOP monitor. </p>

	<p>(b) The policy outlines the notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation and documentation shall be placed in the resident’s master facility record.</p> <p>(c) The interviews with the Investigator, Agency Head and PREA Coordinator confirmed any allegation whether at COFLR or other facilities will be immediately referred to Investigative services for initiation of a PREA investigation.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Procedures for PREA Incident</li> <li>C. Resident Orientation Handbook</li> <li>D. Coordinated Response Plan</li> <li>E. Staff PREA Training</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. PREA Compliance Manager, K. Smith</li> <li>E. Random Staff</li> </ul> <p>Site Review Findings (by Provision)</p> <p>(a) As described in previous standards, the COF agency policy PREA policy directive provides specific response instructions for first responders when an allegation of sexual abuse occurs. These instructions include separation of the alleged victim and abuser and ensuring the alleged victim and abuser do not take any actions that</p>

	<p>could destroy physical evidence (i.e., washing, brushing teeth, changing clothes, eating or using bathroom).</p> <p>(b) Staff PREA training regarding is mandatory and content is applicable to all staff, not just security staff. Staff interviews indicated staff was extremely knowledgeable of the procedure and the responsibilities of a first responders. Both non security and security staff acknowledged they would notify the security staff supervisor immediately upon ensuring the victim and abuser was separated. Staff was aware of the protocol to preserve evidence and protect the crime scene until appropriate personnel arrive. There have been no allegations of sexual</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. PREA Training Curriculum</li> <li>C. Staff PREA ID Card</li> <li>D. Coordinated Response Plan</li> <li>E. Case/Investigative files</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. Chief of Security/Investigator, Sam Williams</li> <li>E. Random Staff</li> </ul> <p>Site Review Findings (by Provision)</p> <p>(a) The facility has a written coordinated action plan that includes ensuring the safety of resident and staff. The plan instructs to separate the victim and abuser, notification of supervisor, seeking immediate medical assistance if necessary. The plan also includes securing the scene and ensuring the victim or abuser does not wash, brush teeth, use restroom, etc. The action plan also encourages staff to be</p>

	<p>observant of the resident’s demeanor and ensures staff does not begin questioning or gathering evidence until law enforcement arrives. The plan covers the staff responsibilities as first responders as it pertains to coordinate action of obtaining assistance from medical, mental health and investigators. The coordinated action plan outlines each role for response from first responder to Investigator and/or law enforcement. The timeline regarding documentation is also included in the facility plan is not greater than ten days for the actual written report and immediate notification of facility leadership as soon as incident occurs. The plan has space for staff to document the exact times the appropriate personnel, law enforcement and victim services were contacted. Staff interviews verified the plan is reviewed frequently at staff meetings in addition to the annual training. Staff also has the response plan on a laminated card that is required to be attached to the employee identification tag at all times. During this audit review period, there has not been any incidents that required the coordinated action plan to be implemented. This was verified through random staff interviews and review of the only two case/ investigative files regarding an incident that occurred two years ago.</p>
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<p><b>115.266</b></p>	<p><b>Preservation of ability to protect residents from contact with abusers</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.266</p> <p>A. PREA Policy Directive</p> <p>B. Contract with Federal Bureau of Prisons</p> <p>C. Pre Audit Questionnaire</p> <p>Interviews</p> <p>A. PREA Coordinator/Contract, Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. Facility Administrator, Mike South</p> <p>Site Review Findings (by Provision)</p> <p>(a) In the COFLR PREA policy directive, it states that the Agency does not have an outside agency that is responsible for collective bargaining on the agency’s behalf,</p>

	<p>which would limit the agency’s response concerning disciplinary actions concerning staff members. During the pre-audit review, the facility response on the PAQ verified the language located in the Agency PREA policy. The interview with the Agency Head, Terry Williams, it was reported that no collective bargaining agreements have been entered into or renewed. The only contract in place that affects the operations of COFLR is the contract with the FBOP, which does not limit the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p>
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<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.267</p> <p>A. PREA Policy Directive</p> <p>B. Retaliation Monitoring Form</p> <p>C. Resident Orientation Handbook</p> <p>D. Pre Audit Questionnaire</p> <p>Interviews</p> <p>A. PREA Coordinator, Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. Facility Administrator, Mike South</p> <p>D. Random Staff</p> <p>Site Review Findings (by Provision)</p> <p>(a) During the pre-audit phase portion of the audit, the facility provided COFLR PREA Policy and Procedure in support of their compliance in this standard in the responses provided in the PAQ responses. The policy states “City of Faith’s policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with</p>



sexual abuse or harassment investigations from retaliation by other inmates or staff, and the PREA Coordinator is charged with monitoring retaliation". The interviews with staff verified this practice is in place and the facility takes retaliation of any sort very serious.

(b) Per policy, COFLR PREA Coordinator, shall monitor the conduct and treatment of residents and staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. The policy defines the purpose of the meetings is to ensure there have been no changes that may suggest possible retaliation by residents or staff.

(c) In the event retaliation is reported, the staff is directed to act promptly to remedy any such incidents of retaliation. Documents included in the review to determine if retaliation occurred include, but is not limited to, disciplinary reports, housing/programming changes, and negative evaluations forms from staff. The PREA Coordinator shall continue the monitoring beyond 90 days if the initial contact indicates a need. During this monitoring phase, periodic custody level checks are reviewed. All the monitoring contacts and allegations of retaliation are monitored by utilizing Retaliation Monitoring form to document all contacts. There have been no incidents in the past 12 months that required monitoring for retaliation. However, auditor reviewed retaliation monitoring form from an incident occurring in 2023 which indicated compliance with standard. Interviews with PREA Coordinator, Agency Head and Case Manager verified knowledge of the practice and familiarity with the specific form that would be utilized in the event an allegation of retaliation occurred. Auditor reviewed the form and made a suggestion to modify the form to allow additional space for documentation to elaborate on the nature of the complaint. Out of all of the resident interviews, no resident reported retaliation of any sort while housed at COFLR.

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.271</p> <p>A. PREA Policy Directive</p> <p>B. Letter to Little Rock Police Department</p> <p>C. Consent for Victim Advocate</p> <p>D. Plan for SAFE/SANE letter</p> <p>E. Victim Advocate Qualification brochure</p> <p>F. DOJ Uniform Evidence Protocol for Sexual Assault</p>

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator, Mike South
- D. Investigator, Sam Williams
- E. Random Staff

Site Review Findings (by Provision)

(a) During the pre audit phase portion of the audit, the facility provided the COF PREA policy and procedure in support of compliance with this standard. All reports of sexual harassment or abuse of residents will be investigated by a trained investigator according to relevant PREA standards. The policy requires training specific to investigating sexual abuse and misconduct. The training includes, but is not limited to: sexual abuse investigations; crime scene management; elimination of contamination; evidence collection protocol and crisis intervention. In addition, the local authorities will be notified in order to assist with the investigation and secure evidence. The facility indicated there have been no allegations of staff on resident sexual abuse this audit period. Staff and resident interviews revealed there have been no incidents of allegation regarding sexual abuse, resident on resident and/or staff on resident during this auditing period. During file review, it was noted an incident in 2023 that required notification to LRPD. A resident who had been released reported to her Probation Officer that she was in a sexual relationship with a staff member at COF while housed as a resident. Upon receipt of the allegation, the facility immediately contacted LRPD and the employee was placed on leave immediately and subsequently resigned not long after the initiation of the investigation. The information from the 2023 incident was also turned over to FBOP for additional investigation into the administrative aspect of the incident.

(b) The agency provided proof of Investigator specialized training by providing completion certificate. During the interview process, the Investigator was able to easily articulate the content of the specialized training. The facility Investigator, who also serves as Chief of Security, has extensive employment history of Law Enforcement. Although, Investigator Williams would initiate an administrative investigation, all allegations of sexual abuse are referred to the Little Rock Police Department for investigation. In the event of an investigation, all documentation is also forwarded to the Federal Bureau of Prisons, with a copy remaining at the facility for record keeping.

(c) As there were no allegations of sexual abuse, there were no investigative files to review. The interview with the agency Investigator verified the investigative

process would begin immediately upon receiving the report. The investigator further stated that third party are investigated in the same manner as first hand reports of allegations. The agency investigator would be responsible for gathering and preserving direct and circumstantial evidence until local law enforcement arrives. In addition to the Investigator, the Agency Director, Alan Winkler and the PREA Coordinator have also completed the Specialized PREA Investigator training.

(d) Despite not having any investigations in the past 12 months, the Investigator and facility PREA Compliance Manager have a process and forms to document investigations in the event the need arises. Auditor was able to review the investigative form that was used in a 2023 incident and the form was found to be useful in documenting specifics of incident for investigatory procedures. The investigator onsite will handle the basic preservation of evidence, but would only complete interviews with abuser/victim if the incident was administrative only. The Little Rock Police Department would begin and complete the investigation if there is any suspicion or evidence that the incident would be a prosecutable crime.

(e) During the interview with the Investigator, he revealed that the credibility of the victim, suspect or witness would be assessed objectively without a presumption that one person is more credible than the other until evidence of credibility indicates one way or the other. The investigator also verified that under no circumstances would a resident who alleges sexual abuse be required to submit to a polygraph examination or truth telling device as a condition for proceeding with the investigation. During the audit review period, there were no residents at the facility classified as having reported sexual abuse. The auditor verified this report by reviewing confidential case files and through the interview process with residents and staff. As a result, auditor was unable to question any resident who reported sexual abuse in this facility to inquire about the use of a polygraph test as a condition for the facility proceeding with a sexual abuse investigation.

(f) During the onsite portion of this audit, this auditor interviewed the Agency's investigator. The investigator informed this auditor that administrative investigations do include an effort to determine whether staff actions or failures to act contributed to the abuse. The investigator further established that during interviews and evidence gathering they actively look for the existence of staff neglect, violation of the standards of employee conduct, and whether staff maintained fidelity with the agency's policies and procedures. Additionally, the investigator reported that all administrative investigations are documented in written reports that include: a description of all physical and testimonial evidence; all questions asked of these people; a list of and responses of all witnesses, staff, or community-service providers interviews; follow-up with law enforcement as well as notification to the alleged victim; and findings along with evidence used to make the determination of substantiated, unsubstantiated, or unfounded. As stated previously, all allegations of sexual abuse are immediately reported to assigned FBOP agency monitor.

(g) During the onsite portion of this audit, this auditor interviewed the Agency's investigator. The investigator disclosed that the local law enforcement agency

provides the agency with a detailed account of all efforts completed during the investigation. The facility maintains an MOU with the LRPD that ensures the agency complies with the Federal PREA regulations.

(h). During the pre-onsite portion of this audit, the agency indicated compliance with this provision and provided COFLR PREA Policy and Procedure as evidence of their compliance. The Policy establishes that “All reported incidents will be referred to law enforcement, and all reported incidents will be investigated.” During the pre-onsite portion of this audit, the Agency indicated that over the past 12 months, there had been no allegation reported as such no referral to law enforcement were necessary.

(i) The investigator informed this auditor that criminal investigations (similar to administrative investigations) are documented and retained pursuant to the Agency’s record retention policy. All records are have a five year retention cycle. This information is also located in the Agency PREA Policy Directive.

(j) During the onsite portion of this audit, this auditor interviewed the Agency’s investigator. The investigator informed this auditor that the departure of the alleged abuser or victim from the employment or control of the facility or agency does not terminate the investigation pending. The investigator informed this auditor that efforts would be continued to complete the investigation. During the pre-onsite portion of this audit, the Agency indicated that over the past 12 months, there had been no allegations resulting in an administrative investigation. This was verified through the Human Resources Director and file review of HR files.

(k). As stated earlier, LRPD has an MOU with COFLR that indicates an agreement for the LRPD to comply with the Federal PREA Mandates.

(l) During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator informed this auditor that COF informs the investigating agency of the PREA standard that requires that the facility remain informed of the progress and outcome of the investigation. Additionally, facility high-level supervisory personnel revealed that in the event the COF does not conduct the investigation, the facility requests relevant information from the investigative agency in order to keep the resident and referral source informed. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions of this standard.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.272

- A. PREA Policy Directive
- B. Letter to Little Rock Police Department
- C. Consent for Victim Advocate
- D. Plan for SAFE/SANE letter
- E. Victim Advocate Qualification brochure
- F. DOJ Uniform Evidence Protocol for Sexual Assault
- G. Pre Audit Questionnaire

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator, Mike South
- D. Investigator, Sam Williams
- E. Random Staff

Site Review Findings (by Provision)

(a) During the pre-onsite portion of this audit, the COF facility PREA Policy. The Policy establishes, “ COF imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated.” The Facility indicated that over the past 12 months, there had been no allegations resulting in an administrative or criminal investigation. During the onsite portion of this audit, this auditor interviewed the Agency’s investigator. The investigator informed this auditor that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment was preponderance of evidence. The investigator was able to easily articulate an explanation of his interpretation of preponderance of evidence. His response was consistent with the intent of the PREA standard 117.72. With his extensive experience in law enforcement, Investigator Williams clearly practices using a preponderance of evidence when determining whether allegations of sexual abuse or harassment can be substantiated. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents

- A. PREA Policy Directive
- B. Notification of Outcome
- C. Resident Orientation Handbook
- D. Coordinated Response Plan
- E. Pre Audit Questionnaire

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head , Terry Williams
- C. Facility Administrator , Mike South
- D. Investigator, Sam Williams
- E. Random Staff

Site Review Findings (by Provision)

(a) The COF Policy establishes, "COF will inform residents of the outcome of investigations with the result being one of three outcomes; substantiated, unsubstantiated or unfounded." The facility has a designated as the Notification of Outcome of PREA Allegation.

(b)The policy states COF will request relevant information from the local investigative entity in order to properly inform the resident of the investigation outcome. During the interview process, the Agency Head reiterated the positive partnership between the facility and the LRPD. According to Terry Williams, LRPD has always been very easy to work with and maintains frequent contact with the facility to ensure all incidents are handled appropriately and communication is consistent. The facility had zero allegations during reporting period. However, there was 2 incidents in 2023 that required an outcome notification to be sent to resident. During onsite portion of the audit, auditor reviewed the investigative files from the 2023 incidents and verified the Notification of Outcome of PREA Allegation form was sent to each resident.

(c) The Notification of Outcome of PREA Allegation form is sent to the resident upon

	<p>the completion of the investigation. The form provides notification as to the disposition of the investigation (substantiated, unsubstantiated, unfounded) and includes definition of each determination. In addition to the findings, the form provides the date the allegation was received, what entity investigated the allegation and the status of the abuser, whether it is staff or resident. Copies of the form are maintained in the residents case management file.</p> <p>(d) During the pre-onsite portion of this audit, the Facility provided COF PREA Policy and Procedure in support of their compliance in this standard in its PAQ responses. As indicated in subsection (a) above if an allegation is substantiated, the results of the investigation will be forwarded for prosecution. The victim will be informed of the outcome. The facility reported that there were no instances of resident-on resident abuse in the facility to review. This auditor attempted to corroborate that report during interviews with random staff and while reviewing resident confidential case files. The auditor was able to review previous incidents outside of the 12 month review period that verified practice is in place.</p> <p>(e) During the pre-onsite portion of this audit, the Facility provided COF PREA Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy establishes the description of the form in addition to the information that is required per the standard.</p> <p>(f) The PREA policy states that the Agency obligation to report under this standard shall terminate if the resident is released from custody.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.276</p> <p>A. PREA Policy Directive</p> <p>B. Notification of Outcome</p> <p>C. Resident Orientation Handbook</p> <p>D. Coordinated Response Plan</p> <p>E. Pre Audit Questionnaire</p> <p>F. Employee Handbook</p> <p>Interviews</p>

- A. PREA Coordinator, Troy Adams
- B. Agency Head , Terry Williams
- C. Facility Administrator , Mike South
- D. Investigator, Sam Williams
- E. Random Staff

Site Review Findings (by Provision)

(a-c) During the pre-onsite portion of this audit, the Facility provided COF PREA Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy establishes, disciplinary sanctions for staff who violate agency sexual abuse policies relating to sexual abuse and harassment (other than actually engaging in sexual abuse), shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanction imposed for comparable offenses by other staff with similar histories. At COF programs, staff found to have engaged in sexual harassment, sexual misconduct, sexual abuse under PREA will be terminated from employment. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff that violated the agency sexual abuse or sexual harassment policy (as well as the Employee Standards of Conduct) would be subject to disciplinary sanctions up to termination. The facility reported that over the past 12 months there have been no staff from the facility who have been terminated or resigned prior to termination, for violation of agency sexual abuse or sexual harassment policies. This auditor corroborated that through review of allegations reported over the past 12 months. The facility reported that over the past 12 months there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). This auditor corroborated that through review of allegations reported over the past 12 months. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff that violated the agency sexual harassment policy (as well as the Employee Standards of Conduct) would be subject to commensurate disciplinary sanctions with input from the agency's contracting bodies. The PREA Coordinator confirmed that there had been no disciplinary action taken on staff in this audit period who had been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

(d): During the pre-onsite portion of this audit, the Facility provided COF PREA Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy establishes, "All terminations for violations of agency policies relating to sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement



	<p>agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” The Facility indicated that in the past 12 months, there had been no staff that had been reported to law enforcement for violating the agency’s sexual abuse or sexual harassment policies. The auditor reviewed two sexual harassment allegation cases from 2023, one unfounded and one was determined to be substantiated. In both cases, the outcome notification form was completed. The auditor also reviewed the staff on resident case that was opened after the resident left the facility. The resident reported this to her probation officer and the information was forwarded to the facility. The facility immediately contacted local law enforcement and notified BOP. The staff member was placed on leave pending investigation and resigned soon after investigation began. The findings of the investigation were forwarded to FBOP. In February of 2025, COFLR received the final disposition in writing, at that time, the facility completed outcome of allegation form and keeps the completed form in the investigative file. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.277</p> <p>Documents</p> <p>A. PREA Policy Directive</p> <p>B. Volunteer Contract Incidents Memo</p> <p>Interviews</p> <p>A. PREA Coordinator, Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. Facility Administrator, Mike South</p> <p>Site Review Findings (by Provision)</p> <p>(a-b) During the pre-onsite portion of this audit, the Facility provided COF PREA Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy establishes, “ The facility takes appropriate remedial</p>

	<p>measures, and considers whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.” The facility indicated that over the past 12 months, there had been no instances where contactors or volunteers had been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of residents. During the onsite portion of the audit, this auditor interviewed the Facility Director. The Facility Director reported that COF does not have any contractors or volunteers. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.278</p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Resident Orientation Handbook</li> <li>C. Resident Orientation Handbook Spanish</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. Resident Interviews</li> <li>E. Random Staff</li> </ul> <p>Site Review Findings (by Provision)</p> <p>(a-g) During the pre-onsite portion of this audit, the Facility response on the PAQ was compliant for this standard. The COF PREA Policy and Procedure establishes, residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following and administrative finding that the resident engaged in resident on resident abuse or following a criminal finding of guilt for resident on resident</p>

	<p>abuse. The policy continues to state, sanctions will be commensurate with the nature and circumstances of the abuse committed, the disciplinary history of resident, and the sanctions comparable to residents with similar offenses. The DB process takes into consideration the mental condition of the resident and if it would have contributed to the behavior. During the onsite audit portion of this audit, this auditor interviewed the Agency Head and she revealed the agency may discipline a resident for sexual contact with staff only upon finding staff did not consent to such contact. The facility also has the authority to discipline a resident for a false report, however, policy includes a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Based on review and analysis of available evidence, the auditor has determined that the agency is compliant with this standard.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.282</p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. Letter to Little Rock Police Department</li> <li>C. Consent for Victim Advocate</li> <li>D. Plan for SAFE/SANE letter</li> <li>E. Victim Advocate Qualification brochure</li> <li>F. DOJ Uniform Evidence Protocol for Sexual Assault</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> <li>D. Resident Interviews</li> </ul>

## E. Random Staff

### Site Review Findings (by Provision)

(a-d) The COF PREA Policy establishes, victims of rape or sexual assault will be referred to the local hospital for physical assessment and documentation of injuries by a SANE nurse. This referral will occur in a timely manner, and will afford the victim unimpeded access to emergency medical treatment and crisis intervention services. Staff will transport the victim to the hospital, or accompany them if they are transported by the police, unless the alleged abuser is a staff member, then staff would only accompany the resident if requested, so as not to impede the investigation. The hospital staff will be requested to provide information and access to emergency contraception, testing for and treatment of sexually transmitted infections, including HIV, and prophylaxis at no cost to the resident. All necessary services will be provided to the resident victim at no cost, regardless of whether the victim names an abuser or cooperates with the investigation. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical treatment and crisis intervention. The PREA Coordinator reported that any treatment would be at no cost to the resident. The PREA Coordinator indicated that the facilities would document the timeliness of the emergency medical treatment and crisis intervention services that were provided, the response by program staff that acted as first responders, and timely information and services concerning contraception and sexually transmitted infection prophylaxis. The PREA Coordinator indicated that the need for these records have never occurred as there has not been a reported instance of sexual abuse in this facility that the victim was taken to a local hospital. There were no residents that the facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. During the onsite portion of this audit, this auditor interviewed security and non-security staff first responders. The facility indicated that all staff are the facility's first responders. This auditor interviewed the staff and asked them about the first responder protocol. All staff indicated in the event they were the first to respond or learn of a sexual assault, they would call for additional staff, call 911, notify the on call supervisor, separate the alleged victim and accuser, secure the scene, and arrange for medical care. As noted above, the facility has not had a report of sexual abuse in which a response was required during this reporting period. Having no medical or mental health practitioners on-site, the facility has evidenced a consistent procedure among security and non-security first responders the necessity to immediately take steps to protect the victim and arrange for medical or mental health care. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.283

- A. PREA Policy Directive
- B. Letter to Little Rock Police Department
- C. Consent for Victim Advocate
- D. Plan for SAFE/SANE letter
- E. Victim Advocate Qualification brochure
- F. DOJ Uniform Evidence Protocol for Sexual Assault

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator, Mike South
- D. Resident Interviews
- E. Random Staff

Documents

Site Review Findings (by Provision)

(a-c) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor COF PREA Policy and Procedure. The interview with the PREA Coordinator revealed that medical staff at the local hospital are responsible for examination, documentation, and treatment of victim injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmitted infections, including HIV. The forensic exam is performed by qualified sexual assault examiners (Sexual Assault Nurse Examiner). The victim is examined at a local hospital equipped to conduct such examinations. The forensic exam will occur as soon as possible, but within 72 hours of staff becoming aware that a resident reported involvement in a sexually abusive assault. A resident's refusal of a forensic examination is documented in the resident record.

The facility will arrange follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmitted infections), pregnancy testing for female victims, and administration of prophylactic medication (if exposure to blood borne pathogens is suspected) if these services were not already rendered. The facility will also coordinate any referrals to mental health providers in the community for follow-up care to an incident. The services will be of no cost to the victim.” There were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive access to community-based medical and mental health treatment. This auditor also interviewed case management staff at this facility. These staff indicated that all residents, including those that have reported prior sexual abuse or victimization, are offered mental health services through community based providers.

(d-f) As indicated in subsection (a-c) above, the policy includes testing when appropriate for pregnancy and sexually transmitted infections including HIV. Since there were no reports of sexual abuse occurring in the facility; there were no medical or mental health documents to review.

(g) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with COF PREA Policy and Procedure and the PREA Notice to Residents. The PREA Notice to Residents states, “Treatment services shall be provided to the victim without financial costs and regardless of whether the victim cooperates with any investigation arising out of this incident.” The facility had no reports of sexual abuse occurring in the facility; therefore there was no medical or mental health documentation for this auditor to review. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that under no circumstances would COF require a resident to pay for treatment services as a result of being a victim of sexual abuse. She further reported that COF would not condition payment of these services on whether the victim names the abuser and/or cooperates with the investigation arising out of the incident.

(h): During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and through the COF PREA policy. The policy states that the facility shall attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. During the onsite portion of the audit, 25 percent of current population intake files were reviewed, none of which indicated residents being identified as a known abuser.

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

115.286

Documents

- A. PREA Policy Directive
- B. Incident Review form
- C. Coordinated Response Plan

Interviews

- A. PREA Coordinator, Troy Adams
- B. Agency Head, Terry Williams
- C. Facility Administrator , Mike South
- E. Random Staff
- F. PREA Compliance Manager, K. Smith

(a-e) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with COF PREA Policy and Procedure. The Policy establishes the facility shall review the incident to assess the facility's response to the allegations. Executive staff includes the Facility Director, one or more supervisors, the Investigator and if possible medical and mental health staff. All factors noted within PREA Standard 115.286(d) are considered. The PREA Compliance Manager will coordinate the meeting, gather documents to review in the review meeting. The review meeting will including recommendations for improvements, if any. According to the interview with the PREA Coordinator, if the unsubstantiated allegation involved a staff member, the report under this section must not include the staff member's personally identifiable information. The report is submitted to appropriate COF staff, typically the Agency PREA Coordinator who ensures implementation of the recommendations or documents the reason for not following them. In cases of substantiated sexual abuse, Agency Director reviews the incident to assess the facility's response. All factors noted with PREA Standard 115.286 (d) are considered. The PREA Compliance Manager documents the review in a report, including recommendations for improvements, if any. A copy of this report is forwarded assigned monitor from FBOP. During the onsite portion of this audit, this auditor was informed there were no reports required to be written. If required the SART would be comprised of Facility level management, investigative staff, and the PREA Coordinator. There are no medical or mental health staff at the Facility but if this changes, they would be present. According to the interviews with leadership staff, this team would review the incident within 30 days of the conclusion of the investigation. The policy states the SART includes the following review topics in its Sexual Abuse Response Team (SART) Report: 1) whether there

are any recommendations for improvement of policy or practice; 2) whether the allegation and or incident was motivated by lesbian, gay, bisexual, transgender or intersex identification; 3) an examination of the area in the facility where the incident occurred to expose any potential physical barriers that may enable the abuse; 4) whether staffing levels were adequate in that area during all shifts; and 5) whether monitoring equipment/technology is sufficient to protect residents from sexual abuse and sexual harassment. The Director reported that all incidents of sexual abuse are reviewed by the PREA Compliance Manager. The Facility Director informed this auditor that the facility does not have any medical or mental health practitioners on staff. The PREA Compliance Manager reported that the SART always prepares a report indicating its findings, including any determinations made pursuant to this standard. The PREA Compliance Manager also reported that she is always a member of the SART; additionally, once the review has been completed, she is responsible for ensuring that the facility follows through and implements any corrective action developed. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.287</p> <p>Documents</p> <p>A. PREA Policy Directive</p> <p>B. PREA Incident Tracking/Annual Report</p> <p>C. Coordinated Response Plan</p> <p>D. Agency website <a href="http://www.cityoffaith.org">www.cityoffaith.org</a></p> <p>Interviews</p> <p>A. PREA Coordinator , Troy Adams</p> <p>B. Agency Head, Terry Williams</p> <p>C. Facility Administrator, Mike South</p> <p>Site Review Findings (by Provision)</p>



	<p>(a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with COF PREA Policy and Procedure. This Policy establishes, the agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>(b) The facility compiles an annual report of the incident based sexual abuse data for the year. This report is published on the Agency website, <a href="http://www.cityoffaith.org">www.cityoffaith.org</a>. Auditor reviewed the annual report, titled PREA Incident tracking. This report includes the aggregated report listing number of substantiated, unsubstantiated, and unfounded sexual abuse allegations reported in the past 12 months.</p> <p>(c-d) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with the Facility’s PREA Annual Report. The 2025 annual report included aggregate information on the types of incidents. The Facility provided this auditor with a monthly and annual report that tracked the daily population and total number of residents admitted and discharged. The facility collects aggregated data necessary to answer the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Based on the interview process with Agency Head, and PREA Coordinator, the facility indicated compliance with this provision and provided this auditor with the COF PREA Policy.</p> <p>(e) The agency does not have any private facilities with which it contracts for the confinement of its residents. This subsection is not applicable to COF.</p> <p>(f) During the pre-onsite portion of this audit, the Facility indicated that the facilities has provided all requested documentation to the BOP and it is then shared with the Dept. of Justice. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions of this standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.288</p> <p>Documents</p> <p>A. PREA Policy Directive</p> <p>B. PREA Incident Tracking</p> <p>C. Agency website <a href="http://www.cityoffaith.org">www.cityoffaith.org</a></p>

## Interviews

A. PREA Coordinator, Troy Adams

B. Agency Head, Terry Williams

C. Facility Administrator, Mike South

## Site Review Findings (by Provision)

(a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with COF PREA Policy and Procedure. The policy establishes, COF reviews data annually as well as during the incident review period to identify problem areas, taking corrective action on an ongoing basis, and prepares an annual report of its finding per 115.288 (a)-1. A report is filed annually and is available on the website [www.cityoffaith.org](http://www.cityoffaith.org). The Facility also provided this auditor a copy of the Facility's PREA Annual Report. The annual report included aggregate information on the various types of incidents. During the onsite portion of this audit, the auditor interviewed the Agency Head and PREA Coordinator. The Agency Head reported that the PREA Coordinator keeps statistics. COF reviews, analyzes and discusses trends annually. COF also evaluate each reported allegation to determine if policy and practice is sufficient or could be improved. COF considers training needs as well during that assessment. The PREA Coordinator reported that on an annual basis she reviews incidents that would qualify as Sexual Abuse/Harassment. This data is then utilized to create the PREA Annual Report. If certain incident(s) become more prevalent then they would be targeted and analyzed to ensure proper corrective measures are in-tact and or need strengthening including protocol assessment.

(b) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and the PREA Annual Report indicates corrective actions taken and provides an assessment of the agency's PREA Audit Report. This auditor was able to corroborate this report by reviewing prior years' annual reports. The agency has reported and sufficiently demonstrated that they evaluate key data pursuant to paragraph (a) of this standard, and the 2024 annual report includes a comparison of the current year's data with those from prior years.

(c) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided a link to the Agency's website. A review of this website reveals that it contains a link to COF Annual PREA Reports, as well as PREA audit reports and pertinent policies and procedures., During the onsite portion of the audit, this auditor interviewed the Agency Head. The Agency Head reported that he approves annual reports pursuant to this provision.

(d) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and reported that, nothing is redacted. Comparing the 2024 Annual Report provided as part of this PREA audit to the 2024 Annual Reports available on the Agency's website evidences the same report. During the onsite portion of the

	<p>audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that nothing is redacted from the approved annual report prior to its publication on the Agency’s website. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy any previously reported deficiency and is fully compliant with all provisions of this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. PREA Incident Tracking</li> <li>C. Agency website <a href="http://www.cityoffaith.org">www.cityoffaith.org</a></li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> </ul> <p>Site Review Findings (by Provision)</p> <p>(a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with COF PREA Policy and Procedure. The Policy establishes, all incident-based and aggregate data regarding PREA events will be stored securely and electronically. Procedures include: • All reported incidents will be entered into monthly report which will be updated regularly by the author of the report until such time as a final disposition is made •The PREA Coordinator will maintain an electric file for each reported incident on the secure agency used database and/or a secure email folder specific to that incident. The file or folder will include all documentation and communication regarding the incident up to and including the final disposition. • Aggregated sexual abuse data from COF PREA facility is made readily available to the public via the COF website (<a href="http://www.cityoffaith.org">www.cityoffaith.org</a>). The information will be updated in January each year. All personal identifiers are to be removed from aggregate data that is provided to the public. • The data will be retained for at least 10 years from the date of initial</p>

	<p>collection. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all data is securely retained on password secured computer data bases. A review of the agency’s website reveals that it contains a link the Agency’s Annual PREA Reports, as well as PREA audit reports that contain aggregated sexual abuse data and pertinent policies and procedures. The PREA Coordinator reported that any personal identifying information (PII) is not included and/or redacted from the annual report. A review of the agency’s website and the annual reports publicly available, this auditor was able to confirm that personal identifiers have been removed. The PREA Coordinator reported the data will be retained for at least 10 years from the date of initial collection. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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115.401	Frequency and scope of audits
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ul style="list-style-type: none"> <li>A. PREA Policy Directive</li> <li>B. PREA Incident Tracking</li> <li>C. Agency website <a href="http://www.cityoffaith.org">www.cityoffaith.org</a></li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>A. PREA Coordinator, Troy Adams</li> <li>B. Agency Head, Terry Williams</li> <li>C. Facility Administrator, Mike South</li> </ul> <p>Site Review Findings (by Provision)</p> <p>(a-b) A review of the agency’s website and prior Final Audit Reports revealed that the agency has 3 facilities falling under PREA standards. During the prior three-year audit period, the agency ensured that each facility it operates was audited at least once.</p> <p>(h) During the onsite portion of this audit, this auditor had access to, and the ability to observe, all areas of the audited facility. The facility provided this auditor with unfettered access to the facility and its staff and residents.</p>

	<p>(i) During the pre-audit, onsite, and post-onsite portion of this audit this auditor was permitted to request and received copies of any relevant documents that this auditor requested, including but not limited to: facility logs, resident files, personnel files, policy and procedure manuals, postings, resident handbooks, intake and classification documents, etc.</p> <p>(m) During the onsite portion of this audit this auditor was permitted to conduct private interviews with residents and staff at the facility.</p> <p>(n) During the pre-audit portion of this audit residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. While onsite this auditor asked all residents interviewed whether they were made aware of and saw this auditor's notices that were displayed throughout the facility. All residents interviewed informed this auditor that the postings have been displayed. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.403</p> <p>1. Documents:</p> <p style="padding-left: 20px;">A. COF Website: <a href="http://www.cityoffaith.org">http://www.cityoffaith.org</a></p> <p style="padding-left: 20px;">B. Prior PREA Audit Reports</p> <p>Interviews</p> <p style="padding-left: 20px;">A. PREA Coordinator, Troy Adams</p> <p>115.403(f): A review of the Agency's website reveals that all Final Audit Reports were posted to its website within 90 days of its issuance by the auditor. COF has an agency website and has a page dedicated to the to the posting and PREA-related information (<a href="http://www.cityoffaith.org">www.cityoffaith.org</a>). During the onsite portion of this audit, this auditor interviewed the PREA Coordinator informed this auditor that all Final Audit Reports are immediately posted on COF website. Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. The agency has a dedicated PREA page on its agency website that makes available not only Final Audit Reports to the general public but also its PREA policy, and its Annual Report</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

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

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

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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

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



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

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

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

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

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



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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

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

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

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

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