

PREA Facility Audit Report: Final

Name of Facility: Community Assessment & Treatment Services Main Campus

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/18/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: William Peck	Date of Signature: 08/18/2021

AUDITOR INFORMATION	
Auditor name:	Peck, William
Email:	william199@comcast.net
Start Date of On-Site Audit:	07/21/2021
End Date of On-Site Audit:	07/23/2021

FACILITY INFORMATION	
Facility name:	Community Assessment & Treatment Services Main Campus
Facility physical address:	8411 Broadway Ave #3932, Cleveland , Ohio - 44105
Facility Phone	
Facility mailing address:	8411 Broadway Ave,

Primary Contact	
Name:	Nicholas Wieder
Email Address:	nwieder@Communityassessment.org
Telephone Number:	2162065210

Facility Director	
Name:	Lou LaMarca
Email Address:	llamarca@communityassessment.org
Telephone Number:	216-206-5205

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

Facility Characteristics	
Designed facility capacity:	200
Current population of facility:	100
Average daily population for the past 12 months:	139
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-99
Facility security levels/resident custody levels:	0
Number of staff currently employed at the facility who may have contact with residents:	84
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Community Assessment & Treatment Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	8411 Broadway Avenue, Cleveland, Ohio - 44105
Mailing Address:	
Telephone number:	: 216-441-0200

Agency Chief Executive Officer Information:	
Name:	John Scalish
Email Address:	jscalish@communityassessment.org
Telephone Number:	216-206-5212

Agency-Wide PREA Coordinator Information			
Name:	Nicholas Wieder	Email Address:	nwieder@communityassessment.org

AUDIT FINDINGS

Narrative:

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

Audit Findings

The Prison Rape Elimination Act (PREA) on-site audit of the Community Assessment and Treatment Services (CATS) in Cleveland, Ohio was conducted on July 21-23, 2021 by certified PREA Auditor William Peck. The Community Assessment and Treatment Services is a private, non-profit, community-based residential alcohol and drug rehabilitation center with a current population of 100 male and female adults. The capacity is 170 male and female adults. Of the total clients in the facility during the audit, only 80 were on adjudicated supervision, 18 Female and 62 Male. The facility employs 71 full-Time Staff, of whom some 50 have routine contact with clients.

The residential program contract oversight is by the Ohio Department of Rehabilitation and Correction (ODRC). CATS is certified by the Ohio Department of Mental Health and Addiction Services, the Commission on Accreditation of Rehabilitation Facilities, and the American Correctional Association. This community-based residential program is designed to serve clients with alcohol and drug abuse problems. The treatment program is made to address individual needs, which helps increase the success of long-term sobriety.

At the beginning of the audit at the facility, an "in-briefing" meeting was held with the PREA Coordinator, followed by interviews of the Clinical Services Director, Chief Executive Officer, and other management staff.

Overview of the Audit Methodology

During the on-site audit, the Auditor was provided a private office in the facility from which to work and conduct confidential interviews. Formal personal interviews were conducted with facility staff, clients, and contractors.

During the Pre-Onsite Audit Phase, the Auditor requested and reviewed PREA-related policies and the following data:

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

The site review provided an opportunity for the Auditor to conduct a review of the different areas of the facility, observe procedures and interactions between staff and clients, and conduct informal interviews. This aided in gaining an understanding of facility operations and practices as well as insight into the facility's compliance with PREA standards.

The Auditor reviewed the entire facility site, escorted by the PREA Coordinator and observed the facility configuration, location of cameras and mirrors, staff supervision of clients, housing room layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming.

The Auditor noted that shower areas allow clients to shower separately and shower stalls have plastic curtains for additional privacy. The shower curtains allow good visibility for staff, yet also provide privacy for the clients. Toilet stalls are also private. Notices of the PREA audit were observed and had been posted on June 11, 2021 throughout the facility in common areas. Community Assessment and Treatment Services leadership has made PREA compliance a high priority and has expended great effort to ensure the sexual safety of clients in their care. It was further evident that staff and clients were invested in the PREA as demonstrated through their knowledge and understanding of the protections and requirements.

Following the facility site review, the Auditor proceeded to the designated audit office space to review personnel and resident files and evaluate compliance levels of the policies and procedures. The facility has zero notices of non-compliance with local, state, or federal laws or regulations.

Staff Training appears compliant at all levels. All staff receive initial training at the facility and also complete specialty training in their area (e.g., investigators, mental health, etc.). All staff receives annual Refresher training.

Reviewing Documentation

Reviewing documentation is a critical component of the audit triangulation process. Before and during the site visit review, the Auditor reviewed various files and documents, as noted below, to evaluate compliance levels of the policies and procedures. Documents were uploaded into the OAS (Online Assessment System) and reviewed before arriving on-site, but some specific files were not reviewed until after arrival at the facility (personnel files, investigation files, etc.) The facility has zero notices of non-compliance with local, state, or federal laws or regulations. The below files and documents reviews were used in triangulation of data following the on-site review.

1. Staff Handbook
2. Client Handbook
3. Investigator training certification
4. Records of PREA admission education received by clients
5. Volunteer and Contractor training guide
6. Staff training topics and dates training received
7. Volunteer and Contractor Training Records and Topics
8. Staffing Plan
9. Investigation folders
10. Personnel Folders, random, including Volunteer and contractor folders
11. Personnel Background Investigations results
12. Client folders, random
13. Standards, Policies
14. Coordinated Response Plan
15. Medical policies

In addition to the site visit and the interview process, the Auditor reviewed the Auditor Compliance Tool data submitted by the facility and the CATS policies related to PREA compliance. The post-audit phase consisted of triangulating all data and input received, reviewing interview data in detail, and final review of the PAQ submission. Questions that arose about procedures or data needed for clarification were referred to the facility and the responses are incorporated in this report.

The Community Assessment and Treatment Services Center reports one allegation of sexual abuse or sexual harassment in the past 12 months, which was determined to be unsubstantiated. A review of the investigative files opened during the past 3 years alleging sexual abuse or sexual harassment was conducted. None of the cases required forensic evidence collection by a SANE service provider in the community. All investigations were completed promptly and thoroughly and were well documented.

Interviews

Client Interviews

Clients were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to clients to report abuse or harassment.

The interviews of clients reflected that they were aware of and understood the PREA protections and the agency's zero-tolerance policy. Clients receive written materials at intake and a video that provides detailed information about PREA protections, the multiple ways to report sexual abuse or harassment, and ways to protect themselves from abuse. During the interviews, the clients indicated they understand the various ways to report abuse and discussed the posters throughout the facility with the telephone numbers to call to report sexual abuse or harassment. Clients consistently indicated to the Auditor that they felt safe in the facility.

There were some 80 clients in the facility as a result of adjudicated status who were potentially subject to PREA interviews, and to whom PREA Standards apply. However, the organization's acceptance guidelines, and contracts with other agencies (ODRC, Probation and Parole), prevent some targeted categories from being eligible for CATS residency. The Auditor interviewed 16 clients from the four housing units, 10 selected at Random and 6 clients, with the 6 clients representing 8 targeted categories. There were few clients with physical disabilities, one who self-identified as transgender, no non-English speaking clients, and none who had alleged sexual abuse at the facility. Only one resident initially self-identified as gay but 2 were located. Four of the clients were females.

Clients Interviewed

1. 0 Youthful Offenders (not accepted at CATS)
2. 2 Offenders who identify as LGB Clients
3. 1 Transgender offender Client
4. 2 Physical Disability Clients
5. 2 Cognitive Disability Clients
6. 1 Who reported prior victimization during risk screening
7. 10 Random Clients

Staff Interviews

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

The Auditor interviewed 32 staff in the course of the audit, 15 randomly selected staff; 13 specialized staff; and 4 HQ/Facility leadership staff. All facility staff interviewed indicated they had received detailed PREA training and could articulate the meaning of the agency's zero-tolerance policy. In interviews, all agency staff expressed satisfaction with PREA training and felt they knew their required actions if incidents were to occur, and they could clearly articulate the steps to follow if they were the first responder.

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

Staff Interviewed

1. 1 Agency Head
2. 1 Agency PREA Coordinator
3. 1 Facility Director/Clinical Director
4. 1 Human Resources Manager
5. 2 Investigators, Facility
6. 1 Sexual Abuse Incident Review Team member
7. 1 Retaliation Monitor
8. 1 Staff who Performs Risk Screening
9. 1 Intake Supervisor
10. 3 Mental Health staff
11. *Includes Staff Victim Advocate
12. 1 Intermediate or higher-level Supervisors who make Unannounced Rounds
13. 3 First Responders
14. 15 Randomly selected staff

AUDIT FINDINGS

Facility Characteristics:

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

Facility Characteristics

Community Assessment and Treatment Services, Inc. was originally founded as an independent counseling and human services organization in 1990 as an alternative to sentencing for persons convicted of "driving while intoxicated". The program has grown to focus on those needing treatment for substance abuse and or mental health issues, including those having been adjudicated. It is more identifiable as a type of therapeutic facility than a correctional one and clients are referred to as 'clients.'

It is a one-story building with four separate living areas. The male center has three units, two for residential treatment services and the other a therapeutic community. The female wing was added in 2010 and has 60 beds. This building has offices, group rooms, a fitness center, dining and kitchen areas as well as security stations. There are 2 other support buildings, including the administrative building.

Rated Capacity: 211

(60 women, 151 men)

Actual Population: 100

Average Daily Population for the last 12 months: 185

Average Length of Stay: 3-4 months

Security/Custody Level: Minimum/community

Age Range of Clients: 18-85

Gender: male/female

Full-Time Staff: 71

22 Administrative, 5 Support, 13 Program, 31 Security

During the site review, the Auditor evaluated the conditions of confinement at the facility. The following description of relevant programmatic services and functional areas summarizes the findings regarding quality of life. Bathroom facilities are easily accessed. Showers in sleep areas were updated and private, all were single showers with privacy curtains. All toilets had privacy screens. Living unit staff are the same gender as the clients.

The sleeping areas are large open spaces that have single and bunk beds divided into cubicle clusters to provide some privacy. The facility population has been reduced during the COVID pandemic as movement from the Ohio corrections system, as well as community court schedules, have been reduced.

In addition to the sleeping areas, bathroom facilities, and security stations, the program has multipurpose areas used for recreation and dining. The Residential Treatment Program offers evidence-based practices and interventions associated with positive outcomes. These include Cognitive Behavioral Therapy, Social Learning, and Motivational interviewing. Clinical services include assessments, group therapy, individual counseling, case management crisis intervention, trauma-informed care, substance abuse treatment, life skills, parenting, and employment counseling. Urinalysis screening for the presence of drugs or alcohol is routine.

Medical care is received in the community rather than the facility. The facility has a contract with Care Alliance, a community health service. Intake staff members are trained to perform an intake medical assessment and, when medical issues are perceived, new clients are referred to community medical review prior to acceptance into the facility. Resident advocates are trained in CPR, first aid, and the detection of signs and symptoms of mental illness. They oversee the medication logs and are trained to use the three AEDs in the facility. The clients are referred to Care Alliance for medical and dental treatment and supportive services. Emergency medical care is also available through St. Vincent Charity Hospital and Metro Health. When needed, staff calls 911 for emergency medical transport.

Over the course of the past year, the age range of clients has been 18-80 and the average length of stay is 2 months. Since their stay in the facility is short, work is a part of the recovery process but most staff and clients are focused on treatment. The program has staff whose duties include employment counseling and the facility provides counseling to prepare clients for follow-on community treatment and job search. Once they have completed a 30-day orientation period, clients may secure a pass to attend worship services in the community as desired, as well as participation in community-academic or vocational education programs as directed by their treatment plan.

Each client is assigned a counselor and mental health staff member immediately upon entry into the program, and treatment staff works day and evening hours to accommodate the community schedules and needs of the population. The Auditor observed recovery groups that had several participants, a facilitator, and an intern. The substance abuse counselors hold groups throughout the week.

The facility is staffed twenty-four hours a day by full-time Resident Advocates who work 8-hour shifts during the week and part-time resident advocates who work twelve-hour shifts on the weekend. The building may only be entered when an entrance is unlocked via an electronic card or the buzzer system. All exit doors in the facility are alarmed and are monitored at a central security area. An internal and

external camera system assists in monitoring all areas. There are a total of 144 cameras throughout the facility interior and exterior. All clients sign in and out at their respective security areas. Logbooks, keys, medications, and basic first aid materials are maintained in the security areas.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0

Summary of Findings

Community Assessment and Treatment Services (CATS) of Cleveland, OH is found to be compliant with U.S. DOJ PREA standards. In summary, after reviewing all pertinent information, the site review, and after conducting resident and staff interviews, the Auditor found that department and agency leadership have clearly made standards compliance a high priority and have devoted a significant amount of time and resources to policy development, training of staff, and education of clients on all the key aspects of the PREA. Discussions with CATS leadership and facility management reinforced the agency's commitment to ensuring the sexual safety of clients and staff in the facility. It is noted that CATS is primarily a residential treatment program, and that adjudicated clients make up only a portion of their serviced population, so the facility does not utilize many routine correctional approaches since the focus is on substance abuse treatment.

There were no barriers encountered in the conduct of this audit. When the on-site audit was completed, a meeting was held with the PREA Coordinator to discuss audit findings. The Auditor had been provided with extensive files before and during the audit for review to support the conclusion of compliance with the PREA. All interviews and observations supported compliance. The facility staff was found to be cooperative and professional.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility meets the standard based on its policy and based on interviews with both clients and the Chief Executive Officer, Chief Clinical Officer, and PREA Coordinator.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This is a non-public agency/facility which does not contract out for any confinement.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 465">The facility meets the standard based on its policy and based on interviews with both clients and the Chief Executive Officer, Chief Clinical Officer, and PREA Coordinator. The Auditor notes that staffing problems are minimal here and that almost every staff member interviewed related that they had been here for a number of years and that turnover is minimal. The staffing plan is based on an anticipated 150 clients but the population of clients was significantly reduced during the COVID pandemic of the past year and a half, due to reduced correctional movements and transfers statewide. The staffing plan anticipates a 10% vacancy rate.</p> <p data-bbox="244 499 1477 689">Camera coverage has steadily expanded in recent years and provides extensive exterior and interior coverage, absent only showers and toilets. There are 144 total cameras and 76 are in the residential building. External camera coverage is also extensive due to the quality of the surrounding neighborhood. Camera and monitor quality has been upgraded since 2020 and retention time is about 30 days depending on the amounts of activity recorded. There remain a few blind spots however Case Management staff who fill line supervision functions are well-staffed and check these known areas often, as do the CMS managers.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">The facility meets the standard based on its policy and based on interviews with both clients, line staff, program staff, and the Chief Executive Officer, Chief Clinical Officer, and PREA Coordinator.</p> <p data-bbox="229 353 1509 510">Every interview supported that announcements are always made when an opposite-gender staff enters a housing area and this was observed throughout the audit and the site review. All showers and toilet facilities have curtains or privacy barriers and are used by only one client at a time. Clients are required to dress and undress within the individual shower space and there is room to do this easily.</p> <p data-bbox="229 510 1509 609">All searches here are by same-gender staff and searches of transgender clients are by the gender preferred by the client. Strip searches in all cases are witnessed by at least one staff observer and require specific prior approval by senior staff in each case.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 680">The facility meets the standard based on its policy and based on interviews with both clients and line staff as well as the Chief Clinical Officer and PREA Coordinator. The facility is handicapped accessible and does accept clients in wheelchairs. Clients must be mobile and severely disabled clients or 100% blind clients cannot be accepted into this community-based program but the facility has numerous clients with medical and cognitive issues of varying levels and does have procedures and policies in place to deal with their needs. The facility does have ASL-trained staff and does accept deaf and hard-of-hearing clients. The organization policy recognizes some limitations on persons it can serve and states that it does not accept a client "who is symptomatic for a mental illness and the symptoms prohibit or interfere with the client's participation in and ability to benefit from treatment services". They also cannot accept those clients who "require a level of care and/or financial burden for a medical condition(s) which exceeds the program's scope of services or funding". Thus far, interpreters have not been needed according to all senior staff interviews, but community and online translator services are available and would be used if needed. Their policy also states that if they encounter a limited English speaker needing additional assistance, they will contact an interpreter agency and hire assistance as needed.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 465">Interviews with the PREA Coordinator and Human Resources Supervisor as well as line and specialty staff interviewed all reflected that every member receives several criminal and history checks at local, state, and federal levels. the hiring process also checks for child offender registry data, references, and job checks as required. The HR Supervisor stated that any negative information regarding any PREA-related behavior would be provided upon request from another agency. Staff does have a requirement to report any incidents or charges during their term of employment. There have been no actions against any staff in recent years and only one termination and one filing of criminal charges going back beyond any recent years.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1481 465">There has been no new construction or renovation since 2012 but the use of cameras has steadily expanded. Recent additions in the last 2 years have brought the total to 144 cameras and the PREA Coordinator, CEO, and Information Technology Specialist all reported a significant increase in quality of picture and retention times. At present, they feel blind spots are minimal and cameras cover basically all areas except showers and toilet areas. The CEO and facility director both stated that any renovation or construction that were to occur would receive close attention to ensure client safety remains at the top of the design issues.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 533">CATS is heavily oriented towards treatment and counseling and each client has a counselor and a mental health provider and any victim assistance would be rendered by the client's own support system staff. The agency does have an MOU between the facility, the ODRC (Ohio Department of Rehabilitation and Corrections), and the Cleveland Rape Crisis Center although it took continued effort to achieve that. The MOU provides for all required support for a victim, from forensics to investigation to follow-up and community resource referrals for follow-on. The facility has 6 investigators for administrative investigations and utilizes the Cleveland Police Department for any criminal investigation. No PREA abuse cases have been reported in recent years although there have been reports and investigations of a few 'boundary violations' by clients, violations that were not reported to be predatory but were seen as inappropriate by the recipient.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1469 501">The facility uses internal investigators for administrative investigations and utilizes the Cleveland Police Department for any criminal investigation. No PREA abuse cases have been reported in recent years although there have been reports and investigations of a few 'boundary violations' by clients, violations that were not reported to be predatory but were seen as inappropriate by the recipient. These incidents were normally casual touching of a client by another and were resolved by counseling and guidance from the assigned mental health provider or the client's group. There were 4 cases referred for internal investigation in the past year and no cases referred for criminal investigation. The facility input indicated 1 criminal referral this past year but that event happened several years ago.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All staff receive PREA training at the time of hiring and annually thereafter, and include appropriate topics and guidance, as evidenced by the training materials reviewed and the individual staff interviews at all staff levels. All staff training is recorded in personnel records electronically. The facility training is to be done online and virtually, and this online focus intensified during the COVID pandemic. Training for line staff to work with opposite gender clients would be provided by the PREA Coordinator per his interview if needed, however, the facility is staffed with same gender staff and clients in all housing units. Training topics mirror PREA standard requirements and also include the use of both locally developed training and NIC training. Investigators and Mental Health staff have additional professional training requirements as outlined in the Standard.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Volunteers and contractors are not utilized at CATS, however, collegiate-level interns are utilized here during the academic year and are treated as volunteers for training purposes. There is the requirement for contractors to follow PREA-related rules and to receive required training if present, however contractors are not used by the facility. The training program was reviewed and, as established for volunteers and contractors, is identical to that for staff.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	All reception information, including PREA information, is presented to the client at arrival and all presentations are verbal, then accompanied by the NIC video regarding PREA, Every client is then issued a handbook that contains all PREA policy, and rules, and facility data as well as PREA incident reporting information and guidance.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 398">The 6 PREA investigators used for administrative investigations internally have completed the DOJ National Institute of Corrections NIC training for this position and have also attended a MOSS Group training for investigators offered several years ago in 2017 and again in 2019. Training Certificates were provided and interviews with the investigators supported this information. All criminal investigations are by the Cleveland Police Department.</p> <p data-bbox="244 432 1461 521">Additionally, 3 investigators have attended specialized investigations training offered by the Ohio Department of Rehabilitation and Corrections staff in 2017 and 2020. The 2 most senior CATS leadership positions have also completed the NIC Course.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1469 331">Medical issues are handled in the community and not at the facility but medications prescribed are managed and issued by staff.</p> <p data-bbox="244 360 1485 524">Mental health staff all receive annual facility staff training, as do all staff, and additionally receive professional training related to counseling on PREA and sexual harassment issues, both documented in personnel files. This is documented in reviewed files and verified by interviews with counseling and mental health staff and the Clinical Director. Since this is very much a treatment program atmosphere, there is a significant number of counselors and mental health staff, and all those interviewed supported that the training is received by all staff and is in addition to their separate professional certification training.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 528">Based on policy review and interviews with the PREA Coordinator, Agency Head, Facility Director, and Case Management (CMS) Specialist, every person entering the program is screened for risk at the time of arrival, utilizing both an interview and the required intake form used with each arriving client. Of 1050 arrivals in the past year, all received the required screening at arrival and before entering into the program. Of clients who remained longer than 30 days, all 576 had received the required reassessment of risk conducted by their counselor or mental health specialist within the 30 days requirement. Clients are not required to answer questions and they are not subject to any discipline if they refuse. Reassessment can occur at any time and will be conducted if new information is received, incidents occur, or it is requested. Since all clients are in numerous counseling and group sessions every week, reassessment is basically continuous in any event.</p>

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The CATS PREA Screening and Reassessment form contains a section that identifies any actions required for a victim, including housing, counseling, safety, assignments, etc. based on the data in the assessment and this is done at arrival, and then reviewed by the individual's assigned counselor or mental health provider within the following week. Similar entries are there in the event an identified perpetrator would be referred to the program. A predatory history prevents acceptance into the program. LGBTI clients are assigned living areas the same as any other new client, i.e., primarily based on vacant bedspace, but clients can request space assignments and staff can honor these requests. Transgender clients are allowed separate shower schedules and access but this is frequently not used by the client since all showers are private anyway.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CATS has numerous ways to report any issues including a grievance procedure, reporting to the National Sexual Assault Hotline, reporting to the Ohio Department of Rehabilitation and Correction PREA hotline number, reporting the PREA Coordinator, or any staff member. All methods and phone numbers are posted in all units and all are included in the client manual received by every arrival. Of course, all clients also have access to the community at any time if they desire any other options such as the Police Department or Crisis Center. These methods are available for staff reporting, third-party reporting, or anonymous reporting as well and all clients are advised of this at reception and inside their manual.</p> <p>There is an MOU with the</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1477 398">There have been no sexual abuse allegations filed within the last 12 months. There was one grievance when a client was sleeping and another client touched him. The alleged victim stated it was on his rear end, the camera could not determine where he was touched, however, investigators determined that it appears the other client was trying to wake him up and did touch the client, but no sexual offense could be substantiated.</p> <p data-bbox="244 432 1490 591">There have been no emergency requests or grievances but required policies are in effect, and interviews with the PREA Coordinator and specialized staff support their awareness of policies and procedures if one were filed. Third parties can bring allegations and assist clients in making allegations. No deadlines are placed on the client for reporting sexual abuse or harassment incidents through the grievance process and all deadlines placed on the facility have been observed in cases that occurred in recent years.</p> <p data-bbox="244 624 1086 651">There has been no discipline of any client for making any type of allegation or report.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 459">CATS maintains an MOU with the Cleveland Rape Crisis Center to provide victims of abuse with support services and it runs from 2020 to January 1, 2023. The agency maintains records reflecting the numerous efforts it made to bring this MOU into effect. Information on the center is provided at reception and intake, in the client manual, and on posters throughout the facility. There are no restrictions on the clients' ability to contact the Center. Interviews with the Facility Clinical Director and PREA Coordinator indicate no use of the center in recent years.</p> <p data-bbox="231 459 1508 629">It is noted that every client has a counselor with multiple weekly contacts, and normally a mental health provider with weekly contact as well, and these staff would normally function as an advocate due to the personal professional relationship already established.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Information is provided on the agency's website, in manuals for clients, and in posters in public areas, and these posters specifically address reporting by non-clients and clients who witness an incident, even if not personally involved.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 389">Every employee interviewed, and all policies existing, clearly enforce that reporting is mandatory for any incident occurring, as well as any incident involving a vulnerable individual. Youthful clients are not accepted here. Mental Health staff are required to report sexual abuse of any type and advise all new clients of this mandate.</p> <p data-bbox="229 389 1509 501">Almost every staff member interviewed indicated that if they were aware of any incident, their first action would be to notify one of the 6 investigators, although policy also allows notifying their immediate supervisor, which 2 line staff reported as what their reporting action would be.</p> <p data-bbox="229 501 1509 629">Policies require that all staff refrain from revealing any information related to a sexual abuse report to anyone other than to those who have a requirement to know the information. All client data is protected from electronic access by anyone not authorized.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy supports this standard, as did the interview with the PREA Coordinator and treatment staff. One client was relocated during the audit at his own request based on his reported concern with another client in the cubicle, even though there was no evidence supporting any actions causing his concern.</p> <p>There have been no concerns or allegations reported indicating any concern for sexual safety issues and all clients interviewed indicated that the facility was very safe, that the camera coverage is extensive, and that staff is routinely immediately available and supervising the population.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There was one client report of abuse at a prior facility during the past year, received during intake, and that was reported within the required 72 hours through the ODRC (Ohio Department of Rehabilitation and Correction). All policies are written to conform to the PREA Standards, and these were followed in the single case that occurred.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1481 398">There were no first responder incidents required this past year of any significance. Staff interviewed were aware of first responder requirements although it was routinely acknowledged that incidents were largely non-existent except for minor complaints about comments made by some clients and that these comments are dealt with by mental health and counseling staff and groups.</p> <p data-bbox="244 432 1473 584">All staff interviews indicated an awareness of who the investigators are and that they would report any incident to these investigators immediately. While aware of the steps required by an incident (separation of clients, securing the scene, etc.), the major interview response was that incidents requiring such steps would be extremely rare and none of the interviews could recall any such events in recent years. The interviews with the CEO and PREA Coordinator indicated that this type of incident had never occurred at the facility.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CATS does have an institutional plan in its policy, and it is trained to all staff, and the staff interviewed were aware of it. The PREA Coordinator and the investigators were more aware of the detailed steps of the overall plan and line staff was more aware of their own personal responsibilities in any incident, presumably because incidents requiring a coordinated response have been minimal.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CATS does not engage in collective bargaining and is a private organization. There are no restrictions on their ability to deal with infractions or abuse by any staff.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 434">Retaliation is prohibited in policy and covered in staff training. The PREA Coordinator or any of the investigators can serve as the Retaliation Monitor and, if needed, monitoring would meet all requirements from the standard including the 90-day minimum supervision. Additionally, the PREA Coordinator indicated that the mental health staff would be tracking client behavior and actions as well. Moving clients has been done when indicated or requested, either among living and sleeping cubicles or even to single living spaces on different floors.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 389">No PREA sexual abuse cases have been reported in recent years although there have been reports and administrative investigations of a few 'boundary violations' by clients, violations that were not reported to be predatory but were seen as inappropriate by the recipient, and which were dealt with by the mental health provider individually or in the group.</p> <p data-bbox="229 389 1509 479">There were 4 cases referred for internal administrative investigation in the past year and no cases referred for criminal investigation. There was 1 Substantiated, 1 Unsubstantiated, and 2 Unfounded.</p> <p data-bbox="229 479 1509 620">The Cleveland Police Department investigates allegations of any potentially criminal offense and the facility does have procedures for coordinating with them although there was only one case 7 years ago.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PREA Coordinator, the Chief Executive Officer, and the investigators interviewed all confirmed that the preponderance of evidence is the standard used in administrative investigations.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There was one administrative investigation this past year that could not be substantiated. Notifications to the alleging client were made as required by Standard and by CATS policy.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The policy regarding staff discipline is in compliance with PREA requirements. There has been only one recorded instance of referring a case for Police Department investigation in recent years and that was not investigated since the Cleveland PD requires that the victim file a report, not the agency, and the alleged victim declined to do so. A staff member was terminated as a result of the incident.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy of CATS mirrors the requirements of the standard and would be enforced in the event of an incident, per the CEO and the PREA Coordinator, but there have been zero incidents in the past year. There are no contractors and the only persons identified as volunteers are student interns.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 512">CATS policy follows national PREA guidelines. Since CATS is primarily a treatment program, the discipline of any client will normally involve primarily the mental health and counselors involved with the specific client as well as program leadership. Individual client issues, including mental or cognitive issues, are normally known to the decision-making group and any decisions they recommend account for the client's status. In actual practice, most disciplinary issues are minor and are dealt with through the treatment program side of the facility, either individually or in one of the client's group treatment sessions. No clients have been disciplined for any untrue allegation made by them and there has also been no one disciplined for reasons of sexual conduct.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1489 432">Although there has not been an incident requiring a need for forensics in collective memory, the policies are compliant. Since all medical treatment is in the community, any incident indicating a need for medical care or review would result in a call to 911 to transport the victim to the local hospital. There is no cost to victims for any sexual incident-related treatment, prophylaxis, or follow-up. Any medical incident would result in follow-up with the individual client's mental health and counselor staff.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Abusers are not accepted into the program if they are identified prior to acceptance. All arriving clients are offered targeted counseling and support if prior sexual abuse is identified or alleged at any time. Mental health personnel provides the required information to any assault victims, and all pregnancy-related testing and/or services are provided as directed by medical personnel and are at no cost. Tests for sexually transmitted diseases would be provided but this need has not arisen.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Incident Review team consists of the PREA Coordinator and all investigators and every case is reviewed; there was one during the past year that was unsubstantiated and non-abuse. A subsequent quarterly review is completed by the Quality Improvement Program and includes the additional members of program managers, the CMS director, and counselors.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The CATS, as a private non-profit organization contracted by ODRC, complies with the DOJ data collection process and collects data on every instance of sexual abuse or harassment. This is reported directly to ODRC quarterly and on every incident after any occurrence. The data collection meets all DOJ requirements but is subsumed and reported by ODRC.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The DOJ data collection does not directly mirror community confinement statistics but data is collected on every instance of sexual abuse or harassment and also reported directly to ODRC quarterly and on every incident after an occurrence. The data collection meets all DOJ requirements but is subsumed and reported by ODRC.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and procedures comply with this 10-year retention standard based on policy review and on interviews with the CEO, PREA Coordinator, and Information Technology Specialist. All data is stored on a restricted section of the server.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This is a single facility receiving a PREA audit by this non-profit organization and it was last audited 3 years ago. All areas, documents, and access were granted to the auditor and all randomly selected clients and staff were readily made available. No barriers were encountered. ALI interviews were private. Notices for witing the auditor were posted but no correspondence was received.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The 2018 audit has been posted as required.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing 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 the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

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

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

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

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

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

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	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.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve 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)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the 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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes