

# PREA Facility Audit Report: Final

**Name of Facility:** Spokane Residential Reentry Center (RRC)

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 09/19/2016

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert J. Palmquist	<b>Date of Signature:</b> 09/19/2016

AUDITOR INFORMATION	
<b>Auditor name:</b>	Palmquist, Robert
<b>Address:</b>	
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<b>Telephone number:</b>	
<b>Date of facility visit:</b>	2016-08-17

FACILITY INFORMATION	
<b>Facility name:</b>	Spokane Residential Reentry Center (RRC)
<b>Facility physical address:</b>	925 W Broadway Ave., Spokane, Washington - 99201
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correction facility

Primary Contact			
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Warden/Superintendent			
<b>Name:</b>		<b>Title:</b>	
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Facility PREA Compliance Manager			
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Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
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Facility Characteristics			
<b>Designed facility capacity:</b>		35	
<b>Current population of facility:</b>		10	
<b>Age Range</b>	<i>Adults: 21-61</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>		Minimum custody	
<b>Number of staff assigned to the facility (including current staff and new hires) during the past 12 months:</b>		24	

AGENCY INFORMATION	
<b>Name of agency:</b>	Pioneer Human Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	7440 W Marginal Way S, Seattle, Washington - 98108
<b>Mailing Address:</b>	
<b>Telephone number:</b>	206-768-1990

Agency Chief Executive Officer Information:			
<b>Name:</b>	Karen Lee	<b>Title:</b>	CEO
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Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Rebecca Judy	<b>Title:</b>	Director of Adult Reentry/PREA Coordinator
<b>Email Address:</b>	rebecca.judy@p-h-s.com	<b>Telephone Number:</b>	

## AUDIT FINDINGS

### Narrative:

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

Pioneer Human Services originally contracted with the auditor to conduct three PREA audits beginning in October 2015. The first audit was conducted at the Tacoma Washington Residential Reentry Treatment Center in October 2015. The second audit was conducted in December 2015 at the Pioneer Fellowship House a Residential Reentry Treatment Center in Seattle Washington. The third audit was conducted at a Residential Reentry Treatment Center (SRRC1) in Spokane, Washington in March 2016. Pioneer Human Services has been operating SRRC1 since 2009.

In 2014, the Federal Bureau of Prisons posted the solicitation for a 70-bed contract in Spokane County. Pioneer Human Services (PHS) attempted to accommodate all 70 beds at the 925 West Broadway Ave. location with building modifications. Unfortunately, PHS was unable to remove a 1995 public hearing decision that did not allow any residents with sex offenses to reside at the location.

As a result of an unsuccessful search at the time for one location that could successfully house 70 residents with no limitations, the decision was made, and approved by Federal Bureau of Prisons, to operate the contract at two locations. The contract was awarded December of 2015 and the second site (SRRC2, located at 925 West Broadway Ave.) opened and began operations on May 1, 2016. The Federal Bureau of Prisons instructed PHS that another PREA audit needed to be conducted at SRRC2 by August 20, 2016, although still a part of the same contract that was successfully audited previously in 2016 (SRRC1).

The two sites have one Director, one Assistant Director and share Resident Monitors (24/7 monitoring staff), as well as other program staff. They operate under the same Facility PREA Policy and Coordinated Response Plan, as well as the same MOU with the sexual assault advocacy organization. The Director serves as the PREA Compliance Manager for the contract at both sites.

On June 6, 2016, eleven weeks prior to the onsite visit residents and staff at the facility were notified of the audit and the onsite audit visit. Any information relevant to the facility's compliance with the federal

PREA standards was requested to be submitted to the auditor either through e mail or general mail correspondence. Appropriate address information was provided. Several posters were hung throughout the facility announcing the upcoming audit. During the facility tour the Auditor verified the placement of the posters in appropriate areas. The Auditor verified the posters were in areas where both staff and residents could easily acknowledge the information. The posters were hung consistent with DOJ auditing expectations.

The Pioneer Human Services (PHS). PREA Coordinator, and the auditor communicated numerous times via telephone or email to discuss the audit, expectations and needs during the on-site visit. The PREA Coordinator completed the Pre-Audit Questionnaire and provided documents ahead of the on-site audit. Prior to the on-site visit, the auditor conducted an evaluation of agency and facility policies, facility procedures, program documents, and other relevant documentation and materials.

Prior to the onsite visit, the Spokane Residential Reentry Center (SRRC2) the Director resigned his position. The facility has been operating under the direction of the Assistant Director and with assistance from PHS headquarters. Staff from PHS headquarters have been temporarily assigned as Acting Director for several weeks prior to the audit. During the onsite visit the Director of Reentry Programs was the acting director of SRRC2. It should be noted that the Director of Reentry Programs is the PREA Coordinator for Pioneer Human Services.

Upon arrival to the SRRC2, the auditor met with the facility leadership which included the Acting Director, the Assistant Director for SRRC1 and SRRC2 and the Assistant Director of the Residential Reentry Center in Tacoma, Washington. The auditor explained the audit process and expectations for the audit. The auditor was given a thorough tour of the SRRC2 facility; the auditor was permitted access to all areas of the facility. Upon completion of the tour, the auditor began the interviews with residents and staff. In addition, the auditor reviewed staff and resident files and documentation to support the standards. The population of the facility on May 1, 2016 was 4. May 20, 2016 the population was 9. The population on June 1 was 9, the population on June 20 was 10. The population on July 20, 2016 was 13, the population on August 1, 2016 was 11. On August 17, 2016 the population was 11, 7 females and 4 males.

This audit was completed utilizing the Online Audit System. The Pre-Audit-Questionnaire was completed on or about July 14, 2016. The auditor began reviewing the documentation provided in the Pre-Audit-questionnaire on that date. SRRC2 is a new facility and the average daily population is less than 10. The documentation provided by the staff at SRRC2 and PHS concerning the standards was adequate and the auditor was able to determine substantial compliance with several standards prior to the actual on-site visit. The auditor continued to review the Pre-Audit-Questionnaire up to the date of the on-site visit. The first day of the on-site visit included a tour, file reviews and interviews. A total of 12 hours was spent on site the first day, the auditor was able to interview staff on the swing shift and residents who returned from work after 4:00 pm. On the second day of the on-site visit the auditor arrived at 5:30 am in an effort to conduct interviews with staff who worked the late night shift. The remainder of the day was spent reviewing files, reviewing documentation and preparing for evening interviews with residents. A total of 10 hours was spent on site the second day of the audit. The final day of the audit was spent reviewing supporting documentation. The auditor randomly selected nine residents to interview. This represents 81% of the population. Three residents were unemployed at the time of the audit and were interviewed during the first day. Six residents were employed during the audit and those interviews were scheduled once the residents returned to the facility after 4:00 pm. Random staff interviews were conducted on all three shifts. A total of six random staff interviews was conducted, two from each shift. Specialized staff

interviews were conducted on both the first and second day of the on-site visit. The auditor also met with and corresponded with the Director of the Sexual Assault Family Trauma program which is coordinated by Lutheran Community Services.

**Facility Characteristics:**

The auditor’s description of the audited facility should include details about the type of the facility, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation.

Since being founded in 1963, PHS has expanded from a single halfway house in Seattle to an organization that offers an integrated array of treatment, housing, employment and training services in nearly 60 locations across Washington State. Unlike most nonprofits, Pioneer is a social enterprise organization that operates a diverse line of businesses to provide on the job training and work experience for the people it serves. Research shows that the keys to long-term success and stability for individuals with addiction and criminal histories are: treatment, housing and employment. For over 50 years, Pioneer Human Services has helped people reentering society from prison or jail as well as those who are overcoming chemical addition and mental illness.

The SRRC2 serves male and female residents who are in the custody of the Federal Bureau of Prisons, or under the supervision of the US Probation or the Pre-trial Services. The 36-bed facility has three floors. The first floor of the building is not used as part of the Center. Only floors two and three are utilized for operations. Floor two consists of Administrative Offices, Kitchen, Dining room and three living areas, two for males and one for females. Living unit 201 (male) has a living room and three bed rooms with two beds each and one bathroom. Living unit 202 (male) has a living room and two bed rooms with two beds each and one bathroom. Living unit 203 (female) has a living room and four bedrooms with two beds each and one bathroom. There is also a washer and dryer located in the living room of unit 203. The third floor is designed in the same manner as the second floor, except there is a laundry room on the third floor with three washers and three dryers. This area is utilized by all the male residents. There are no female residents on the third floor. Residents are required to be fully employed or enrolled in an education program, participate in recovery/counseling, complete in-house work details and meet all screening requirements for placement. At the time of the audit there were 11 residents in the population, seven females and four males.

SRRC2 has one Director and one Assistant Director, it is noted that the Director and Assistant Director oversee both SRRC1 and SRRC2. There is a Social Services Coordinator and a Case Manager, there is nine full time Resident Monitors.

SRRC2 offers a comprehensive array of services focused on helping individuals safely and successfully transition from prison into the community. Programs include: risk/needs assessment, Moral Recognition Therapy (MRT), GED classes, chemical dependency assessment, intensive outpatient treatment/aftercare and community transition skills. SRRC2 provides case management and employment assistance including:

- Obtaining necessary documentation (i.e. Identification, Driver’s License, Social Security Cards)
- Identifying and referring for mental health/substance abuse treatment
- Referrals for various life skills, and skills development programs

## Assistance with budgeting and restitution issues

PHS is a social enterprise that provides individuals with criminal histories the opportunity to lead healthy, productive lives. Every person PHS serves has an opportunity to transcend his or her past and be embraced as a valuable member of society. PHS accomplishes goals by supporting successful client reentry and community transition, investing in employees, and eliminating discrimination against people with criminal histories.

**Summary of Audit Findings:**

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

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

The PREA Coordinator provided extensive documentation in conjunction with the Pre-Audit questionnaire. This documentation was reviewed before the audit and any discrepancies on the Auditor's part were cleared up well in advance of the on-site visit. The SRRC2 Staff provided full access to the facility, full access to documentation and the use of office facilities during the onsite visit. The staff members interviewed for this audit were professional and knowledgeable concerning their responsibilities as first responders. They understood the need to monitor potentially vulnerable residents and they were diligent in their efforts to manage the population of offenders.

The residents were aware of the PREA standards; the residents knew how to report incidents of sexual abuse or harassment. They were aware of reporting procedures and they were aware of the availability to have a family member or close friend make a report concerning sexual harassment or sexual abuse. There are PREA posters in English and Spanish throughout the facility. The residents were aware of the Sexual Assault and Family Trauma Center based on documentation provided during the review. However, none of the residents interviewed had utilized the services provided by the Community partner and although documentation indicated the residents were aware of this community resource the residents had limited knowledge of this community resource.

The residents who were interviewed were randomly selected from the daily count sheet provided to the auditor on August 17, 2016. From the information provided by the Director there were no self-identified lesbian, bisexual, transsexual or intersex individuals at the facility. Residents confirmed this information both during informal and formal interviews. In addition, there were no residents who self-reported prior institutional sexual harassment or sexual abuse. A total of nine residents were interviewed five female and four males. Six staff from SRRC2 were randomly selected for interviews. Twelve (12) specialized staff, including the Director Designee of PHS, PHS PREA Coordinator, Human Resource Director, PREA Investigator, Intake staff, Staff members who monitor retaliation, Staff who complete risk assessments and staff who participate in incident reviews. Finally, the Acting Director of SRRC2 was interviewed. The staff members were knowledgeable about PREA in general; they were aware of their first responder responsibilities, and they were aware of PHS's zero tolerance for sexual abuse and sexual harassment.

The final report was provided on September 18, 2016, the SRRC2 met all requirements of the 41 standards. The auditor commends the staff at SRRC2 and the PREA Coordinator for PHS.



## **Standards**

### **Auditor Overall Determination Definitions**

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### **Auditor Discussion Instructions**

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

<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>
	<p>PHS, policy' entitled "Prison Rape Elimination Act Prevention, Investigation &amp; Reporting" was reviewed by the auditor. The policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment throughout the organization. The policy also includes the agency's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The policy further includes definitions for prohibited behaviors regarding sexual harassment and sexual abuse along with sanctions for those found to have participated in prohibited behaviors. In addition, SRRC 2 policy, "Prison Rape Elimination Act Zero Tolerance Facility Policy" includes the facilities approach to preventing, detecting and responding to incidents of sexual abuse and sexual harassment. The facility policy includes sanctions for those found to have participated in prohibited behaviors.</p> <p>PREA posters and signage were observed throughout the facility during the on-site tour. PHS has posted a declaration of Zero Tolerance of sexual abuse and sexual harassment on the website at <a href="http://www.pioneerhumanservices.org">www.pioneerhumanservices.org</a> .</p> <p>The PREA Coordinator indicated she had sufficient time and authority to implement the PREA Standards agency wide.</p> <p>The Agency organization chart and the facility organization chart appropriately indicate both positions and their supervisory significance.</p> <p>A random selection of staff, and residents, the Agency PREA Coordinator, Agency Head, Director, and Investigator all indicated a familiarity with the organizations zero-tolerance policy.</p>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This standard is not applicable. Pioneer Human Services is a private Non Profit group, they do not contract with other agencies for services. Both the State of Washington and the U.S. Government contract with Pioneer Human Services for confinement beds.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Pioneer Human Services implements a staffing plan that provides adequate levels of staffing. In addition, there is video monitoring available to protect residents from sexual abuse. The staffing plan is reviewed on a yearly basis by both the Compliance manager and the Coordinator. The SRRC2 houses residents who have been released from Federal Bureau of Prisons Facilities. Pioneer Human Services is contracted by the Federal Bureau of Prisons to provide Reentry services for these individuals. The staffing plan was developed in conjunction with the contractual requirements of the Federal Bureau of Prisons. The staffing plan is consistently complied with, there have been no deviations from the staffing plan in the past 12 months. The facility staffing plan is reviewed on a yearly basis, this review includes a vulnerability analysis that looks at the physical plant, video monitoring systems and the overall allocation of resources. Interviews with the Director and the PREA Coordinator indicate that during each yearly monitoring visit (conducted by the Bureau of Prisons) the Director and the PREA Coordinator review the staffing plan with Bureau of Prisons. The auditor reviewed the contractual statement of work which specifically indicates SRRC will concentrate staff when most offenders are available for program activities. SSRC will staff at least two positions (one male and one female if the facility is co-ed), 7-day post, 24 hours a day, dedicated only to the supervision of offenders. The intent is that these posts will devote 100 percent of their time supervising offenders.

The staffing plan meets the following elements as required: 1) the physical layout of the facility, 2) the composition of the resident population, 3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 4) any other relevant factors. The Federal Bureau of Prisons establishes the staffing plan which specifically calls for at least two positions, seven days a week, 24 hours a day. The seven day posts cannot be filled by case managers, or management staff. The seven day posts must devote 100% of their time supervising residents. SRRC2 provided a copy of the work schedule to the auditor. The auditor confirms the staffing plan in effect for offender supervision does not include case managers or management staff. The SRRC Assistant Director and the PREA Coordinator indicated there has been no deviations from the staffing plan.

PHS utilizes a PREA Vulnerability assessment to determine areas of concern and/or high risk for sexual assault. All areas of the facility are reviewed. During the minor remodel of SRRC2 the assessment identified areas that needed additional camera coverage. A post-remodel vulnerability assessment was conducted at SRRC2 in June 29th, 2016. Cameras that were previously installed on a pre-remodel vulnerability assessment were observed to provide adequate surveillance of blind spots. Areas that had limited or no coverage were verified to be off-limits at all time to residents. A mirror was added in the corner of the dining room to capture a blind spot in front of the table, and a camera was lowered above the women's pod door to provide greater visibility of the pod's entrance.

The PREA Compliance Manager, PREA Coordinator and the Agency Head designee reviewed the staffing plan prior to accepting residents. The staffing plan at SRRC2 and all other PHS Federal facilities is reviewed on an annual basis to determine if adjustments should be made. The review includes the deployment of human resources, the effective and efficient use of monitoring technology and the allocation of financial resources committed to the staffing plan to ensure compliance.

The auditor was provided with physical plant schematics. The auditor observed placement of

current cameras and staffing posts of Resident Monitors. The auditor reviewed the Statement of Work and the Vulnerability Assessments. The auditor interviewed the Director and PREA Coordinator concerning the staffing plan. Finally, the auditor observed the physical plant during the tour and observed staff and resident interactions during the tour.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1436 526">PHS Policy, "Prison Rape Elimination Act Prevention, Investigation &amp; Reporting" governs cross-gender strip searches by nonmedical staff and cross-gender visual body cavity searches. Employees may not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p data-bbox="252 582 1452 694">The auditor observed the Exigent Circumstance Log where all pat down or unclothed searches are documented. There have been no cross-gender strip searches or visual cavity searches at SRCC2.</p> <p data-bbox="252 750 1460 996">The auditor observed the private bathroom with mirrors used to collect urine analyses. The auditor also observed each bathroom in each pod/living unit. The areas were provided privacy, and each door can be locked from the inside preventing uninvited access. SRCC2 is able to staff every shift with at least one female Resident Monitor; female residents are not restricted from programming or other outside opportunities. There is consistently enough female staff to perform pat search duties.</p> <p data-bbox="252 1052 1420 1164">None of the random staff or residents interviewed at the facility indicated they had been involved in, or had knowledge of any cross-gender strip searches or body cavity searches being conducted at the facility.</p> <p data-bbox="252 1220 1484 1467">Staff of the opposite gender announces their presence when entering a resident housing area. The auditor observed this practice. A random sample of staff were interviewed during the tour to determine compliance with this provision. None of the residents interviewed during the tour indicated they had ever been viewed unclothed by a staff member of the opposite gender. All residents during the tour stated staff of the opposite gender announce their presence before entering resident-housing areas, and are assured privacy while showering and dressing.</p> <p data-bbox="252 1523 1484 2072">The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. All staff (100%) have participated in training on searches of transgender and intersex residents in a professional and respectful manner. Transgender and intersex residents have the option to choose the gender of staff; they are most comfortable with for the purpose of conducting pat searches. There were no transgender or intersex residents available during the on-site audit to interview. Staff members are familiar with the policy against searching transgender or intersex residents solely to determine their genital status. The Moss Group Guidance in Cross-gender and Transgender Pat Searches Training Curricula for staff members and the training logs for this training were reviewed. All staff interviewed had seen and participated in this training. All residents interviewed on this subject indicated they are pat searched by same sex staff. All staff interviewed on this subject indicated they are aware of the search policy and have not deviated from the policy.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SRCC 2 has procedures to provide disabled residents with the opportunity to participate in the center’s efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, SRCC 2 and PHS have agreements with interpreters to assist in providing effective communication with residents who have disabilities. Specifically, ASAP is an agency which regularly maintains and updates a resource list of independent interpreters in various languages which will use its best efforts to refer qualified independent interpreters from its resource list to meet any request for specific interpretation services made by PHS, in accordance with the terms of this Agreement. Interpreters on the ASAP resource list are all independent contractors who can provide interpretation services within his/her qualifications, for PHS at the times, dates and locations specified by PHS.</p> <p>The Agency’s Vice President of State and Federal Reentry Programs indicated during his interview that procedures are in place to ensure residents with disabilities and those who are limited in the English language have an equal opportunity to participate in the agency’s effort to prevent sexual abuse and harassment. The SRCC 2 does not rely on inmate interpreters in any manner.</p> <p>SRRC2 takes 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. Specifically, for residents who are challenged by a language barrier or a speech disability barrier, an interpretation service is available including sign language if necessary. One-on-one counseling is provided for residents who experience difficulty in understanding the agency’s efforts to prevent abuse and harassment.</p> <p>Residents who are blind or have low vision are provided information by having a staff member or an interpreter read the information to them. In addition, for those with low vision a handbook with extra-large font can be provided.</p> <p>SRRC2 takes appropriate steps to ensure that residents with intellectual disabilities and psychiatric disabilities have an opportunity to benefit from the agency’s efforts to prevent and respond to sexual abuse and sexual harassment. Specifically, one-on-one counseling is provided to ensure residents with intellectual disabilities or psychiatric disabilities understand the PREA information.</p> <p>SRCC 2 has not experienced a resident who was blind or who had a significant language barrier. However, there are procedures in place to meet the needs of these individuals. While some residents do have psychiatric issues, there have been no circumstances in which the psychiatric issues prevented a resident from understanding the PREA information.</p> <p>All Intake Staff interviewed indicate they read through the PREA section of the Resident Handbook at the time of intake, whether or not the residents have a visual impairment. A</p>

random selection of staff, residents, and the Agency Head (designee) were interviewed for compliance. SRCC 2 staff ensure effective communication with all residents regardless of the disability.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. PHS policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. Additionally, staff who have worked at correctional facilities are required to provide an institutional work history. That information is used to contact prior employers to detect any information on substantiated allegations of sexual abuse or a resignation pending investigation for an allegation of sexual abuse. Interviews with Human Resource staff confirm these efforts. There have been 17 new employees hired within the past 12 months, all criminal background checks were completed appropriately. The auditor randomly selected employee files. These files included staff who have been hired in the past 12 months. Each file had the appropriate background checks completed, prior institution employers reference checks were also completed. One employee had been recently promoted, appropriate consideration was given to any issues concerning sexual harassment. Background checks are completed every five years for current employees and employees who fail to disclose information concerning misconduct can be terminated from employment. Interviews with Human Resource staff confirm that five year checks are completed and that appropriate sanctions are available for staff who fail to report misconduct.</p> <p>PHS policy' entitled "Prison Rape Elimination Act Prevention, Investigation &amp; Reporting" prohibits the hiring, and promotion of staff who have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or have been convicted of engaging or attempting to engage in sexual activity in the community. PHS also seeks any information regarding civil or administratively adjudicated incidents of sexual activity. Review of employee HR documents confirmed that background criminal records checks are conducted for all staff prior to having contact with inmates. PHS also attempts 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 or sexual harassment.</p> <p>PHS considers any incidents of sexual harassment in determining whether to hire or promote anyone. There are no volunteers at SRRC2.</p> <p>Staff have an affirmative duty to disclose any misconduct. Interviews with Human Resource Staff indicate compliance. The auditor also reviewed HR documents for compliance. All documents reviewed indicated compliance. Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination of employment.</p>

Unless prohibited by law, PHS provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work.”

The auditor reviewed the Application for Employment, the Institutional Work History form, the Sexual Misconduct form and the Reference Check Authorization form. In addition, the auditor interviewed Human Resource staff and the auditor reviewed five randomly selected employee files.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SRRC2 is located in downtown Spokane area. The building is an older structure circa 1904. Although initially utilized as a reentry center, the mission changed in 2007 and the building was utilized as a homeless center for Veterans. In 2015 the building was rededicated to a reentry center. No major remodeling was completed, however due to the mission change the new laundry equipment was added, cameras and a DVR were installed, the kitchen and dining area were upgraded. One wall was added to divide the female unit from the main hallway. A vulnerability study was completed and the recommendations of that study were incorporated into the final design. Upon completion of the remodel an additional vulnerability analysis was conducted with recommendations that included adjusting video surveillance to areas that would enhance the Center’s ability to protect residents from sexual abuse. Several staff were involved in these vulnerability assessments including both the Coordinator and the Compliance Manager. Finally, the Vice President of State and Federal Reentry programs was involved in all decisions concerning the implementation of the recommendations from the Vulnerability assessments. In his interview the Vice President of State and Federal Reentry programs indicated the importance of utilizing technology to enhance the protection of residents from incidents of sexual abuse.</p> <p>The auditor reviewed camera placement during the tour and was provided with an overview of the DVR system. The auditor reviewed the facility schematic including placement and view of the cameras, and the vulnerability assessments. The Director indicated during her interview that PHS added a dividing wall to separate the women’s pods from the male pods. In addition, the Agency Head Designee stated during his interview that PHS has developed a process that maximizes line of site in our facilities. In conjunction with video monitoring technology PHS continues to improve their ability to protect residents from sexual abuse.</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



PHS Policy Prison Rape Elimination Act, Prevention, Investigation & Reporting” states PHS will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. PHS will offer all victims of sexual abuse access to forensic medical examinations, without financial cost. Examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination will be performed by a qualified medical practitioner. The auditor reviewed e mail correspondence between PHS and Providence Medical Group. Specifically, between the Director of Emergency Services for Urban Campuses Sacred Heart Hospital and Holy Family Hospital and the PREA Coordinator. The e mails document the effort of PHS to determine the availability of SAFE or SANE.

While currently in the Spokane area the availability of SAFE or SANE is low. The auditor is personally aware of the local hospital’s efforts to enhance the forensic examinations by training additional nurses. The auditor is a member of the Spokane area PREA coordinating committee. This committee meets on a quarterly basis, it is coordinated by Lutheran Community Services and includes representatives from several detention agencies, Spokane County Sheriffs, Sacred Heart Hospital staff (Providence Medical Group) and the staff from the Sexual Assault and Family Trauma unit. Providence Medical Group staff has indicated emergency room nurses have been trained to conduct forensic medical examinations and to work in unison with investigators to maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

PHS makes available to the victim a victim advocate from the Sexual Assault and Family Trauma Center (SAFeT). PHS has an MOU with Lutheran Community Services that indicates SAFeT staff will respond to requests from SRCC2 to provide advocacy when residents are brought to an emergency room for sexual assault forensic examination. All SAFeT staff are certified Sexual Assault Advocates.

Law Enforcement agencies in the Spokane area follow a uniform protocol for investigations involving allegations of sexual abuse that maximizes potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions. The Spokane City Police in conjunction with the Spokane County Sheriff’s Office investigate all sexual assaults that occur in Spokane. Victims range from infants to the elderly and many of the victims suffer from either mental or developmental disabilities. All of the investigators are required to be Child Forensic Interview Specialists. This training is updated on a yearly basis. Many of the investigators are involved in education/training throughout the community regarding sexual assault interviewing, sexual assault investigations, and internet awareness. The Law Enforcement agencies in the Spokane area follow the recommended uniform evidence protocol cited in this PREA standard. Additionally, all allegations of sexual abuse are reported to the Federal Bureau of Prisons.

PHS conducts an internal administrative investigation of employee misconduct concerning sexual harassment. Any issues that potentially involves criminal activity is immediately referred to the appropriate law enforcement agency. The agency investigator has been trained to conduct investigations in a confined setting, this training was confirmed by the auditor, training certificates were provided, the auditor also interviewed the investigator. The administrative investigation of employee misconduct will also encompass the PHS Director of Human Resources and the PREA Coordinator

There were no residents on-site who had reported sexual abuse at SRRC2.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SRRC and PHS ensure both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Although there have been no allegations in the past 12 months, appropriate procedures are in place to ensure investigation will be completed. PHS has procedures in place that require investigations by appropriate Law Enforcement Agencies and staff at PHS have been trained to conduct administrative investigations involving sexual abuse or harassment. In the event that an administrative investigation potentially involves criminal behavior the investigation is referred to a Law Enforcement agency. The agency documents all referrals. The PHS Web site provides information concerning PREA and the PREA Policy is posted on the Web site.</p> <p>PHS staff who has completed the Specialized Training for Investigators would initially respond to a report of sexual abuse and sexual harassment. All reports are also immediately communicated to the Federal Bureau of Prisons. Upon suspicion or awareness of a criminal act, the PHS Investigator would refer the investigation to the Spokane City Police and the Federal Bureau of Prisons. Every report of sexual abuse or sexual harassment results in an immediate investigation.</p>

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SRRC2 trains' employees on zero tolerance and an employee's responsibilities to prevent, detect, report and respond to incidents of sexual abuse and harassment. Employees are informed of the residents' right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Employees are trained on the dynamics of sexual abuse in confinement, the reactions of victims and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with residents and how to effectively communicate with all residents. In addition, mandatory reporting laws are reviewed. The training is tailored to the residents at SRRC2. All employees have been trained, they are trained annually, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.</p> <p>PHS Policy Prison Rape Elimination Act, Prevention, Investigation &amp; Reporting" states PHS will receive initial PREA training upon hire/assignment, followed by annual refresher training.</p>

When initial training is not conducted prior to assignment, the individual employee will sign the PREA Acknowledgement Prior to Training form and will complete the training at the earliest opportunity. The auditor reviewed the training curriculum. The curriculum included information on zero-tolerance policy for sexual abuse and sexual harassment; responsibilities under PHS sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; residents' right to be free from sexual abuse and sexual harassment; the right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in community confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; relevant laws regarding the applicable age of consent; and reporting methods including reporting through and anonymous external reporting method. New employees must complete this training and affirm understanding prior to independent contact with residents. The auditor observed and was provided copies of the PREA Acknowledgement Prior to Training for randomly selected employees. The form indicates the new or rehired staff member understands the PREA Zero Tolerance information, understands his or her reporting requirements, understands how to report allegations of sexual victimization and finally the staff member acknowledges and understands the PHS Policy Prison Rape Elimination Act Prevention, Investigation and Reporting.

The training provided by PHS is tailored to the needs of the residents of SRRC2. The auditor observed staff of the opposite gender announcing their presence when they enter an opposite gender resident floor. This procedure demonstrates the internalization of the policy and procedure relative to gender specific training.

The auditor observed PREA posters and information related to compliance with PREA standards clearly displayed throughout SRRC2.

PHS staff receive annual refresher training, evidence to support this training was provided to and observed by the auditor. Specifically, training in both 2015 and 2016 involved policy review, cross gender searches and a PREA PowerPoint presentation. Staff verified via signature that they received and understood the training. A random sampling of PHS staff were interviewed, and appeared knowledgeable about their individual responsibilities regarding PREA.

Documentation, Interviews, and Evidence Reviewed:

New Employee Training Documentation  
PREA Training Curricula Contents  
PHS PREA Policy Acknowledgement Form  
Interviews completed with random staff, and PREA Coordinator.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SRRC2 does not have volunteers entering the facility to conduct on site treatment or provide Religious programming for residents. All treatment or other programming is provided off site. Community services are coordinated by the resident and it is the resident's responsibility. Other individuals who enter SRRC2 for the purpose of repairs, IT, phone, physical plant, etc., are always supervised by staff and they do not have contact with residents. These individuals are provided with information concerning PREA and the Zero Tolerance policy.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Residents receive information on zero tolerance, how to report incidents of sexual abuse and harassment, their right to be free from sexual abuse and harassment and to be free from retaliation for reporting incidents. In addition, residents are informed about how SRRC2 will respond to such incidents. Intake Staff interviews verify that residents receive the appropriate information. In addition to this information resident are provided a handbook that also provides information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed all residents receive this information. Interviews with residents also confirm that SRRC2 Staff provide information on reporting incidents of sexual abuse. The agency documents the receipt of this information. Subsequent to the intake process SRRC2 Case Management staff provide additional information to residents concerning PREA in both video and written format. Interpretation services are provided for residents who may not be able to understand the presented material. Throughout the facility there is information posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available.</p> <p>PHS Policy Prison Rape Elimination Act, Prevention, Investigation &amp; Reporting” states during the intake process, residents will receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding PHS policies and procedures for responding to such incidents. This information is provided to all residents. Additionally, PHS provides resident education in formats accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. This information includes the resident’s right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. These education sessions are conducted within 10 days of intake. For the most part these education sessions are conducted within the first 24 hours of a resident arriving at SRRC2. PHS maintains documentation of resident participation in these education</p>

sessions through an electronic case management documentation system. Residents and staff are able to electronically sign that they received the information provided.

In addition to providing this information the auditor observed during the tour key information that is available or visible to residents through posters and the resident handbook. The auditor further observed information pertaining to the services provided by Lutheran Community services, specifically the SAFeT program.

The Resident Handbook contains detailed information on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The handbook also contains information about Lutheran Community Services and specifically SAFeT.

If the resident is unable to read, the entire Resident Handbook may be read to the resident. Residents with reading or vision issues, are issued a bolded, larger font Resident PREA Handbook. If necessary, during the intake process, highlights of the PREA information is read to residents. A verbal introduction about PREA is also provided to the resident. SRRC2 staff reported to the auditor that they have not experienced a resident who was limited English proficient, deaf, visually impaired or otherwise disabled. The auditor interviewed nine residents during the audit, none of the Residents presented with any type of difficulty understanding the information provided. Residents acknowledge receipt of the handbook information. The auditor was provided with handbook acknowledgement forms for the residents.

The auditor viewed, during the tour, PREA posters on the walls in several areas. He also viewed information concerning the phone number to call to make a report concerning sexual abuse or sexual harassment or retaliation for making a report concerning sexual abuse or sexual harassment. Finally, the auditor viewed information concerning SAFeT and the number to call for access to a victim advocate.

The Pre-Audit Questionnaire indicates all residents have been educated concerning PREA. Further no residents have been transferred to SRRC2 from another community confinement center. The auditor notes that regardless of the status of a resident, all residents go through the intake process and received subsequent education on PREA.

A random selection of residents confirmed receiving information upon intake and the repetition of presentation of PREA related topics. Residents appeared to be well-informed of their rights, various options in making reports, and who to go to regarding retaliation.

Documentation, Interviews, and Other Evidence Reviewed:

PHS Resident Handbook

Handbook Acknowledgement Forms

Interviews of Random Residents, Intake Staff, Risk Assessment staff

PREA Posters, posted information regarding protection from retaliation and posted phone numbers.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS conducts administrative investigations involving sexual abuse and sexual harassment. The investigator has received training in conducting investigations in confinement settings. This training was on line and coordinated by the National Institute of Corrections. The title of the training is “Investigating Sexual Abuse in a Confinement Setting”. That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The auditor reviewed the training certificate and interviewed the Investigator. The Investigator was aware of his responsibilities during an investigation, he indicated that upon notification of an allegation the investigation would begin immediately. Any allegation that potentially involved criminal behavior would require police involvement. The training he took from NIC covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection and victim advocacy.</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Not Applicable. PHS does not provide in house medical and mental health staff. Residents are referred to community providers.</p>

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All residents are provided Risk Assessments upon intake. The policy provides that assessments are conducted within the first 72 hours. The Auditor notes that these assessments are done almost immediately after the initial intake. The assessment includes the mental, physical and developmental disability of the resident, the age of the resident, the physical build of the resident, previous incarcerations, criminal history, prior sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the resident’s perception of his or her vulnerability. Residents are reassessed within 30 days or if additional information is received. Residents are not disciplined for failing to answer any questions. All information gathered during intake is shared with only those staff that have a need to know. Sensitive information is not shared unnecessarily. Interviews with Case Management staff confirmed the use of the</p>

assessment tool. In addition, resident interviews indicated the use of the assessment tool.

SRRC2 indicated in the Pre-Audit Questionnaire that within the past 12 months 10 residents were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into SRRC2. The auditor noted the facility opened in May 2016. The Auditor confirmed that those residents who arrived after the completion of the PAQ were also screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into SRRC2.

During the on-site audit the auditor viewed the private office where residents are screened upon intake. Intakes are completed by Resident Monitors. The auditor also viewed the private office where residents participate in the risk assessment.

SRRC2 utilizes a screening tool which scores resident's responses and staff perceptions, and correlates scores with propensity towards vulnerability or aggressiveness. The auditor observed this information is maintained and is accessible only to those individuals who have a need to know. Access to case management files is limited to case managers and management staff.

Residents may be re-assessed multiple times based on referral, request, upon making a report of sexual abuse and sexual harassment, or receipt of information which bears on the resident's risk of sexual victimization or abusiveness. The auditor notes that in the Facility information section of the PAQ, SRRC2 reports that three (3) residents had been living at the facility for more than 30 days. However in the documentation provided for this standard, PAQ reports zero (0) residents have been living at the facility for more than 30 days. Although there is a discrepancy in this documentation, the auditor notes that each resident at SRRC2 has mandatory weekly meetings with the Case Manager each week for the first six weeks at the center. Subsequent to this, the Case Manager meets with residents every two weeks. During an informal interview with the Case Manager, the Auditor was informed that the weekly and biweekly meetings are conducted as progress reviews. During the course of these reviews a variety of issues are discussed included but not limited to perceived safety, perceived vulnerability, work site relationships, family relationships, staff relationships and overall adjustment to society. PREA information as well as community support information is also discussed. PHS policy Prison Rape Elimination Act, Investigation and Prevention and Reporting" indicates that within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Additionally, a resident's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. SRRC2 meets this procedural requirement through the weekly and biweekly case management meetings.

The residents and the Case Manager confirmed in interviews that weekly meetings took place and a variety of issues were discussed during these meetings including a reassessment of the resident's adjustment to the reentry center.

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SRRC2 utilizes the intake information to make decisions on housing assignments. The needs of each resident are taken into consideration. Work and education programs are off site in the community, SRRC2 staff do not share intake information with community providers. Although no transgender or intersex offenders are currently in the population, Case Management staff indicated they would determine housing on a case by case basis and have appropriate facilities available to ensure the safety of all residents. The PREA Coordinator stated during her interview the Agency would consider a transgender or intersex resident's own views with respect to safety. During the audit there were no transgender or intersex residents at the SRRC2.</p> <p>The risk-screening instrument is an objective screening process designed to identify residents who are at risk of being victimized or at risk of abusing other residents. The information gleaned from the Risk Assessment tool is used in determining housing assignments and program assignments. The Auditor observed each of the housing pods/units. Each individual room has two beds and can be used for either one or two individuals. The shower and toilet facilities are all for individual use and the doors can be locked from the inside.</p> <p>In deciding whether to assign a transgender or intersex resident to a facility for males or females, and in making other housing and programming assignments, PHS considers on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems. Although no transgender or intersex individuals currently reside at SRRC2, a transgender individual is expected to arrive at SRRC2 in October. In consultation with the Federal Bureau of Prisons, SRRC2 has selected to house this individual in the female pod. However, SRRC2 staff have not had the opportunity to consult with the individual. The Case Manager is prepared to determine in consultation with the resident the final housing determination. Consistent with current procedures the transgender resident's own views with respect to his or her own safety shall be given serious consideration.</p>



115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="252 248 523 277"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1474 701">Residents have multiple ways to report allegations of sexual abuse and sexual harassment. There is an external PREA hotline that is not recorded. They can report verbally or in writing. Third party reports can be made to any staff or directly to PHS headquarters. Residents may file a grievance; residents also may contact the US Office of Inspector General. Staff can privately report to a supervisor, headquarters or they may use the hotline. These multiple methods of reporting are posted throughout the facility, they are available in the handbook and they are reviewed with the resident during intake and subsequent follow up with the Case Manager. Resident interviews confirm knowledge of the reporting procedures. Staff interviews confirm knowledge of reporting procedures.</p> <p data-bbox="252 752 1474 1301">PHS Policy Prison Rape Elimination Act, Prevention, Investigation and Reporting” states that residents, visitors, resident family members/associates and other community members can report allegations of sexual victimization; retaliation by residents or staff for reporting sexual victimization, and/or staff actions or neglect that may have contributed to an incident of sexual victimization. The policy specifies that residents can remain anonymous when reporting; residents may use a confidential external phone number (1-844-868-0055); residents may report verbally, in writing, or a third party can report to any staff member. Verbal reports are promptly documented. Residents can report through the grievance process or in writing to the PREA Coordinator. The auditor observed the toll-free, external reporting phone number was available on posters and visible to residents. The phone number is also available on PHS’ website, pioneerhumanservices.org. Finally, PHS staff can privately report sexual abuse and sexual harassment of residents through the PREA coordinator (in writing or by phone), PREA hotline (can report anonymously) or to the facility PREA Director.</p> <p data-bbox="252 1352 1453 1644">During the on-site audit, the auditor observed many posters mounted on the walls providing information on how to privately report an incident of sexual abuse or sexual harassment. Residents interviewed during the tour indicated that if he or she needed to make a private phone call they would use their cell phone and not the facility phone. Interviews of a random sample of residents indicated they were aware of a variety of ways for residents to report an incident of sexual harassment, sexual abuse, retaliation or neglect. The Resident Handbook also has information concerning how to make a report.</p> <p data-bbox="252 1695 1402 1771">Staff accepts reports made verbally, in writing, anonymously and from third parties. Staff indicate they would immediately document any verbal reports.</p> <p data-bbox="252 1823 1474 1944">The auditor interviewed a random sample of staff who all indicated they are able to privately report an incident of sexual harassment or sexual abuse by telling their immediate supervisor, the Agency PREA Coordinator, the Director or using the hotline.</p>

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS has an administrative procedure to address sexual abuse grievances. PHS does not impose a time limit, no informal grievance process is required. If an allegation is made against a staff member that staff member is not involved in the grievance process. There is an initial response within 48 hours and a final agency decision within 90 days. Third parties are allowed to submit and if necessary assist the resident in filing a grievance. There is an established procedure for emergency grievance and an initial response within 48 hours with a final decision within 5 days. If a grievance is filed in bad faith the resident may be disciplined.</p> <p>SRRC2 has not had a grievance filed within the past 12 months alleging sexual abuse.</p>

<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>PHS has established a Memorandum of Understanding with the Lutheran Community Services Northwest Sexual Assault and Family Trauma Center (SAFeT). These advocates provide support related to sexual assault. Residents have access to the mailing address, telephone numbers including a toll free number that provides confidential communication between residents and the center. The residents indicated their awareness of the SAFeT. However, none of the residents interviewed had utilized the services provided by Lutheran Community Services Northwest.</p> <p>The MOU between SRRC2 and Lutheran Community Services indicates any time an incident or allegation of aggravated sexual assault is discovered or reported within 120 hours of the incident, SRRC2 staff will transport the victim of the sexual assault to Sacred Heart Medical Center or Deaconess Medical Center for a sexual assault forensic exam and the victim shall meet with a sexual assault advocate. SRRC2 staff may contact SAFeT during office hours with any questions or for consultation about a specific, non-acute case. SRRC2 staff will respect the nature of privileged communication between the SAFeT advocate and the resident, and provide follow-up phone support. SRRC2 will facilitate the placement of an information placard in areas visible to residents that includes an emergency telephone number that residents may call at no charge.</p> <p>SAFeT agrees to respond to request from SRRC2/emergency room nurse; to provide advocacy when residents are brought to Sacred Heart or Deaconess Medical Center for sexual assault forensic exams. Advocacy that is provided will be conducted by a certified sexual abuse advocate. SAFeT staff will be available for any follow-up services and crisis intervention to victims via the crisis line. SAFeT staff will maintain confidentiality as required by state standards for certified sexual assault and crime victim advocates and provide cross</p>

training for SRRC2 staff when necessary.

PHS Policy Prison Rape Elimination Act, Prevention, Investigation & Reporting” indicates PHS will 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 number. SRRC2 allows for communication between residents and Lutheran Community Services, in as confidential a manner as possible. SRRC informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. PHS maintains a memorandum of understanding with Lutheran Community Services (SAFeT) that provides residents with confidential emotional support services related to sexual abuse. PHS maintains copies of the agreement. SRRC2 also provides residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Random Resident interviews and interviews with the Case Manager confirmed knowledge of access to outside confidential support services. Information concerning victim services is available to residents. The information is available throughout the facility in brochure form. In addition, the information is clearly listed in the Handbook. Although the information is readily available residents indicated they did not have a use for victim services. Residents did not know much about the services provided by Lutheran, although information concerning SAFeT is available.

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS has established a method to receive third party reports of sexual abuse. This information is available on the PHS website (<a href="http://www.pioneerhumanservices.org">www.pioneerhumanservices.org</a>). Information is available to the public on how to report resident sexual abuse or sexual harassment on behalf of the residents.</p> <p>PHS Policy Prison Rape Elimination Act, Prevention, Investigation &amp; Reporting” indicates multiple reporting methods for third parties are available on PHS’ external website <a href="http://www.pioneerhumanservices.org">www.pioneerhumanservices.org</a>. The Auditor reviewed the web site and easily found the following information:</p> <p>Reporting Options for Federal Bureau of Prisons (FBOP – federal reentry)  External PREA hotline at 1-844-868-0055 (can remain anonymous).  In writing to: PREA coordinator, PO Box 18377, Seattle WA 98118-0377.  In person or by phone to any facility staff.  By email: <a href="mailto:PREA@p-h-s.com">PREA@p-h-s.com</a>.</p> <p>The site provides telephone contact information for each Federal PHS Reentry Center.</p> <p>Family and friends of SRRC2 residents’ are provided with information in a brochure form that discusses zero tolerance, provides definitions concerning PREA, how to detect victimization and specifically how to report incidents of sexual abuse or sexual harassment. Reporting an incident can be completed by calling the Facility Director, calling the hotline, writing a letter to the PREA Coordinator or sending an email to the PREA Coordinator.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS Policy Prison Rape Elimination Act, Prevention, Investigation &amp; Reporting” indicates staff must immediately report any knowledge, suspicion, or information received, including anonymous third party reports, regarding all allegations or incidents of sexual victimization. This also includes related retaliation and knowledge of staff actions or neglect that may have contributed to an incident. Furthermore, when a resident displays signs of sexual victimization or discloses sexual victimization that occurred while in any correctional setting, SRRC2 staff must inform the resident of their duty to report.</p> <p>Staff who fail to report an allegation or incident, or who knowingly submit or coerce/threaten another to submit incomplete or untruthful information, are subject to corrective/disciplinary action. Staff receiving any information regarding an allegation or incident of sexual victimization must deliver the information confidentially and immediately. If the alleged victim is under the age of 18 or considered a vulnerable adult, SRRC2 staff will report the allegation to local services agency under applicable mandatory laws.</p> <p>Staff are informed not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions. SRRC2 staff report all allegations of sexual abuse and sexual harassment, including third party and anonymous, to the Federal Bureau of Prisons.</p> <p>All staff interviewed are knowledgeable of the requirement to report, the auditor determined staff are familiar with the mandates to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at SRRC2. Staff are aware that they must report information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any information regarding staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff have received training in this area.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS procedures indicate, when staff learn that a resident is subject to a substantial risk of imminent sexual abuse staff shall take immediate action to protect the resident.</p> <p>There were no reports that a resident was at risk of substantial risk of imminent sexual abuse in the past twelve months. The auditor interviewed the Agency Head (designee), the Director, and a Random sample of Staff to determine no cases had been reported over the previous year.</p> <p>Staff have received training and understand how to ensure residents are kept safe in the event they are at risk for imminent sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim and keep the victim safe until arrangements are made to ensure safety. Although there have been no incidents in the past 12 months at the SRRC2, staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the resident.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS policy "Prison Rape Elimination Act, Prevention, Investigation and Reporting indicates, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the head of the facility or appropriate office of the facility where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>The notification is to be provided as soon as possible, but no later than 72 hours after receiving the allegation. PHS will document that it has provided such notification. The facility head that receives such notification shall ensure that the allegation is investigated.</p> <p>There have not been any reports from a resident that they were sexually abused at another facility in the past 12 months.</p> <p>Interviews with both the Director and the Vice President indicate compliance with this procedure.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS Policy “Prison Rape Elimination Act, Prevention, Investigation and Reporting outlines the duties of First Responders. Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.</p> <p>The auditor reviewed the Coordinated Response Plan for the facility. The Coordinated Response Plan provides a step-by-step process for responding to an allegation of sexual abuse. Emergency contact numbers for both the hospital (Sacred Heart) and Lutheran Community services (SAFeT) are at the top of the document. The document provides instructions for first responders that include separation, care for the victim, and immediate notification to mental health practioners (SAFeT), 911 if emergent and the facility Director. Staff are instructed to protect the crime scene and monitor the alleged perpetrator. The Coordinated Response plan details guidance for the Director, that includes notifications and the need to coordinate access and resources. The document further provides guidance on monitoring the investigation and post incident review procedures.</p> <p>SRRC2 staff were interviewed concerning first responder responsibilities. Staff were aware of their responsibility in this area. Staff indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim to not take any action that would compromise the evidence, and if possible ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff were aware that they needed to contact local law enforcement and the Sexual assault center. The staff interviewed indicated they had received training that included the duties of a first responder. During the past 12 months SRRC has not had any incidents of sexual assault. All current SRRC2 staff have been trained in first response procedures. Interviews with staff and the facility Director confirm this assessment.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed the Coordinated Response Plan for the facility. The Coordinated Response Plan provides a step-by-step process for responding to an allegation of sexual abuse. Emergency contact numbers for both the hospital (Sacred Heart) and Lutheran Community services (SAFeT) are at the top of the document.</p> <p>The document provides instructions for first responders that include separation, care for the victim, and immediate notification to mental health practitioners (SAFeT), 911 if emergent and the facility Director. Staff are instructed to protect the crime scene and monitor the alleged perpetrator.</p> <p>The Coordinated Response plan details guidance for the Director, that includes notifications and the need to coordinate access and resources. The document further provides guidance on monitoring the investigation and post incident review procedures.</p> <p>The written plan that includes, immediate notification to the PREA Coordinator, law enforcement and sexual assault advocates. The Director stated during his interview that staff are trained to follow the Coordinated Response Plan that includes but is not limited to, separating the involved individuals, contacting law enforcement, maintaining evidence integrity, contacting the PREA Coordinator, Community Partners, and assisting in transport if necessary.</p> <p>The PREA Coordinator, and Director were interviewed regarding the development and implementation of the Coordinated Response Plan.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. There is no collective bargaining agreement that would prohibit immediate action to protect residents.</p> <p>This standard is not applicable. PHS does not participate in collective bargaining agreements.</p> <p>The Agency Head and HR staff confirm there is no prohibition against removing alleged staff sexual abusers from contact with residents.</p>



115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS prohibits retaliation against both residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. PHS Policy “Prison Rape Elimination Act, Prevention, Investigation and Reporting indicates staff and residents who cooperate with an investigation will report all concerns regarding retaliation to the Director (PREA Compliance Manager) or the external hotline at 1-844-868-0055. The Director will take appropriate measures to address the concerns. When a PREA investigation is initiated, PHS will monitor to assess indicators or reports of retaliation against reporters and alleged victims. The PREA coordinator will notify appropriate staff, as applicable, when monitoring is required. The PREA compliance manager/designee at the facility where the report was made will ensure alleged victims and resident reporters are monitored and met with at least monthly. The assigned human resources business partner will monitor staff reporters. Staff, residents and others will immediately report any signs of retaliation to the PREA compliance manager/designee, who will take appropriate steps to address the issue. Retaliation monitoring will continue for 90 days following notification, or longer if the PREA coordinator determines it is necessary. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, PHS shall take appropriate measures to protect that individual against retaliation.</p> <p>The SRRC2 Director (PREA Compliance Manager) is the designated staff member to monitor retaliation at the facility. Multiple measures are available that include removal of alleged staff and alleged resident abusers, housing changes and advocate support. Monitoring can last for at least 90 days and includes periodic status checks.</p> <p>In absence of the Director the Assistant Director would assume the responsibilities for monitoring retaliation. At the present time SRRC2 has an Assistant Director and an Acting Director. The Assistant Director was interviewed concerning his role in monitoring retaliation. The Assistant Director appropriately explained his role in monitoring retaliation and the methods available to him to ensure both residents and staff were protected from retaliation.</p> <p>There have been no reports of retaliation for reporting allegations of sexual assault or sexual harassment at the SRRC2 in the past 12 months.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1484 526">PHS Policy Prison Rape Elimination Act, Prevention, Investigation and Reporting specifies investigations into allegations of sexual abuse and sexual harassment are promptly thoroughly and objectively completed. This includes all allegations including those from a third party or anonymous reports. The Auditor verified the agency investigators had completed Specialized Training for Investigators.</p> <p data-bbox="252 582 1476 739">PHS has two investigators who have been trained. One is the Director of the Tacoma Reentry Center and the other is the Director of Juvenile Services. The training included a course from the Moss Group, Specialized Training for Investigators in a Confinement Facility and the NIC training; Specialized Training for Investigators in a Confinement Facility.</p> <p data-bbox="252 795 1380 996">PHS conducts administrative agency investigations, with the involvement of the PREA Coordinator and the PHS Director of Human Resources, but does not conduct criminal investigations. Criminal investigations are conducted by a law enforcement agency in Spokane, WA or the Federal Bureau of Investigation. In some instances, the Office of Inspector General may also conduct criminal investigations.</p> <p data-bbox="252 1052 1484 1131">PHS has reported no investigations of sexual harassment or sexual abuse has occurred at the SRRC2 in the past 12 months.</p> <p data-bbox="252 1187 1484 1467">Interviews with PHS investigator affirm investigations are handled immediately, third-party reports are treated the same as if the resident filed the report, the credibility of an alleged victim, suspect, or witness is evaluated on an individual basis, and not based on their status as inmate or staff. Investigators refer cases to law enforcement if there is the potential for a prosecution. Additionally, investigators in conjunction with the Facility Director will coordinate activity for the law enforcement agency such as access to files, electronic monitoring data or arranging for interviews.</p> <p data-bbox="252 1523 1484 1982">Investigative staff does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for processing, and if a resident leaves SRRC2, an investigation will continue until completion. The PHS investigator further indicated that if a resident recants an allegation, the investigation will continue until completed. According to PHS procedures all administrative investigations would include a determination as to whether or not staff actions or failure to act contributed to the abuse. Additionally, all administrative investigations would include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings. The Auditor was unable to review any administrative or criminal investigation, as no incidents of sexual abuse or harassment have been reported or investigated at the SRRC2 in the past 12 months.</p> <p data-bbox="252 2038 1484 2116">PHS will retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency plus five years.</p>

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Investigative Officer was interviewed concerning the evidential standard for administrative investigation. His response to the standard of evidence was as follows: "The evidence standard for administrative investigation is a "preponderance of the evidence". The Investigative Officer has received specialized training relevant to PREA. Specifically, "Investigating Sexual Abuse in a Confinement Setting". The Investigative Officer was interviewed and explained to the auditor in detail the steps to be taken during a PREA related investigation.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS Policy Prison Rape Elimination Act, Prevention, Investigation &amp; Reporting" indicates that following a resident's allegation that a staff member has committed sexual abuse against the resident, PHS will subsequently inform the resident (unless PHS has determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> <li>1. The staff member is no longer posted within the resident's unit;</li> <li>2. The staff member is no longer employed at the facility;</li> <li>3. PHS learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>4. PHS learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>Following a resident's allegation that he or she has been sexually abused by another resident, PHS will subsequently inform the alleged victim whenever:</p> <ol style="list-style-type: none"> <li>1. PHS learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</li> <li>2. PHS learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>All such notifications or attempted notifications will be documented and maintained.</p> <p>There have been no investigations for sexual abuse or sexual assault at SRRRC2 in the past 12 months.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 1476 526">PHS Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. During the past 12 months there has not been any allegations of staff sexual abuse or sexual harassment at SRRC2. Interviews with Human Resource staff confirm that if necessary, appropriate sanctions are available for violations of PHS Policy relating to PREA</p> <p data-bbox="252 582 1484 907">Disciplinary sanctions for violations of PHS policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of PHS’ PREA policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. PHS will track all staff terminations, as well as licensing notifications, at the corporate level.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="252 1120 901 1153"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 1198 526 1232"><b>Auditor Discussion</b></p> <p data-bbox="252 1276 1484 1691">Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with residents. For any other violations of PHS PREA policies, appropriate actions will be taken. For contract staff terminations, the PREA compliance manager/designee will notify the contract staff/organization in writing with a copy to the PREA Coordinator, who will alert all facilities of the termination. Contractors or volunteers who engage in sexual abuse or sexual harassment are reported to law enforcement and to relevant licensing bodies. Contractors or volunteers who have been found to have violated PHS PREA Policies are not allowed contact with residents. There have been no incidents of contractors or volunteers violating PHS PREA policies within the past 12 months at the SRRC2.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SRRC2 reports there have been zero administrative findings of resident-on-resident sexual abuse at the facility; additionally, SRRC2 reports there have been zero criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months. If residents are found to have committed these infractions, residents are subjected to disciplinary sanctions pursuant to a formal disciplinary process. The disciplinary process is coordinated by the Federal Bureau of Prisons. The Bureau of Prisons utilizes a Discipline Hearing Officer to conduct disciplinary report hearings. Residents are informed of these expectations and consequences in the Resident Handbook, upon intake.</p> <p>Residents will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse, as determined by the investigative agency. Sanctions will be determined by the appointing authority and will be 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. The appointing authority’s disciplinary process will consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility will consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p>PHS may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. PHS prohibits all sexual activity between residents and may discipline residents for such activity.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS Policy “Prison Rape Elimination, Prevention, Investigation and Reporting” states that resident victims of sexual abuse will 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. First responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners. Resident victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>SRRC2 procedures indicates residents would be taken or referred to Sacred Heart Hospital for medical care and forensic evidence collection and examination. Mental Health care is offered by SAFeT and their advocate would be at the hospital with the resident victim. Treatment for these services is at no cost to the resident. Revised Code of Washington 7.68.170 states: "No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter."</p> <p>The Director of SAFeT stated there is a coordinated response to sexual assault crimes in Spokane County. The three main partners, medical services, mental health services and law enforcement work together to provide services to the victim. Lutheran Community Services coordinates the Regional PREA Coordinating Committee. This group of individuals represents the Spokane area correctional facilities both juvenile and adult, community treatment centers, Providence medical staff, SAFeT staff and Law Enforcement staff. This group meets on a quarterly basis; the partnership between these agencies and SAFeT has improved the level of organization and care provided to incarcerated individuals.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS Policy “Prison Rape Elimination, Prevention, Investigation and Reporting” states that SRRC2 will provide access to medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility will provide such victims with access to medical and mental health services consistent with the community level of care.</p> <p>Resident victims of sexually abusive vaginal penetration while incarcerated will be given access to pregnancy tests. If pregnancy results from conduct specified above, such victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated will be offered access to tests for sexually transmitted infections as medically appropriate. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>SRRC2 will attempt to coordinate a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer access to treatment when deemed appropriate by mental health practitioners.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS Policy “Prison Rape Elimination, Prevention, Investigation and Reporting” states that PHS and will 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. Such review will ordinarily occur within 30 days of the conclusion of the investigation. The review team will include upper-level management officials, with input from line supervisors, investigators, the local PREA compliance manager, PREA coordinator and—when staff is potentially involved—an HR representative. When needed, medical or mental health practitioners may be included. The review team shall:</p> <ol style="list-style-type: none"> <li>1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li>2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;</li> <li>3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>4. Assess the adequacy of staffing levels in that area during different shifts;</li> <li>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> <li>6. Prepare a report of its findings and any recommendations for improvement, and submit such report to the PREA coordinator.</li> </ol> <p>The facility will implement the recommendations for improvement, or will document its reasons for not doing so.</p> <p>The auditor reviewed the PREA incident review form. The form is used to document the incident review and adequately addresses specific steps in this standard.</p> <p>As noted throughout this report there has been no incident of sexual abuse at the SRRC2 in the past 12 months. There are no Incident Reviews to audit.</p>



115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS Policy “Prison Rape Elimination, Prevention, Investigation and Reporting” states that data will be collected by the PREA coordinator for each allegation of sexual victimization. The local PREA compliance manager and PREA coordinator shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol style="list-style-type: none"> <li>1. Identifying problem areas;</li> <li>2. Taking corrective action on an ongoing basis; and</li> <li>3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</li> </ol> <p>Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the PHS’ progress in addressing sexual abuse. Reports will be approved by the agency head and made available to the public through the PHS website, pioneerhumanservices.org. Information may be redacted from the report when publication would present a clear and specific threat to facility security, but the report must indicate the nature of the material redacted. The U.S. Department of Justice has not requested any data or reports from PHS.</p> <p>The annual review is posted on line and was reviewed by the Auditor.</p>

115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PHS reviews the data and identifies problem areas, takes corrective action and prepares a final report. The report provides an assessment of the agency’s progress in addressing sexual abuse. The report includes a comparison of the current year’s data and any corrective actions with those from prior years. The report provides and assessment of the agency’s progress in addressing sexual abuse in reference to each individual program.</p> <p>If a program did not have a substantiated case of sexual abuse or sexual harassment no specific facility action plan would be put in place. However, if the facility did have a substantiated case of sexual abuse or sexual harassment an action plan was developed and that plan would be reported in the annual report. There were three PHS Facilities that had investigations in 2015. Of those three, two had not reached completion by the time the annual report was issued. One facility had an action plan that included staff discipline, additional resident education and an increase in PREA training. These three identified steps were being used to correct the issues involved in the substantiated investigation of sexual harassment. The Agency Head reviews the report and it is available on line at <a href="http://www.pioneerhumanservices.org">www.pioneerhumanservices.org</a>.</p> <p>The annual review is posted on line and was reviewed by the Auditor. The annual reports provide specific data on all programs that PHS has contracts for. Those programs that had incidents involving sexual abuse or sexual harassment are identified and the action plans developed in response to the incident is detailed in the annual report. For example, in 2015 at the Madison Inn Work Release, a State of Washington DOC facility managed by PHS, there was one substantiated allegation of staff sexual harassment in 2015. The staff member was disciplined, there was additional resident education and an increase in PREA staff training was implemented to address this issue.</p>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Required data is collected, maintained and is available on line. PHS maintains this data for 10 years after the date of the initial collection. The data collected includes, incident reports, investigation reports, electronic evidence, law enforcement referrals, criminal investigation reports, administrative investigation reports, PREA review committee reports, and retaliation monitoring reports.</p> <p>PHS will ensure that data collected are securely retained. PREA records will be stored electronically on the PHS network in a PREA Records folder, which will only be accessible by the PREA Coordinator, VP of Treatment &amp; Reentry Services, VP of Human Resources and Director of HR Operations. PREA records may include, but will not be limited to:</p> <ol style="list-style-type: none"> <li>1. Incident reports,</li> <li>2. Investigation reports,</li> <li>3. Electronic evidence,</li> <li>4. Investigation findings/dispositions,</li> <li>5. Law enforcement referrals,</li> <li>6. Criminal investigation reports,</li> <li>7. Required report forms, and</li> <li>8. Documentation of local PREA review committees, retaliation monitoring, and ongoing notifications.</li> </ol>

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1455 450">Pioneer Human Services completed PREA audits on all Reentry Facilities both state and federal during this audit cycle. The PREA audit reports are all posted on line and available to the public.</p> <p data-bbox="252 499 1474 701">Pioneer Human Services (PHS) has 12 contracted community confinement programs across the State of Washington. These contracts are with the Washington State Department of Corrections (DOC), and the Federal Bureau of Prisons (FBOP). PHS ceased operations at the Reynolds Work Release program in 2015. This facility is now operated by the Washington DOC</p> <p data-bbox="252 712 341 745">Audits:</p> <p data-bbox="252 757 724 790">Ahtanum View Work Release - 2015</p> <p data-bbox="252 801 592 835">Bishop Lewis Audit - 2014</p> <p data-bbox="252 846 501 880">Brownstone - 2015</p> <p data-bbox="252 891 632 925">Eleanor Chase House - 2015</p> <p data-bbox="252 936 555 969">Helen B. Ratcliff - 2014</p> <p data-bbox="252 981 507 1014">Madison Inn - 2014</p> <p data-bbox="252 1025 667 1059">Peninsula Work Release - 2015</p> <p data-bbox="252 1070 687 1104">Pioneer Fellowship House - 2015</p> <p data-bbox="252 1115 507 1149">RAP/Lincoln - 2015</p> <p data-bbox="252 1160 820 1193">Spokane Residential Reentry Center - 2016</p> <p data-bbox="252 1205 815 1238">Tacoma Residential Reentry Center - 2015</p> <p data-bbox="252 1249 842 1283">Spokane Residential Reentry Center2 – 2016</p> <p data-bbox="252 1317 1455 1686">On June 6, 2016, eleven weeks prior to the onsite visit residents and staff at the facility were notified of the audit and the onsite audit visit. Any information relevant to the facility’s compliance with the federal PREA standards was requested to be submitted to the auditor either through e mail or general mail correspondence. Appropriate address information was provided. Several posters were hung throughout the facility announcing the upcoming audit. During the facility tour the Auditor verified the placement of the posters in appropriate areas specifically the housing unit/pod areas. The Auditor verified the posters were in areas where both staff and residents could easily acknowledge the information. The posters were hung consistent with DOJ auditing expectations.</p> <p data-bbox="252 1697 1474 1776">The auditor was given a thorough tour of the SRRC2 facility; the auditor was permitted access to all areas of the facility.</p> <p data-bbox="252 1832 1455 1955">The auditor was provided with copies of all requested documents and information. Any follow up documentation requested by the Auditor after the on-site visit was conducted was also provided.</p> <p data-bbox="252 2011 1390 2089">All interviews conducted were in a private office. Both resident and staff interviews were private.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pioneer Human Services published the auditor's final report on the agency's website within 90 days of the issuance of the final report. This auditor completed the following audits at Pioneer Human Services: Tacoma Residential Reentry Center -10/ 2015; Pioneer Fellowship House - 12/2015; and Spokane Residential Reentry Center - 3/2016. In all instances the final reports were published on the PHS website (<a href="http://www.pioneerhumanservices.org">www.pioneerhumanservices.org</a>) within 90 days of issuance by this auditor. The auditor informed the PREA Coordinator via electronic mail and the US postal service that the entire final audit report was required to be available to the public.</p>

## Appendix: Provision Findings

115.211 (a)	<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

115.211 (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

115.212 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (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 OR the response to 115.212(a)-1 is NO.)	na

115.212 (c)	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	<b>Supervision and monitoring</b>	
	Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (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

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	na

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes



115.215 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	<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 inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

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

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, 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.)	yes

<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	<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

115.221 (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

115.221 (c)	<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?	no
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	<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

115.221 (e)	<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

115.221 (f)	<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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	<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).	na



115.222 (a)	<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

115.222 (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

115.222 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	<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

115.231 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	<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

115.232 (b)	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	no
	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?	no
	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?	no
	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?	no

<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 medical staff at the facility does 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?	no

115.235 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply. )	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply. )	na

115.241 (a)	<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

115.241 (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

115.241 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	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) 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) 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) 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) 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

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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?	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?	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?	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	<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

115.251 (c)	<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

115.251 (d)	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	<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

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes



115.253 (a)	<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

115.253 (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

115.253 (c)	<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

115.254 (a)	<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

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<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

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	<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

115.267 (a)	<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

115.267 (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

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

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes

<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no

<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes



<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	<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

115.277 (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

115.278 (a)	<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

115.278 (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

115.278 (c)	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (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

115.282 (c)	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	<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

115.283 (a)	<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

115.283 (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.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes



115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	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.)	na

<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 three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	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 inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p>	yes