

PREA Facility Audit Report: Final

Name of Facility: Syracuse Pavilion Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/15/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Patrick J. Zirpoli	Date of Signature: 04/15/2024

AUDITOR INFORMATION	
Auditor name:	Zirpoli, Patrick
Email:	pzirpoli@ptd.net
Start Date of On-Site Audit:	04/03/2024
End Date of On-Site Audit:	04/04/2024

FACILITY INFORMATION	
Facility name:	Syracuse Pavilion Residential Reentry Center
Facility physical address:	701 Erie Boulevard East, Syracuse, New York - 13210
Facility mailing address:	2012 N. 4th St., Harrisburg, Pennsylvania - 17102

Primary Contact

Name:	Steven McCardell
Email Address:	smccardell@firetree.com
Telephone Number:	5706010877

Facility Director	
Name:	Teresa Printup
Email Address:	tprintup@firetree.com
Telephone Number:	3154425949

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

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	32
Average daily population for the past 12 months:	29
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:	26 - 74
Facility security levels/resident custody levels:	minimum/ re-entry
Number of staff currently employed at the facility who may have contact with	17

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

AGENCY INFORMATION	
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Name of agency:	Firetree, Ltd.
Governing authority or parent agency (if applicable):	
Physical Address:	800 West 4th Street, Williamsport, Pennsylvania - 17701
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
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Name:	Steven McCardell	Email Address:	smccardell@firetree.com
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

6

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.231 - Employee training
- 115.233 - Resident education
- 115.234 - Specialized training: Investigations
- 115.251 - Resident reporting
- 115.271 - Criminal and administrative agency investigations

Number of standards met:

35

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-03
2. End date of the onsite portion of the audit:	2024-04-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor contacted Vera House, they knew of no issues at the facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	36
15. Average daily population for the past 12 months:	29
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

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

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The residents were identified during the audit process, the facility does not track these groups.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>17</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>7</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor selected residents with these characteristics age, race, ethnicity, length of time in the facility, housing assignment, and gender. Selecting residents in this manner ensured the interviews were geographically diverse.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No additional comments regarding selecting or interviewing random residents.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PCM to identify targeted residents for interviews, no residents in this category were being housed at the time of the audit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PCM to identify targeted residents for interviews, no residents in this category were being housed at the time of the audit.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PCM to identify targeted residents for interviews, no residents in this category were being housed at the time of the audit.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PCM to identify targeted residents for interviews, no residents in this category were being housed at the time of the audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PCM to identify targeted residents for interviews, no residents in this category were being housed at the time of the audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PCM to identify targeted residents for interviews, no residents in this category were being housed at the time of the audit.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor worked with the PCM to identify targeted residents for interviews, no residents in this category were being housed at the time of the audit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No additional comments regarding selecting or interviewing targeted residents.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No additional comments regarding selecting or interviewing random staff.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No additional comments regarding selecting or interviewing specialized staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No additional comments regarding the site review.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor selected all onsite documentation that was reviewed.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	2	0	1	1
Staff-on-inmate sexual abuse	2	0	2	0
Total	4	0	3	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	1
Staff-on-inmate sexual abuse	0	1	1	0
Total	0	1	2	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	1	1	0
Total	0	1	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	4
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment c. Organizational Chart <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. PCM

Site Review

115.211(a) The agency indicated in the PAQ that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. Firetree, Ltd Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment dictates the agency's mandated zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. This policy furthermore defines all forms of sexual abuse and sexual harassment. I reviewed the policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.211(b) The agency has designated an agency wide PREA Coordinator. During the interview, he related that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards and their daily application throughout all the facilities operated by the agency. The PREA Coordinator is in the upper level of management and reports directly to the President and Vice President. The agency has also designated a PREA Compliance Manager at each of its facilities. During the interview with the PREA Compliance Manager, she related that she has enough time to implement the PREA Standards at the facility.

During the interviews at the facility, I was informed that the Agency PREA Coordinator is always accessible to answer questions and provide advice on PREA related issues. I was also advised that the Agency PREA Coordinator will spot check the facilities to ensure that they are consistent in the application of the agency policies that apply to PREA.

Prior to the onsite audit all documentation was reviewed, during the onsite portion I observed the policies in daily practice, and this was further confirmed during my interviews with both staff and residents.

Although not required the agency has designated a PREA Compliance Manager at each of their facilities, this far exceeds the expectations of the standard.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

	<p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with these provisions of the standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.212 (a)(b). The agency indicated in the PAQ that they have not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. The PREA Coordinator confirmed that the agency does not contract for the housing of residents.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with these provisions of the standard.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment c. Staffing Plan FY 2024 e. Policy and Procedures Manual Policy # 12-003 Subject: Supervision and Monitoring <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Director c. Random Staff <p>Site Review</p> <p>115.213(a) The agency has developed a facility staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities have taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the policies. I further questioned the staff about the policies and the ability to fully staff the facility. I was informed that the facility utilizes overtime if needed. The staffing plan is predicated on an average daily population of 30 residents. According to the auditor’s interview with the Director and PREA Coordinator, the agency has adopted a model based upon the current staffing levels and are determined by identifying daily population needs.</p> <p>The auditor’s review of the agency’s staffing plan revealed the agency is detailed in defining what positions are required to meet minimum staffing levels, including supervisory staff, on each shift.</p>

During the site review, no areas were identified that needed additional or enhanced supervision. The site review revealed sound correctional practices that serve to mitigate risk presented by physical plant, video surveillance, and/or staffing limitations (i.e. regular unannounced rounds; locked doors; open or low shelving; mirrors; controlled movement; open floor plans; adequate supervision ratios; etc.).

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.213(b) The agency indicated in their response to the PAQ that there have been no deviations from the staffing plan. This was further confirmed during interviews with the Director and PREA Coordinator.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.213(c) The agency indicated in their response to the PAQ that at least once every year the agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of agency/agency resources to commit to the staffing plan. During discussions with the PREA Coordinator it was confirmed this annual review process took place in February 2024 and was documented. The documentation was reviewed and was found to meet all provisions of the standard. The auditor also reviewed staffing plans dating back to 2022 to confirm the yearly review.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with these provisions of the standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment
- c. Policy and Procedures Manual Policy # 12-004 Subject: Cross-Gender Viewing and Searches
- c. Training Logs
- d. Training PowerPoint

Interviews

- a. Random Staff
- b. Ransom Inmates

Site Review

115.215(a) The agency indicated in their response to the PAQ that the agency does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the staff have conducted zero cross-gender strip or cross-gender body cavity searches Policy and Procedures Manual Policy # 12-004 Subject: Cross-Gender Viewing and Searches outlines the agency search policies.

Eleven of 11 random staff (non-medical) confirmed that cross-gender strip or cross-gender visual body cavity searches are not allowed or performed. One hundred percent of interviewed residents stated they have never been subject to an unclothed body search by a staff person of the opposite gender while incarcerated at the agency.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.215(b) The agency indicated in their response to the PAQ that the agency does not permit cross-gender pat-down searches of female residents, absent exigent circumstances Policy and Procedures Manual Policy # 12-004 Subject: Cross-Gender Viewing and Searches mandates that a staff member of the same gender as the

resident shall conduct the pat search when available; however, a male staff member shall never search a female resident except in the case of exigent circumstances. All cases of exigent circumstances will be documented. Eleven of 11 random security staff (non-medical) confirmed that cross-gender pat searches of females have not occurred. One hundred percent of interviewed female residents stated they have never been subject to a search by a staff person of the opposite gender while incarcerated at the agency.

115.215(c) The agency indicated in their response to the PAQ that the agency does not conduct cross-gender strip or cross-gender visual body cavity searches of residents and does not require all cross-gender strip searches and cross-gender visual body cavity searches be documented, since searches of this nature will not occur. Policy and Procedures Manual Policy # 12-004 Subject: Cross-Gender Viewing and Searches mandates that a staff member of the same gender as the resident shall conduct the pat search when available; however, a male staff member shall never search a female resident except in the case of exigent circumstances. All cases of exigent circumstances will be documented. The agency reported that no cross-gender strip searches or cross-gender visual body cavity searches nor cross-gender pat searches of females have been conducted in the preceding 12 months.

During the agency review, the auditor confirmed that no cross-gender strip searches or cross-gender visual body cavity searches of residents occurred in the past 12 months and no related Incident reports were on record. This was also confirmed during interviews with 7 random security staff and 19 random and target residents who all indicated that they were not aware of any officers conducting cross-gender strip searches.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.215(d) The agency indicated in their response to the PAQ that the agency has implemented policies and 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 checks. Policy and Procedures Manual Policy # 12-004 Subject: Cross-Gender Viewing and Searches mandates residents shall be able 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. Locations shall be designated that allow residents to shower, perform bodily functions and change clothing with basic privacy. Staff of the opposite gender shall announce their presence prior to entering, and when exiting and reentering a bathroom area, shower area, or authorized changing area. The presence of an opposite gender staff on the unit shall not exempt an announcement from being made when an additional opposite gender staff member(s) enters the location. "Authorized changing area" signs shall be posted at

all facility locations throughout the facility that allows residents to shower, perform bodily functions and change clothing with basic privacy. These signs have the wording that staff of the opposite gender shall knock and announce themselves before entering the area. (For example: "Female entering area".)

During the onsite audit phase, the auditor viewed the shower areas and toilet areas from multiple vantage points, to ensure that staff did not have the ability to observe genitalia. The auditor's view of these areas confirmed that staff did not have the ability to see inside the showers or toilets which were outfitted with doors and curtains. The showers and toilets are adequately private.

Of the 10 residents interviewed, all stated they have not been observed by an opposite gender staff member in a state of undress. Eleven of 11 staff members affirmed that there are policies and procedures in place to prevent opposite gender viewing.

The auditor heard opposite gender announcements being made on behalf when a opposite gender staff member was not already present. Random interviewed staff members stated that the announcement is consistently completed. All interviewed residents confirmed the announcements were made.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.215(e) The agency indicated in their response to the PAQ that the agency has a policy prohibiting staff from searching or physically examining a transgender or intersex residents for the sole purpose of determining the resident 's genital status. Policy and Procedures Manual Policy # 12-004 Subject: Cross-Gender Viewing and Searches prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident 's genital status. If the resident 's genital status is unknown, it may be determined by 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.

In accordance with the policy, the agency reported that no such search has occurred in the past 12 months. Interviews with staff confirmed that agency policy prohibits them from searching a transgender or intersex resident for the sole purpose of determining the resident 's genital status.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.215(f) The agency indicated in their response to the PAQ that 100 percent of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful

	<p>manner, consistent with security needs. The agency indicated that all security staff receive training upon hire, in addition to ongoing in-service training, on proper pat search procedures. The training module was provided as validation of the training curriculum, as were the agency training logs. A review of in-service training records confirmed that all staff had been trained. The auditor reviewed an in-service training titled, Guidance in Cross-Gender and Transgender Pat Searches. The training was found to be appropriate and consistent with national standards for conducting resident searches, including cross- gender searches. Seven random interviews with security staff indicated that they were all trained, which mirrored the staff in-service training rosters provided.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with these provisions of the standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-001 Subject: Zero Tolerance of Sexual Abuse and Sexual Harassment c. Policy and Procedures Manual Policy # 12-005 Subject: Resident Disabilities and English Proficiency d. Spanish PREA Information e. Language Line Instructions

f. Education Video and Facilitators Guide

Interviews

- a. Random staff
- b. Targeted Residents

Site Review

115.216 (a). The agency indicated in their response to the PAQ that they agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment Policy and Procedures Manual Policy # 12-005 Subject: Resident Disabilities and English Proficiency states that The agency shall take steps to ensure that residents with disabilities will receive 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. Disabilities include deaf or hard of hearing, those who are blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities. During the onsite review, intake staff who is tasked with providing PREA materials stated they ask all new residents if they understand the information they receive; they have not received any negative responses but would engage support services if someone responded affirmatively. The staff reported that if a person's disability prevents understanding, the agency is equipped to respond with a variety of interventions to ensure effective communications.

During the onsite audit phase interviews were conducted with residents with varying degrees of cognitive, hearing, and physical limitations. Each indicated that they are provided with access to agency services and are provided with accessible material regarding their rights to be free from sexual abuse and sexual harassment, as well as information about reporting sexual abuse and sexual harassment.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.216 (b). The agency indicated in their response to the PAQ that the agency has established procedures to provide those with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. The agency utilizes Language Line. The agency shared a copy of documentation, which includes contact information for the services. As with disabled residents, the intake staff

confirms understanding the LEP population when providing intake education; they are familiar with the method to connect with language assistance services.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.216 (c). The agency indicated in their response to the PAQ that the agency prohibits the use of 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, or the investigation of the resident 's allegations. The agency engages interpretation services to avoid using residents in this capacity. The agency has not used a resident in this capacity in the past 12 months.

The auditor's interview with the PREA Coordinator verified the information provided during the pre- onsite audit phase; there have not been any instances in the past 12 months where resident interpreters, readers, or other types of resident assistants have been used.

Interviews with random and targeted staff confirmed that they were not aware of any instance where a resident interpreter was used to assist with first responder or investigative actions.

During the site review of the agency, the auditor observed PREA posters displayed throughout the facility in Spanish, as well as English. Information pertaining to PREA is also provided to residents in Spanish and English during the intake process.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Policy and Procedures Manual Policy # 12-006 Subject: Hiring and Promotion Decisions
- c. Sample Background Checks

Interviews

- a. Random staff
- b. Human Resources Staff

115.217 (a, b, f). The agency indicated in their response to the PAQ that the agency prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of a contractor who may have contact with residents who may have engaged in any of the conduct detailed in this provision. The agency also considers any incidents of sexual harassment when making such decisions. The agency does not hire or promote anyone who may have contact with resident s, who:

- a. has engaged in sexual violence, or staff sexual misconduct of a resident in a prison, jail, lockup, community confinement agency, juvenile agency or other institution;
- b. 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; or
- c. has been civilly or administratively adjudicated to have engaged in the activity described immediately above.

Policy and Procedures Manual Policy # 12-006 Subject: Hiring and Promotion Decisions outlines this process, all applicants/contractors complete a form through the agency, and BOP which asks the questions pertaining to the behaviors outlined in the provision.

A final analysis of the evidence indicates the agency is in substantial compliance with these provisions.

115.217 (c). The agency indicated in their response to the PAQ that agency policy requires that before it hires any new employees who may have contact with

resident s, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. The agency reported one hundred percent of individuals hired in the past 12 months who may have contact with residents had a criminal background record check completed.

Policy and Procedures Manual Policy # 12-006 Subject: Hiring and Promotion Decisions details the agency's criminal background check expectation. The required pre-employment process includes using data from local, county, state, and federal law enforcement agencies, prior employers, and any agency, department, company, individual, or service may be contacted if it is deemed that such agency has pertinent background information.

The auditor reviewed random records and accompanying forms that document the application process, including the previous employer inquiry process and criminal background checks. The staff confirmed that when a prospective employee or contractor reports having been employed by another confinement agency and requests employment at the agency, contact is made with the prior agency during the background investigation process.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.217 (d). The agency indicated in their response to the PAQ that agency policy requires a criminal background check be completed before enlisting the services of any contractor who may have contact with residents, this is conducted through the State Police Clearance Check is completed on-line by the Director of Administration, or designee via the PATCH System (Pennsylvania Access to Criminal History).

In the past 12 months, the agency reported having 0 contracts for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents. The auditor verified that all had a criminal background check conducted.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.217 (e). The agency indicated in their response to the PAQ that agency policy requires a criminal background check be conducted at least every five years for current employees and contractors who may have contact with residents. The agency conducts criminal background records checks at least every five years for current employees and contractors who may have contact with residents. The State Police Clearance Check is completed on-line by the Director of Administration, or

designee via the PATCH System (Pennsylvania Access to Criminal History). The auditor's interview with staff confirmed and random review of files confirmed the five-year criminal history checks.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.217 (g). The agency indicated in their response to the PAQ that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy and Procedures Manual Policy # 12-006 Subject: Hiring and Promotion Decisions states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.217 (h). Policy and Procedures Manual Policy # 12-006 Subject: Hiring and Promotion Decisions states unless prohibited by law, information shall be provided 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 for work. Staff confirmed such inquiries are reviewed and responded to in accordance with agency policy.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire

Interviews

- a. Director
- b. PREA Coordinator

Site Review

115.218 (a). The agency indicated in their response to the PAQ that the agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since 8/20/2012, or since the last PREA audit, whichever is later. Upon discussion with the PREA Coordinator, in addition to observations during the site review, since their last PREA audit the facility has not undergone any construction. The PREA Coordinator understood when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. The agency head indicated that the agency works consistently to consider safety and privacy needs of residents, while ensuring direct lines of sight and using tools, like mirrors, windows, and cameras, to assist with supervision.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.218 (b). The agency indicated in their response to the PAQ that the agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 8/20/2012, or since the last PREA audit, whichever is later. The PREA Coordinator confirmed that the agency has installed and added cameras since the last PREA audit. I confirmed that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the department considered how such technology may enhance the department's ability to protect residents from sexual abuse. The PREA Coordinator reported that video monitoring is an ongoing priority of the agency.

A final analysis of the evidence indicates the agency is in substantial compliance

	<p>with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations c. Letter of agreement YWCA Greater Harrisburg d. Uniform Evidence Protocol e. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services f. MOU with Vera House <p>Interviews</p> <ul style="list-style-type: none"> a. Agency Investigators b. Vera House Staff

Site Review

115.221 (a). The agency indicated in their response to the PAQ that the agency is responsible for conducting administrative sexual abuse/sexual harassment investigations. The facility houses residents for the Bureau of Prisons. Any incident involving a resident placed by the BOP would be investigated by the Office of Inspector General, Internal Affairs, these investigators are tasked with investigating the administrative investigation. The BOP will also have the Agency Investigator investigate allegations. If the investigation is criminal, the Syracuse Police Department or Federal Bureau of Investigations would conduct the criminal investigation. During the investigator interviews I confirmed that they follow a process that maximizes the potential for obtaining usable physical evidence for administrative proceedings.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.221 (b). The agency indicated in their response to the PAQ that the agency does not house juveniles or youthful offenders. The auditor was able to verify through agency records and staff interviews that there were no youth housed at the facility during the 12-month review period.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.221 (c). The agency indicated in their response to the PAQ that the agency offers all residents who experience sexual abuse access to forensic medical examinations at an outside agency; the agency does not perform such examinations. Examinations conducted at an outside agency are performed by Sexual Assault Nurse Examiners or, when not available, a qualified medical practitioner. In the past 12 months, no residents were transported for forensic medical examinations. When the need arises for care in this context, the agency documents all efforts to provide a SANE.

Any resident would be transported to St Joseph Hospital, which is equipped to provide a SANE examination 24/7.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.221 (d, e, h). The agency indicated in their response to the PAQ that the agency attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means; such efforts are documented. While an outside advocate is always available on-call thereby eliminating a great majority of the need for the agency to provide an alternate qualified staff member in the event an advocate is unavailable. Support services include supporting the victim through the forensic medical examination process and investigatory interviews and providing emotional support, crisis intervention, information, and referrals. Vera House the local Rape Crisis Center would be notified in the event of a SANE examination. Thereafter the investigative agency will make available an advocate during investigatory interviews and for emotional support services. Posters were observed throughout the agency which directs victims to the local advocacy organization, via a phone number, for support services.

The agency has a letter of agreement with Vera House which describes the roles and responsibilities of each party following an incident of resident sexual abuse. Upon request, the agreement stipulates that the advocacy organization will support the victim through forensic medical examinations, during investigatory interviews; provide emotional support and crisis intervention. A copy of this agreement was provided to the auditor during the pre- onsite audit phase.

During the audit, the auditor conducted an interview with a representative from Vera House who indicated that a victim advocate is available to meet with the resident victim during a SANE exam upon request. In practice, the service provider is staffed to respond to the hospital 24 hours a day and seven days a week.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.21 (f). The PREA Coordinator confirmed that the Criminal sexual abuse/sexual harassment investigations are conducted by the Syracuse Police Department, and Federal Bureau of Investigations. Both agencies have policies in place that outlines the requirements of paragraphs (a) through (e) of this section.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.222 (a, b). The agency indicated in their response to the PAQ that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations dictates that Firetree, Ltd. shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Referrals for criminal investigations shall be made to entities with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The Agency Investigators possess legal authority to conduct administrative investigations and will collaborate with the Syracuse Police Department, or Federal Bureau during criminal investigations.</p> <p>In the designated 12-month audit period, as evidenced by a review documentation, the agency received and responded to 9 allegations of sexual abuse/sexual harassment. Of these investigations, one allegation was substantiated or, subsequently, referred for prosecution.</p> <p>The PREA Coordinator indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>The auditor reviewed the agency’s public website and easily located the aforementioned policy which describes investigative and referral practices.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>115.222 (c). Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations describes the investigative responsibility of the Agency Investigators</p>

	<p>and the Syracuse Police Department, and Federal Bureau of Investigations during criminal investigations. The responsibilities outlined in the policy include the following: initial inquiry; referral to Law Enforcement when warranted; collecting physical and testimonial evidence; a description of reasoning behind credibility assessments; gathering investigative facts and findings; and notifying the alleged victim of the outcome. The policy also describes the scope of administrative and criminal investigations.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-010 Subject: Employee, Volunteer, Intern, Contractor, and Vendor Training c. PREA Basic Training d. Training Records e. Sign offs <p>Interviews</p> <ol style="list-style-type: none"> a. PREA Coordinator

b. Random Staff

Site Review

115.231 (a). The agency indicated in their response to the PAQ that the agency trains all employees who may have contact with residents on the following topics: the agency's zero tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; right of residents to be free from sexual abuse and sexual harassment; right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Policy and Procedures Manual Policy # 12-010 Subject: Employee, Volunteer, Intern, Contractor, and Vendor Training states Every employee, volunteer, intern, contractor, and vendor who may have contact with residents shall be trained on his/her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Training shall be tailored to the gender of the residents. The level and type of training shall be based on the services provided and level of contact with residents.

The auditor reviewed PREA-related guides, and modules which are utilized to educate all new and existing Employee, Volunteer, Intern, Contractor, and Vendor that will have contact with residents on how to fulfill their responsibilities under sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The training resources detail each of the sub-topics listed within this provision.

Random and specialized staff who were interviewed reported they received training consistent with each of the ten elements listed above. Staff members were able to articulate training content; knowledge of the agency's zero tolerance for sexual abuse and sexual harassment policy; an understanding that all staff and residents have a right to be free from retaliation for reporting sexual abuse and sexual harassment; familiarity with their reporting responsibilities. The auditor also reviewed training reports, which demonstrate receipt of training of the above provisions; 100% of staff completed training.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.231 (b). The agency indicated in their response to the PAQ that training is not gender specific and applicable to the both the male and female facilities. Random and specialized staff who were interviewed reported they received training consistent with both female and male populations.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.231 (c). The agency indicated in their response to the PAQ that, in between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The agency provides PREA training annually.

During the onsite audit phase, the auditor confirmed through random staff interviews that each completed training prior to having contact with residents. I further confirmed the annual training courses include the elements described in provision (a). One hundred percent, as confirmed through a report, of staff members received instruction on the elements required by this provision in 2023 and are scheduled for 2024.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.231 (d). The agency indicated in their response to the PAQ that the agency documents that employees who may have contact with residents understand the training they have received through employee signature. The auditor reviewed staff training records and confirmed the acknowledgment method that accompanies staff training.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

The agency provides yearly PREA training which includes a policy review. This practice far exceeds the requirements of this standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.

115.232	Volunteer and contractor training
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1406 378">The following evidence was analyzed in making a determination of compliance:</p> <p data-bbox="280 412 647 445">Documentation reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="280 479 751 512">a. Pre-Audit Questionnaire <li data-bbox="280 546 1347 624">b. Policy and Procedures Manual Policy # 12-010 Subject: Employee, Volunteer, Intern, Contractor, and Vendor Training <li data-bbox="280 658 1347 736">c. Training Records and Acknowledgement Forms for Volunteers and Contractors <p data-bbox="280 860 429 893">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="280 927 663 960">a. PREA Coordinator <li data-bbox="280 994 572 1028">c. Contractor <p data-bbox="280 1151 445 1184">Site Review</p> <p data-bbox="280 1285 1474 1733">115.232 (a). The agency indicated in their response to the PAQ that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Policy and Procedures Manual Policy # 12-010 Subject: Employee, Volunteer, Intern, Contractor, and Vendor Training states Every employee, volunteer, intern, contractor, and vendor who may have contact with residents shall be trained on his/ her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Training shall be tailored to the gender of the residents. The level and type of training shall be based on the services provided and level of contact with residents.</p> <p data-bbox="280 1845 1474 2092">During the onsite audit phase, one contractor was interviewed. They confirmed that they had received training on their responsibilities under the agency’s zero tolerance policy against sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor reviewed random, completed Contractor/Volunteer/Public Visitor/Non-Department Employee Acknowledgement Forms, which indicated receipt and understanding of their responsibility for</p>

preventing, detecting, and responding to sexual abuse and sexual harassment.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.232 (b). The agency indicated in their response to the PAQ that the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. Further, all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Procedures Manual Policy # 12-010 Subject: Employee, Volunteer, Intern, Contractor, and Vendor Training outlines the level of training. The auditor reviewed training records for random contractors and volunteers; each of which contained evidence of training participation. The interviewed contractor stated they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.232 (c). The agency indicated in their response to the PAQ that the agency maintains documentation confirming that volunteers and contractors understand the training they have received. As stated, the auditor reviewed random, completed Contractor/Volunteer/Public Visitor/Non-Department Employee Acknowledgement Forms, which indicated receipt and understanding of their responsibility for preventing, detecting, and responding to sexual abuse and sexual harassment. The interviewed contractor stated during their interview that they had received training specific to the agency's zero tolerance policy and how to make a report of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.

115.233	Resident education
	<p data-bbox="280 188 1015 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1406 378">The following evidence was analyzed in making a determination of compliance:</p> <p data-bbox="280 412 644 445">Documentation reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="280 479 751 512">a. Pre-Audit Questionnaire <li data-bbox="280 546 1461 580">b. Policy and Procedures Manual Policy # 12-01 Subject: Resident Education <li data-bbox="280 613 628 647">c. PREA Handout <li data-bbox="280 680 660 714">d. Resident Sign Off <p data-bbox="280 837 429 871">Interviews</p> <ul style="list-style-type: none"> <li data-bbox="280 904 580 938">a. Intake Staff <li data-bbox="280 972 871 1005">b. Random and Targeted Residents <li data-bbox="280 1039 612 1072">c. Random Staff <p data-bbox="280 1196 445 1229">Site Review</p> <ul style="list-style-type: none"> <li data-bbox="280 1263 596 1296">a. PREA Posters <li data-bbox="280 1330 700 1364">b. PREA Audit Postings <p data-bbox="280 1487 1469 1856">115.233 (a)(b). The agency indicated in their response to the PAQ that residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 100 percent of newly admitted residents (109) were given this information at intake. Policy and Procedures Manual Policy # 12-01 Subject: Resident Education Every resident, including transfers and new receptions, will receive information regarding Firetee, Ltd.'s zero tolerance policy on sexual abuse and sexual harassment, how to report incidents and suspicions of sexual abuse, sexual harassment, or retaliation, and what to do if victim of such.</p> <p data-bbox="280 1890 1430 2058">The residents also receive a handout which explains the federal law, resident's rights to be free from sexual abuse and sexual harassment in confinement, definitions, and reporting avenues. During the resident interviews all interviewed residents confirmed that they had received this information upon intake. All</p>

residents were shown the handout. They were all familiar with this and were given one at intake. The residents also confirmed going through an orientation where a video was shown and PREA was further explained.

During the site review I observed a mock intake process, the intake officer indicated that all residents receive the written PREA Information, and they confirm receipt by signing. Random files were reviewed, all residents indicated in writing they had received this information.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.233 (c). The agency indicated in the PAQ that PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. Policy and Procedures Manual Policy # 12-01 Subject: Resident Education requires such accommodation. If a resident arrived at the agency and had any disabilities or limited English proficiency limitations, the agency is prepared to engage interpretation services to ensure understanding. The policy states that the facility director/ designee shall ensure resident orientation and education is provided in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to residents who have limited reading skills.

The agency utilizes the interpretation line through Language Line. The agency shared a copy of documentation, which includes contact information for the services. As with disabled residents, the intake staff confirms understanding the LEP population when providing intake education; they are familiar with the method to connect with language assistance services.

The auditor observed that the agency has PREA posters displayed throughout the facilities printed in Spanish and English languages.

The random staff interviewed confirmed these procedures.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.233 (d). The agency indicated in their response to the PAQ that the agency maintains documentation of resident's participation in PREA education. Receipt of education is documented and placed in the resident file. The auditor randomly selected records to review; all records indicated receipt of education as required by this provision or agency policy.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.233 (e). The agency indicated in their response to the PAQ that the agency ensures key information about the agency’s PREA policies is continuously and readily available or visible through posters, residents handbooks, or other written formats. The auditor observed and reviewed that PREA information at the facilities is made available to residents in several ways:

- a. Resident handout
- b. PREA Pamphlet
- c. PREA Posters on housing units and in common areas

The auditor had an opportunity to view all the above resources and activities during the onsite audit phase and had multiple discussions with both staff and residents regarding these resources. Residents were readily able to describe how they could locate or reference a means to report incidents of sexual abuse or harassment.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

The provisions require that the agency provide information on the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The agency has taken it upon themselves to further train the residents on PREA by showing a PREA video with follow up questions and answers. This practice far exceeds the requirements of the standards.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations
- c. PREA Administrative Investigators Training Agenda
- d. PREA Training Power Points

Interviews

- a. Investigators

115.234 (a). The agency indicated in their response to the PAQ that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations states that an administrative sexual abuse investigation shall be conducted by designated Firetree, Ltd. staff that have received specialized sexual abuse investigator training. This investigation is conducted following the conclusion of the criminal investigation. The agency has 1 investigator who has received specialized investigator training as evidenced by training records and discussions with the PREA Coordinator and investigator.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.234 (b). By way of curriculum review (i.e. instructor text and participant A final analysis of the evidence indicates the agency is in substantial compliance with this provision. materials), the auditor confirmed the comprehensive training utilized to train staff to investigate allegations of sexual abuse contain the elements required by this provision, which include interviewing sexual abuse victims; proper use of Miranda warnings; the Garrity rule; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

The auditor spoke to the investigator they described the preparatory, specialized training they received in advance of conducting sexual abuse and sexual harassment investigations; topics included policy, first responder procedure, trauma/ victimization, confidentiality, SANE, communication, crime scene preservation, interviewing techniques, documentation, Miranda & Garrity, prosecutorial referral, and advocacy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.234 (c). The facility indicated in their response to the PAQ that the agency maintains documentation showing that investigators have completed the required training. Specifically, 1 member of staff is trained to conduct sexual abuse investigations. Training completion is tracked through training certificates. The auditor reviewed such documentation demonstrating training.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

I found the investigator to be well versed in the investigative process. During investigation reviews, I found that they follow the evidence protocols outlined in the policy and articulate evidence identification and collection.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with all provisions of the standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>The facility does not have medical or mental health staff. All services are provided through community providers.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed,</p>

	<p>my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with all provisions of the standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information c. PREA Screening forms <p>Interviews</p> <ul style="list-style-type: none"> a. Staff Responsible for Screening b. Random Residents <p>Site Review</p> <ul style="list-style-type: none"> a. Intake/Screening Process <p>115.241 (a). The agency indicated in their responses to the PAQ that the agency has a policy that requires screening (upon admission to a facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information requires that:</p> <ul style="list-style-type: none"> 1. Every resident shall be assessed for risk of being sexually abused by other residents or sexually abusive towards other residents: <ul style="list-style-type: none"> a. Within 72 hours of admission into the program, including transfers;

- b. Between 20 - 30 days after initial reception into the program
- c. When the resident is involved (victim or abuser) in an incident/ allegation of sexual harassment and/ or sexual abuse
- d. When warranted due to referral, request or receipt of additional information that bears on the resident's risk of sexual victimization of abusiveness.

The initial screening is conducted by the case managers in a private setting one on one. They stated an initial risk screening is completed with each resident upon arrival. The risk screenings are conducted as outlined in the policy. Of 10 resident interviews, 10 residents remembered completing screening questions. The auditor randomly selected resident records to corroborate the agency's intake screening process.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (b). The agency indicated in their responses to the PAQ that the agency has a policy that requires residents to be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of intake. In the past 12 months, 99 residents reportedly entered the agency and remained there for 72 hours or more. Of these residents, the agency stated all were screened for risk within 72 hours of admission.

During the pre-onsite phase, the agency directed the auditor to review Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information as evidence of policy compliance. This section directs the screening to take place within 72 hrs.

Of 10 resident interviews, 10 residents remembered being asked the applicable screening questions, they further confirmed this occurred during the intake process and within 72 hrs. of arrival at the agency. The auditor randomly selected resident records to corroborate the agency's intake screening process.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (c). The agency indicated in their response to the PAQ that risk assessments are conducted using an objective screening instrument. A review of the PREA Screening reveals 22 questions or screening measures.

The evidence indicates that the PREA Screening is standardized, consistently administered to all residents, structured using a weighting and scoring mechanism, and culminates in an overall determination at risk or potential predator. The overall screening is appropriately subjective and is compliant with the variables required

per 115.41(d).

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (d). The agency's PREA Screening tool is comprised of 22 questions; all of which meet the prescribed criteria for this provision. Specifically, the PREA Screening includes questions in the following areas:

- Whether the offender has a mental, physical, or developmental disability
- The age of the offender
- The physical build of the offender
- Whether the offender has previously been incarcerated
- Whether the offender's criminal history is exclusively nonviolent
- Whether the offender has prior convictions for sex offenses against an adult or child
- Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or
- gender nonconforming
- Whether the offender has previously experienced sexual victimization
- The offender's own perception of vulnerability
- Whether the resident is detained solely for civil immigration purposes

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (e). The PREA Screening includes an assessment of the criteria required by this provision and described in the discussion of 115.41(d). Each of these questions attempts to elicit information about a resident's prior history of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Responses are recorded as part of the screening and used to determine each resident's risk of being sexually abusive. The screening tool will score these factors and if over a certain score the resident will be considered a predator.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (f). The agency indicated in their responses to the PAQ that the agency has a policy that requires the agency to reassess each resident 's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident 's arrival at the agency, based upon any additional, relevant information received by the agency since the intake screening. The PAQ indicates that in the past 12 months, 94 residents have reportedly entered the agency and remained there for 30 days or more. Of these residents, the agency stated 94 (100%) were rescreened for risk within 30 days of admission.

The facility provided the auditor with a tracking form indicating that the 30-day screenings were completed. During the audit residents confirmed that they did conduct a second screening. The auditor reviewed the completed 30 day reassessment documentation and compared the screenings to the tracking form to confirm accuracy. Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information policy dictates that:

Every resident shall be assessed for risk of being sexually abused by other residents or sexually abusive towards other residents:

- a. Within 72 hours of admission into the program, including transfers;
- b. Between 20 - 30 days after initial reception into the program
- c. When the resident is involved (victim or abuser) in an incident/ allegation of sexual harassment and/ or sexual abuse
- d. When warranted due to referral, request or receipt of additional information that bears on the resident's risk of sexual victimization of abusiveness.

All residents are being reassessed within 20-30 days; these screenings are being conducted by case managers using the same screening tool used to conduct the original assessment. This was confirmed through a conversation with both the Case Manager, Director and PREA Coordinator.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (g). The agency indicated in their response to the PAQ that the agency has a policy requiring a resident 's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident 's risk of sexual victimization or abusiveness. Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information states that the offender shall be reassessed when warranted due to referral, request or receipt of additional information that bears on the resident's risk of sexual victimization of abusiveness. The offender's assigned Case Manager shall conduct the reassessment. These assessments were confirmed by the case managers..

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (h). The agency indicated in their response to the PAQ that the agency has a policy which prohibits disciplining residents for refusing to answer screening questions related to whether or not they have a mental, physical, or developmental disability; whether or not they are or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not they have previously experienced sexual victimization; or their own perception of vulnerability.

Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information states residents shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions regarding prior victimization, disabilities, their perception of vulnerability or their sexual orientation.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.241 (i). Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information states that the answers to the PRAT should be stored in a secure location with access restricted to administrative personnel only. Information and scores shall only be made available to select staff to aid in housing, bed, and program assignment with the goal to keep separate those residents at high-risk of being sexually victimized from those residents at high risk of being sexually abusive and shall never be shared with the residents. Interviews with the Director confirmed that access is controlled by role or classification.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with the provisions of the standard.

115.242	Use of screening information
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information
- c. PREA Screening

Interviews

- a. Staff Responsible for Screening
- c. Case Managers
- d. Director

115.242 (a, b). The agency indicated in their response to the PAQ that the agency uses the information from the risk screening as required by standard 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information outlines the process of utilization of the information to make decisions relative to housing, sleeping room, and program assignments with the goal of keeping residents safe. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to appropriate staff to inform treatment plans, security, and management decisions including housing, sleeping room, and program assignments.

The auditor did not observe evidence of isolated work or programming assignments. The Director indicated that risk screening information is predominately used to make safe housing placements, but that in addition supplemental security measures are being taken to ensure proper supervision within the facility.

During interviews and conversations with random and specialized staff, there is an understanding that housing assignments will not be made without approval from staff who have access to the sensitive information concerning the residents at high risk for victimization and high risk of abusiveness.

A final analysis of the evidence indicates the agency is in substantial compliance

with this provision.

115.242 (c). The agency indicated in their response to the PAQ that when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the resident 's health and safety, and whether the placement would present management or security problems. According to Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information Firetree, Ltd. shall consider on a case-by-case basis the assignment of a transgender or intersex resident into the facility in terms of ability to ensure resident's health and safety, and whether the placement would present management or security problems.

The PREA Coordinator and Director both confirmed that the facility is equipped to house transgender and intersex residents and can meet their individual needs. The auditor interviewed case managers and the Director they confirmed a case-by-case determination in accordance with agency policy.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.242 (d). The case managers confirmed that the reassessment process for transgender and intersex residents mirrors the initial classification review process. As previously stated, all residents meet with their case managers and are asked about any safety issues during this review process. Following the review, the case manager documents the information. During case manager reviews any pertinent information for any resident would be shared with the Director.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.242 (e). Policy and Procedures Manual Policy # 12-014 Subject: PREA Risk Screening and Use of Screening Information requires that placement and programming assignments for all residents including transgender or intersex residents shall be made on an individualized basis. In the case of a transgender or intersex offender, the safety and health of the offender and the management and security of the facility as well as their own views in regard to their safety are taken into consideration.

An interview with the case managers corroborated that agency practice aligns with agency policy. They indicated that the facility gives serious consideration to their own views about their safety within the institution.

A final analysis of the evidence indicates the facility is in substantial compliance

	<p>with this provision.</p> <p>115.242 (f). A review of the facilities physical plant and showering accommodations, as well as interviews with residents and staff confirmed that transgender residents have an opportunity to shower separately and privately by space. Modesty curtains are in place in all showering areas. All residents confirmed that they can shower without being viewed by others.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.242 (g). The PREA Coordinator confirmed that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring lesbian, gay, bisexual, transgender, or intersex residents be placed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity. He stated that residents who identify as gay or bisexual are housed in accordance with their security and programming needs.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-013 Subject: Reporting of Sexual

Harassment and Sexual Abuse

- c. Handouts
- d. PREA Posters

Interviews

- a. PCM
- b. Random Residents
- c. Random Staff

Site Review

- a. Informal Interviews
- b. Posted Information

115.251 (a). The agency indicated in their response to the PAQ that the agency has established multiple internal methods for residents to privately report sexual abuse; sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. According to the PREA Handout and signage a resident may report allegations of sexual misconduct or retaliation by other residents or staff verbally, in writing, using the toll-free hotline, or to a third-party. Residents shall be given the opportunity to remain anonymous during the report. There is no time limit on when a resident may report sexual misconduct.

After issuance of the handout and verification of understanding, the resident shall sign.

During the site review, posted information was observed throughout the agency. Informal conversations with residents during the site review and formal random and target resident interviews indicated that all residents could recite at least one way to report sexual abuse or sexual harassment. All random staff members interviewed were able to recite appropriate reporting options.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.251 (b). The agency indicated in their response to the PAQ that the agency provides at least one way for residents to report abuse or harassment to a public or private entity that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. The residents can report to the following outside entities:

Methods of Reporting for Residents and Visitors to the Facility:

- Verbal report to any staff member.
- Written report to any staff member.
- Call National Sexual Assault Hotline at 800-656-4673
- Submit an e-mail to prea@Firetree.com

The agency does not house residents solely for immigration purposes and, as such, does not have a policy or provide residents detained solely for civil immigration purposes information on how to contact consular or Department of Homeland Security officials.

The facility handout further states that reporters can request to remain anonymous.

An interview with staff confirmed that a resident may report externally and, if chosen, anonymously by phone or letter. Of 10 random and targeted residents interviewed, they all understood anonymous reporting options.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.251 (c). The agency indicated in their response to the PAQ that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Moreover, staff are required to document verbal reports. According to Policy and Procedures Manual Policy # 12-013 Subject: Reporting of Sexual Harassment and Sexual Abuse states:

Staff, contractors, volunteers, and residents shall report knowledge or suspicion of the following:

- a. Sexual abuse
- b. Sexual harassment
- c. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and
- d. Staff neglect or violation of responsibilities that may have contributed to such incidents

All random staff interviewed stated residents can report in any of the ways described. All also stated that they would complete a written report immediately upon accepting a report from a resident, regardless of the report method. All interviewed residents stated they were aware of written, verbal, or third-party reporting options; they confirmed that they can report in any of the accepted ways.

A review of the agency public website revealed a list of ways in which sexual abuse or sexual harassment may be reported.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.251 (d). The agency indicated in their response to the PAQ that the agency has established procedures for staff to privately report sexual abuse and sexual harassment by reporting immediately and confidentially to the PREA Coordinator or Facility Director.

The auditor reviewed the Policy and Procedures Manual Policy # 12-013 Subject: Reporting of Sexual Harassment and Sexual Abuse, which confirm reporting options. All interviewed random staff stated they can report privately. They further described multiple methods including notifying the PREA Coordinator and facility Director.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

During the interviews all 10 residents informed the auditor that they would report any incident of sexual abuse or sexual harassment internally to the staff. This statement reflects the agency culture and the trust in the agency that the residents have. The agency has also provided multiple external reporting avenues, this far exceeds the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.

115.252	Exhaustion of administrative remedies
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	Auditor Overall Determination: Meets Standard
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	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>Interviews</p> <p>a. PREA Coordinator</p> <p>115.252 (a). The agency indicated in their response to the PAQ that the agency does not have an administrative procedure for dealing with resident grievances regarding sexual abuse. Sexual abuse in the New York is a criminal offense. Any grievance filed regarding sexual abuse would immediately be reported to the proper authorities for investigation.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>b. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services</p>

c. PREA Handout

e. PREA Posters

Interviews

a. PREA Coordinator

b. Random Residents

c. Vera House Staff

Site Review

115.253 (a). The agency indicated in their response to the PAQ that they provide residents with access to outside victim advocates for emotional support services related to sexual abuse. They also indicated that they provide residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and provide residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The agency does not house residents solely for civil immigration purposes and does not provide information for immigrant services agencies.

The auditor observed the telephone number for Vera House on posters displayed throughout the facilities including housing areas and common areas.

Staff at Vera House confirmed that the services are available. The agency would provide emotional support through Vera House for non-English speaking residents utilizing an interpretation service.

During the interviews 10 residents stated that external support services are available and have seen the contact information on posters in the housing units. All 10 residents interviewed indicated that the posters are in the housing units and common areas, the posters include information on victim advocacy.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.253 (b). The agency indicated in their response to the PAQ that the agency informs residents, prior to giving them access to outside support services, the extent to which such communication will be monitored and of the mandatory

reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The residents were aware of these services assumed their communication with an advocate would remain confidential. The residents have their own cellular telephones and can leave the facility to meet with the Vera House staff. This was confirmed by both staff and residents.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.253 (c). The agency indicated in their response to the PAQ that the agency maintains a letter of agreement with a community service provider for the provision of emotional support services related to sexual abuse experienced by residents. The auditor reviewed the letter of agreement which was signed by both parties. The agreement describes the responsibilities and outlines the support services provided to the residents following an incident of sexual abuse in a confinement setting, as well as ongoing support services for victims of sexual abuse. Vera House staff confirmed the services are being offered as outlined.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is compliant with these provisions of the standard.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making a determination of compliance: Documentation reviewed: a. Pre-Audit Questionnaire

	<p>b. Agency public website screenshots</p> <p>Interviews</p> <p>a. Random residents</p> <p>Site Review</p> <p>115.254 (a). The agency indicated in their response to the PAQ that the agency provides a method, and publicly distribute reporting information on their website, to receive third-party reports of resident sexual abuse or sexual harassment. The auditor observed this information is posted publicly by navigating to https://www.firetree.com/about/policies/. There readers will learn that, specifically, third parties may contact the Agency directly, and review the reporting avenues.</p> <p>During the pre-onsite phase, the auditor tested this reporting mechanism by calling the number for Firetree Ltd. the telephone was immediately answered by the agency.</p> <p>In addition to posting methods on the public website, the agency circulates such information in the PREA Handbooks and PREA Brochure. The term “third party” includes residents, family members, attorneys, or outside advocates.</p> <p>Interviews with random and target residents confirmed that they are aware they may report to a person external to the agency or have someone report on their behalf.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Policy and Procedures Manual Policy # 12-013 Subject: Reporting of Sexual Harassment and Sexual Abuse
- c. PREA Staff Guide

Interviews

- a. Random Staff
- b. PREA Coordinator
- c. Director

115.261 (a). The agency indicated in their response to the PAQ that all staff must report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are also required to immediately report according to policy any retaliation against residents or staff who reported such an incident. Finally, staff must immediately report according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy and Procedures Manual Policy # 12-013 Subject: Reporting of Sexual Harassment and Sexual Abuse states any staff member, contract service provider, and volunteer shall immediately report to the Facility Director if he/ she has knowledge, suspicion, or information pertaining to items listed in procedure step 1 above, regardless of whether the facility is affiliated with the DOC. The agency's training modules restate the reporting requirement as defined in policy.

Random staff interviews demonstrated that staff are familiar with reporting requirements should a resident disclose an experience of sexual abuse or sexual harassment.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.261 (b). The agency indicated in their response to the PAQ that apart from reporting to designated supervisors or officials and designated state or local services agencies, the agency prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, this is outlined in the Policy and Procedures Manual Policy # 12-013 Subject: Reporting of

Sexual Harassment and Sexual Abuse. The policy states that reports shall be held in strict confidence and shall precipitate the immediate commencement of an investigation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse allegation to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, where sexual abuse with a resident is reported.

All random staff interviewed reported they would immediately contact a supervisor; they would refrain from sharing the information other than with staff who have a need to know.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.261 (c). The facility does not employ any medical or mental health providers. This was confirmed with the Director and during the onsite audit.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.261 (d). As discussed, the agency does not house youthful residents. If the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. This report would be made as required by state law.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.261 (e). Policy and Procedures Manual Policy # 12-013 Subject: Reporting of Sexual Harassment and Sexual Abuse states that staff are responsible for accepting reports in a multitude of formats from any source and, thereafter, notify a supervisor for investigation referral. An interview with random staff confirmed this practice.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information

	<p>received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-016 Subject: Protection of Residents Duties <p>Interviews</p> <ul style="list-style-type: none"> a. Random Staff b. PREA Coordinator c. Director <p>115.262 (a). The agency indicated in their response to the PAQ that when the agency or agency learns a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. The agency reported that there have been zero instances of substantial imminent risk in the past 12 months. Policy and Procedures Manual Policy # 12-016 Subject: Protection of Residents Duties states when the Firetree, Ltd. program learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>The PREA Coordinator stated all staff are responsible for immediately intervening when they receive information that a resident may be at imminent risk. They are required to notify a supervisor. A qualified person will assess their circumstances and discuss alternate housing options if necessary. There are several tools at their disposal to ensure continued safety to include separate from the threat; or adjust bed status. A case-by-case determination will be made to determine the best course of action to maximize safety with the lowest level intervention.</p> <p>Interviews with random staff verified those at imminent risk would be separated</p>

	<p>from the threat immediately. Staff further articulated that they would act immediately; ask preliminary questions to better understand the risk; monitor; act immediately as safety is paramount; notify a supervisor; and keep the person at imminent risk separate from the threat until a placement decision could be made.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-017 Subject: Reporting to Other Confinement Facilities <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Director <p>115.263 (a). The agency indicated in their response to the PAQ that the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another agency, the head of the agency must notify the head of the agency or appropriate office of the agency or agency where the sexual abuse is alleged to have occurred. In the past 12 months, the agency has not</p>

received any allegations of abuse at another confinement agency.

Policy and Procedures Manual Policy # 12-017 Subject: Reporting to Other Confinement Facilities states upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director/ designee shall document the receipt of the allegation on the appropriate reporting form (DC-211,Part 3-BCC, Incident Report, etc.).

The Facility Director and PREA Coordinator confirmed the practice outlined by policy.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.263 (b). The agency indicated in their response to the PAQ that agency policy requires the agency head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy and Procedures Manual Policy # 12-017 Subject: Reporting to Other Confinement Facilities states upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director/ designee shall document the receipt of the allegation on the appropriate reporting form (DC-211,Part 3-BCC, Incident Report, etc.). The Director understood the obligations under the policy.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.263 (c). The agency indicated in their response to the PAQ that the agency or agency documents that it has provided such notification within 72 hours of receiving the allegation. This is accomplished by utilizing DC-121, Part 3-BCC, or other appropriate reporting document. As stated above, the PREA Coordinator correctly explained the process, to include documentation, as defined by policy and this provision.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.263 (d). The agency indicated in their response to the PAQ that agency or agency policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the agency has received one notification from other confinement facilities. According to Policy and Procedures Manual Policy # 12-017 Subject: Reporting to Other Confinement Facilities states upon receiving an allegation of sexual abuse from another facility (Community Corrections Center [CCC], Residential Re-entry Center [RRC], Community Contract Facility [CCF], Federal Correctional Institution [FCI], State Correctional Institution [SCI], County Jail, etc.) about an allegation of sexual

	<p>abuse or sexual harassment, that is alleged to have occurred in the Firetree, Ltd. facility that is being notified of the allegation, the Facility Director, or designee shall document the receipt of the allegation on the appropriate reporting form (DC-121, Part 3-BCC, Incident Report, etc.). The Director understood the obligations under the policy.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-018 Subject: Staff First Responder Duties <p>Interviews</p> <ul style="list-style-type: none"> a. Random Staff <p>115.264 (a)(b). The agency indicated in their response to the PAQ that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon report of an allegation of sexual abuse staff shall:</p> <ul style="list-style-type: none"> a. Call "911" if a physical and/ or sexual assault is in progress;

- b. As soon as safely possible, separate the alleged victim and alleged abuser;
- c. Escort the victim to a safe location away from others;
- d. Notify the Facility Director/ designee;
- e. Contact the DOC Operations Center (for DOC residents), or the CCM office (for federal residents) and follow all direction provided to include preserving and protecting any possible crime scene until appropriate steps can be taken to collect evidence; and
- f. Complete the First Responder Checklist (Attachment 4-D) and a DC-121, Part 3- BCC for DOC residents, and equivalent checklist procedures and reporting forms for non-DOC residents; and
- g. Secure and protect the potential crime scene, until physical evidence can be collected by law enforcement and/ or an outside medical professional. If the abuse occurred within a time period that still allows for the collection of physical evidence (96 hours), request shall be made to the alleged victim that no actions take place that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- h. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

In the past 12 months, the facility indicated they have not had any allegation of sexual abuse that occurred within a time period that still allowed for the collection of physical evidence.

Policy and Procedures Manual Policy # 12-018 Subject: Staff First Responder Duties directs all employees to follow the response steps described in the policy,.

All staff members interviewed successfully articulated a majority of their first responder duties, including separating the victim and abuser; preserving and protecting the crime scene; and ensuring the alleged abuser not take any actions that might destroy physical evidence. The majority also added they would notify a supervisor.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information

	<p>received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Syracuse Pavilion Institutional Plan <p>Interviews</p> <ul style="list-style-type: none"> a. Director <p>115.263 (a). The agency indicated in their response to the PAQ that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and agency leadership. The Syracuse Pavilion Institutional Plan describes the respective role of each critical contact, including security staff first responders, supervisors, emergency medical treatment providers, and mental health treatment providers. The agency reviews and revises the plan which details the agency’s coordinated response. During interviews staff confirmed that the Syracuse Pavilion Institutional Plan guides the agency’s response following an allegation of sexual abuse.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in</p>

	compliance with all provisions of the standard.
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p> <p>115.263 (a). The agency indicated in their response to the PAQ that the agency or agency has not entered into or renewed collective bargaining agreements since August 20, 2012, or since the last PREA audit, whichever is later. It was confirmed by the staff, the agency is an “At Will” employer.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p>

a. Pre-Audit Questionnaire

b. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations

Interviews

a. PREA Coordinator

b. Director

115.267 (a). The agency indicated in their response to the PAQ that the agency has 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. At the facility, the PREA Compliance Manager is responsible for retaliation monitoring. Policy and Procedures Manual Policy # 12-021 Subject: Protection against Retaliation dictates that Firetree, Ltd. programs shall protect all residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.267 (b) Policy and Procedures Manual Policy # 12-021 Subject: Protection against Retaliation directs the agency to employ multiple protection measures, including housing or program changes, for those who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

An interview with the PREA Compliance Manager confirmed that the agency protects reporters from retaliation by implementing a zero-tolerance policy for such conduct. She stated the agency will employ a variety of safety solutions such as housing changes, removal of the alleged abuser, and offering support.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.267 (c). The agency indicated in their response to the PAQ that the agency/ agency monitors the conduct or treatment of residents or staff who report sexual abuse and of resident who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. When revealed, the agency acts promptly to remedy any such retaliation. Retaliation monitoring lasts for at least 90 days and continues beyond 90 days if

there is a continuing need. The agency reported that there have been zero instances of reported retaliation in the last 12 months.

As described above, Policy and Procedures Manual Policy # 12-021 Subject: Protection against Retaliation tasks the PREA Compliance Manager with ensuring that reporters and alleged victims of sexual abuse are monitored in accordance with this provision. They would meet with reporters or alleged victims for a period of 90 days following the report unless the allegation is deemed unfounded. Retaliation monitors are instructed to document their findings on the PREA Retaliation Monitoring Form. Per policy, retaliation monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need.

Monitoring, as directed by policy shall include reviewing: disciplinary reports; housing reports; program changes; negative performance reviews; and reassignments of staff.

The PREA Compliance Manager stated that when the agency suspects retaliation, they will investigate the potential action and protect the alleged victim from real or perceived threat by separating the victim and suspect or threat, for instance.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.267 (d). According to Policy and Procedures Manual Policy # 12-021 Subject: Protection against Retaliation the PREA Compliance Manager is responsible for conducting periodic status checks as part of retaliation monitoring. If the initial monitoring indicates a continuing need, the periodic status checks shall be extended beyond 90 days. The PREA Compliance Manager was interviewed in her role as a retaliation monitor, she affirmed that retaliation monitoring includes monthly status checks for a period of no less than 90 days post- allegation.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

116.267 (e) Policy and Procedures Manual Policy # 12-021 Subject: Protection against Retaliation dictates that retaliation against any resident or staff member who reports sexual abuse and/or sexual harassment, or who cooperates with an investigation of said report, is prohibited and is subject to administrative or criminal action. According to the policy the PREA Compliance Manager is required to monitor staff and resident reporters and alleged victims following an allegation of sexual abuse to ensure they are free from retaliation. An interview with the PREA Compliance Manager indicated the agency would monitor that person for a period of 90 days and take appropriate remedial action to eliminate the risk. As stated earlier, the agency has not received any reports of retaliation, or fears of retaliation, from a resident or staff in the last 12 months.

	<p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Investigator <p>115.271 (a). The facility indicated in their response to the PAQ that the agency/ facility has a policy related to criminal and administrative agency investigations. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations asserts that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Referrals for criminal investigations shall be made to entities with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.</p> <p>A discussion with Agency Investigator confirmed the process above; all reports are taken seriously, regardless of the source, and investigated promptly. They described evidence preservation and collection; the medical forensic examination process,</p>

including advocacy; interviewing victims, suspects, and witnesses; medical referrals; documentation; responsibilities; and prosecutorial referrals. A review of files indicates investigations are completed promptly, thoroughly, and objectively and in accordance with policy as described above.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (b). According to Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations all employees who are assigned to investigate sexual violence and/or staff sexual misconduct will receive specialized training. It was confirmed through the agency investigator they have received specialized investigator training per standard 115.234 as evidenced by training records.

Agency investigative files were reviewed to determine compliance. Of the name of assigned investigator found in these files, they were confirmed as receiving specialized training by cross-referencing a list of trained investigators provided. As discussed in standard 115.234, the elements of the agency's specialized investigations training are substantially compliant.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (c). Policy indicates that the first responding security staff are immediately responsible for establishing and maintaining a perimeter around the crime scene. The Syracuse Police Department or FBI are responsible for collecting and securing direct and circumstantial evidence, including physical and DNA evidence. The agency's specialized investigator training and law enforcement training includes this content, in addition to instructions on interviewing alleged victims, suspected perpetrators (abusers), and witnesses. Training records for each investigator were provided, reviewed by the auditor, and found consistent with the specialized training expectation of 115.234. The auditor also spoke to agency investigators who described, in practice, the tenets of this provision.

During the file review, the auditor reviewed thorough and organized investigations to include comprehensive interviews of all parties; related evidence; and prior complaints involving the suspected victim. Discussions with the agency investigators indicated an understanding of this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (d). Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations dictates that all criminal misconduct by persons under the jurisdiction

of the department or occurring on facility property will be reported to the Syracuse Police Department for possible investigation and prosecution. The policy further dictates that if a criminal investigation is opened, the staff will coordinate with those members of the Syracuse Police Department or FBI assigned to the criminal investigation as to the timing and process of the investigations to protect the integrity of the administrative and criminal investigations. The decision to refer a criminal case for prosecution shall be made by the prosecutor with jurisdiction. Compelled interviews in a criminal investigation will be conducted by Syracuse Police Department or FBI following their policies and procedures.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (e). The investigator confirmed that they do not have the authority to order any person to take a polygraph examination. Information from investigative staff and reviews of files did not suggest any truth-telling devices or polygraph examinations have been used during an investigation. The investigators stated they do not employ polygraph examinations. When asked to explain the method for judging credibility of a victim, suspect, or witness, investigator stated they make such assessments on an individualized basis and not based on one's status as resident or staff. They approach each allegation from a place of believing; investigators assume all victims are credible until the investigatory evidence demonstrates otherwise. Investigators attempt to corroborate information using reliable sources of information, including testimony and video evidence. They make every effort to remain objective but consider the history of any misconduct and/or any prior PREA-related cases. They will conduct additional follow-up interviews if necessary to determine whether the individual has provided details consistently. Investigators also consider differences in witness, suspect, or victim statements, and document such conflicts. A review of investigative files revealed documentation of reliability. No residents who previously reported sexual abuse stated they were subject to a polygraph examination.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (f). When conducting sexual abuse and sexual harassment investigations, the investigator is required per Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations to prepare a written report which includes an effort to determine whether staff actions or failures to act contributed to the abuse, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigative staff indicated efforts made to comply with this provision include receiving and reviewing evidence. If review of the evidence calls into question staff actions or inactions, this will be reported to the PREA Coordinator.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (g). The agency indicated in their response to the PAQ that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Policy and Procedures Manual Policy # 12-009 Subject: PREA Investigations states that the Syracuse Police Department or FBI shall document in a written report a thorough description of physical, testimonial, and documentary evidence with attached copies of all documentary evidence where feasible.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (h). The agency indicated in their response to the PAQ that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Since August 20, 2012, or the facility's last PREA audit, whichever is later, the facility reported there has been no substantiated allegation of sexual abuse which was referred for prosecution. Any referral for prosecution would come from the Syracuse Police Department or FBI following their policies and procedures.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (i). The facility indicated in their response to the PAQ that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. The auditor confirmed through conversations with the PREA Coordinator that the agency maintains investigative records for the period of time required by this provision.

A final analysis of the evidence indicates the facility is in substantial compliance with this provision.

115.271 (j). During interviews with investigator, they confirmed the departure of an alleged victim or abuser from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Investigators were asked how the facility proceeds when a staff member alleged to have committed sexual abuse terminates employment prior to completion of an investigation. They indicated that the investigation would proceed, including a reasonable effort to interview the involved parties. All efforts would be documented.

	<p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>115.271 (l). I confirmed with the Director that when the Syracuse Police Department or FBI investigate an allegation the agency stays in contact with them, through email or phone.</p> <p>A final analysis of the evidence indicates the facility is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is compliant with the provisions of this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-022 Subject: : Evidentiary Standards for Administrative Investigations <p>Interviews</p> <ul style="list-style-type: none"> a. Investigators <p>115.272 (a). The agency indicated in their response to the PAQ that the agency does not impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment</p>

	<p>are substantiated. Policy and Procedures Manual Policy # 12-022 Subject: Evidentiary Standards for Administrative Investigations states that the facility shall impose no standard higher than a preponderance of evidence in determining whether administratively investigated allegations of sexual abuse or sexual harassment are substantiated. Through discussion with the agency investigator, I confirmed that they utilize a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. This was further confirmed through review of incident reports.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-023 Subject: Reporting to Residents c. Resident Notification Form <p>Interviews</p> <ul style="list-style-type: none"> a. Director

115.273 (a). The agency indicated in their response to the PAQ that the agency has a policy requiring that any resident who alleges they suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the 12-month review period, two sexual abuse investigations were completed, in one investigation the resident was still in custody and notified of the outcome.

Policy and Procedures Manual Policy # 12-023 Subject: Reporting to Residents states that Firetree, Ltd. shall inform any resident who makes an allegation that he or she suffered sexual abuse, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. It further states that the program's obligation to report the results of the investigation or other actions under this policy under this standard shall terminate if the resident is released from the agency's custody, except in instances where the resident was transferred to another Firetree, Ltd. program contracted with the DOC. In practice, the agency notifies the alleged victim of the outcome utilizing the Resident Notification Form, not only is this written notification provided to the alleged victim, but they are asked to sign as evidence of receipt. A signed copy is retained with the investigation file.

A final analysis of the evidence indicates the agency substantially exceeds compliance with this provision.

115.273 (b). The agency indicated in their response to the PAQ that If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The outcomes of the investigations are provided to the agency and the resident is notified utilizing the Resident Notification Form. The auditor confirmed this practice with the Director.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.273 (c). The agency indicated in their response to the PAQ that following an resident 's allegation that a staff member committed sexual abuse against the resident , the agency subsequently informs the resident (unless the disposition is unfounded) whenever: the staff member is no longer posted within the resident 's unit; the staff member is no longer employed at the agency; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the agency; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency. In the 12-month review period, there were no staff-on-resident sexual abuse allegations to review.

A final analysis of the evidence indicates the agency is in substantial compliance

	<p>with this provision.</p> <p>115.273 (d). The agency indicated in their response to the PAQ that following an resident 's allegation that they have been sexually abused by another resident , the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the agency; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the agency.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>115.273 (e). The agency indicated in their response to the PAQ that all notifications to residents described under this standard are documented. The auditor reviewed documentation of such notification.</p> <p>A final analysis of the evidence indicates the agency substantially exceeds compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-024 Subject: Disciplinary Sanctions for Staff

Interviews

a. PREA Coordinator

115.276 (a). The agency indicated in their response to the PAQ that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies Policy and Procedures Manual Policy # 12-024 Subject: Disciplinary Sanctions for Staff states that disciplinary sanctions for violations of agency PREA zero tolerance policy (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar history. Termination will be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, zero staff members have been terminated for violating the policies, two staff have been disciplined.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.276 (b). The agency indicated in their response to the PAQ that in the past 12 months zero staff members have violated agency sexual abuse or sexual harassment policies; this assertion was verified during conversation with the PREA Coordinator. Policy and Procedures Manual Policy # 12-024 Subject: Disciplinary Sanctions for Staff outlines agency disciplinary procedure, which indicates the agency shall take whatever personnel actions it deems appropriate, up to and including termination, based on the results of its investigation, regardless of the outcome of any criminal investigation or proceeding.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.276(c). The agency indicated in their response to the PAQ that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. They indicated that in the past 12 months two staff members have been disciplined for violation of agency sexual abuse or sexual harassment policies.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.276(d). The agency indicated in their response to the PAQ that 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, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, zero staff members were reported to law enforcement or licensing bodies following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The discipline practices were verified through interviews with the PREA Coordinator.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-025 Subject: Corrective Action for Contractors, Volunteers, and Interns <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator b. Director

115.277(a). The agency indicated in their response to the PAQ that agency policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. They shall, further, be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported for engaging in sexual abuse of residents. Policy and Procedures Manual Policy # 12-025 Subject: Corrective Action for Contractors, Volunteers, and Interns states any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.277(b). The agency indicated in their response to the PAQ that the agency takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Staff confirmed that an investigation of a contractor or volunteers follows a similar trajectory to that of a staff investigation, but that at any given time the agency has the latitude to prohibit a volunteer or contractor from entering the facilities.

The Director and PREA Coordinator indicated that they would immediately restrict facility access.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making a determination of compliance:

Documentation reviewed:

- a. Pre-Audit Questionnaire
- b. Policy and Procedures Manual Policy # 12-026 Subject: Disciplinary Sanctions for Residents

Interviews

- a. PREA Coordinator
- b. Director

115.278 (a). The agency indicated in their response to the PAQ that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative and/or criminal finding that a resident engaged in resident- on- resident sexual abuse. In the past 12 months, zero residents have been found to have engaged in resident-on-resident sexual abuse. Policy and Procedures Manual Policy # 12-026 Subject: Disciplinary Sanctions for Residents outlines the disciplinary sanctions.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.278 (b). Policy and Procedures Manual Policy # 12-026 Subject: Disciplinary Sanctions for Residents describes a uniform process by which to impose sanctions to conform with the expectation of this provision which requires that disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

An interview with the staff affirmed practice consistent with this provision. They indicated that residents found to have engaged in resident-on-resident sexual abuse are subject to the internal disciplinary process, which includes a range of progressive sanctions such as restrictions, segregation, loss privileges, and prosecutorial referral.

As noted above, there have been no administrative findings of resident-on-resident sexual abuse; as such, the auditor was unable to review resident sanctions related to a finding of sexual abuse. However, policy supports a process in place to ensure resident perpetrators are held accountable.

A final analysis of the evidence indicates the agency is in substantial compliance

with this provision.

115.278 (c) The disciplinary process takes into consideration the resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This process is outlined in Policy and Procedures Manual Policy # 12-026 Subject: Disciplinary Sanctions for Residents.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.278 (d). The agency does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. This practice was confirmed through interviews.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.278 (e). The agency indicated in their response to the PAQ that the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Any allegations of this nature are criminal and fall under NY Criminal Code. In the preceding 12 months, there were no instances of sexual conduct with staff in which the staff person did not consent. Accordingly, there was no documentation available for review of a substantiated case of staff-on- resident sexual contact in which the evidence showed there was a lack of consent of the involved staff member.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.278 (f). The agency indicated in their response to the PAQ that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The good faith reporting document provided by the agency addresses the provisions of the standard.

The auditor reviewed investigation files. None included evidence that a resident reporter was subject to disciplinary action for sexual abuse or sexual harassment allegations; including those that were determined unfounded.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

	<p>115.278 (g). The agency indicated in their response to the PAQ that the agency prohibits all sexual activity between residents and disciplines residents for such conduct when an investigation reveals the conduct was not coerced. All sexual activity between residents is prohibited, and residents are subject to disciplinary action for such behavior.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services <p>Interviews</p> <ul style="list-style-type: none"> a. Random Staff

115.282 (a). The agency indicated in their response to the PAQ that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services states that resident victims of sexual abuse shall 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. Victims of sexual abuse shall be offered access to a forensic medical examination, and medical and mental health sexual abuse follow-up services. They are transported to St. Josephs Hospital for a Sane Examination.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.282 (b). All victims will be immediately provided with the opportunity to go for a medical and mental health assessment. Security staff first responders take preliminary steps to protect the alleged victim and immediately notify the appropriate supervisors following an emergency. All staff members successfully articulated their medically related protection and first responder duties pursuant to 115.262 and 115.264, respectively (as noted in those discussions).

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.282 (c). The agency indicated in their response to the PAQ that resident victims of sexual abuse while incarcerated are 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. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services requires that the PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include: offered pregnancy tests for resident victims of sexually abusive vaginal penetration during incarceration, timely and comprehensive information about and access to emergency contraception; lawful pregnancy-related services (if pregnancy results from sexually abusive vaginal penetration); Sexually Transmitted Infections (STI) testing and follow-up treatment.

A final analysis of the evidence indicates the agency is in substantial compliance

	<p>with this provision.</p> <p>115.282 (d). The agency indicated in their response to the PAQ that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This is outlined on the New York State Coalition Against Sexual Assault website. It outlines the services offered by specially trained health care providers at hospitals across the state. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services <p>Interviews</p>

a. Random Staff

115.283 (a, b, c). The agency indicated in their response to the PAQ that the agency offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in a confinement setting and that such services are consistent with the community level of care. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services states the PCM shall coordinate medical and mental health evaluations and, as appropriate, treatment for all residents who have been victimized by sexual abuse in any prison, jail, lockup, juvenile facility, or community confinement facility. This includes follow-up services, treatment plans, and referrals for continued care following their release from the facility. Staff discussions confirmed residents will receive ongoing treatment in accordance with hospital discharge instructions.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.283 (d, e,f). The agency indicated in their response to the PAQ that the agency does offers pregnancy tests or information about lawful pregnancy related medical services to female victims of sexually abusive vaginal penetration. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services states the PCM shall coordinate medical services and referrals for treatment in the community, in accordance with professionally accepted standards, to include: offered pregnancy tests for resident victims of sexually abusive vaginal penetration during incarceration, timely and comprehensive information about and access to emergency contraception; lawful pregnancy-related services (if pregnancy results from sexually abusive vaginal penetration); Sexually Transmitted Infections (STI) testing and follow-up treatment..

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.283 (g). The agency indicated in their response to the PAQ that treatment services are 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. This is outlined through Pennsylvania Coalition Against Rape website. It states specially trained health care providers at hospitals across the Commonwealth are prepared to examine victims following an assault and care for their immediate

	<p>safety. They conduct a forensic exam at no cost to the survivor, collect evidence, and screen for and treat sexually transmitted infections and other possible injuries.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>115.283 (h). The agency indicated in their response to the PAQ that the agency attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy and Procedures Manual Policy # 12-008 Subject: Access to Emergency Medical & Mental Health Services, Forensic Medical Examinations, and Victim Advocate Services, and Follow-up Services states the facility shall attempt to have a mental health evaluation conducted of all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>During her interview the PCM was able to articulate her responsibilities under these provisions.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <p>a. Pre-Audit Questionnaire</p>

b. Policy and Procedures Manual Policy # 12-027 Subject: Sexual Abuse Incident Reviews

c. Case Review documentation

Interviews

a. Director

b. PREA Coordinator

115.286 (a). The agency indicated in their response to the PAQ that the agency conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. In the past 12 months, the agency has not conducted any investigation reviews. All substantiated or unsubstantiated PREA sexual abuse cases are reviewed by the agency. The reviews are documented on the PREA Sexual Abuse Incident Review form.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.286 (b). The agency indicated in their response to the PAQ that the agency ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The PREA Coordinator confirmed that a review would be conducted within 30 days of the conclusion of the investigation.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.286 (c). The agency indicated in their response to the PAQ that the sexual abuse incident review includes upper-level management officials and allows for input from line supervisors, and investigators. The Prison Rape Elimination Act (PREA) Compliance Manager (PCM) will chair the Sexual Abuse Incident Review Committee. The PCM, in collaboration with the Regional Director/ designee (DOC) or the Community Corrections Manager/ designee (Federal BOP), will determine the exact composition of the team based upon the nature of the incident.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.286 (d). The agency indicated in their response to the PAQ that the agency prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to the above provisions and any recommendations for improvement and submits such report to the agency head and PREA Coordinator. The review committee considers the following:

- a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse,
- b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, intersex identification status or perceived status, gang affiliation, or other group dynamics at the agency,
- c. Examines the area in the agency where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse,
- d. Assesses the adequacy of staffing levels in that area during different shifts,
- e. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

The review team prepares a report of its findings and any recommendations for improvement and forwards the completed report with attachments via e-mail to the BCC Investigator (for DOC related reviews) and Facility Director/ designee within five working days of the incident review to the agency head and PREA compliance manager.

The staff interviewed, properly identified the objective of such review, which includes an analysis of contextual variables, incident causes or motivations, policy failures, trends, physical plant needs, staffing levels, technology or tools to supplement staff supervision, etc. and any respective corrective actions.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.286 (e). The agency indicated in their response to the PAQ that the agency implements recommendations for improvement or documents its reasons for not doing so. This practice was confirmed by the PREA Coordinator.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed,

	<p>my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-028 Subject: Data Management <p>115.287 (a)(b)(c)(d). The agency indicated in their response to the PAQ that the agency:</p> <ul style="list-style-type: none"> (a) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. (b) The agency aggregates the incident-based sexual abuse data at least annually. (c) The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. (d) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. <p>Policy and Procedures Manual Policy # 12-028 Subject: Data Management states that Firetree, Ltd. shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all of the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. All data information shall be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident</p>

	<p>reviews.</p> <p>(e) The agency does not obtain incident-based and aggregated data from every private agency with which it contracts for the confinement of its residents. In the agency responses to provision (e) in the PAQ they indicate that they do not hold any contracts for the confinement of residents.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>115.287 (f). The agency indicated in their response to the PAQ that the agency has not provided the Department of Justice (DOJ) with data from the previous calendar year.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-028 Subject: Data Management c. Annual Report <p>Interviews</p>

a. PREA Coordinator

115.288 (a)(b)(c)(d). The agency indicated in their response to the PAQ that the agency is in compliance with the following provisions:

(a) The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each agency, as well as the agency as a whole.

(b) The annual report includes a comparison of the current year's data and corrective actions with those from prior years and the annual report provides an assessment of the agency's progress in addressing sexual abuse.

(c) The agency makes its annual report readily available to the public at least annually through its website and approved by the agency head.

(d) When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the agency and the agency indicates the nature of material redacted.

Policy and Procedures Manual Policy # 12-028 Subject: Data Management states that Firetree, Ltd.'s governing body shall review collected PREA data and ensure it is aggregated annually pursuant to PREA Auditing Standard §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:

- a) Identifying problem areas;
- b) Taking corrective action on an on-going basis; and
- c) Preparing an annual report of its findings and corrective actions for each facility, as well as Firetree, Ltd. as a whole.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

During interviews and review of the data reports it was confirmed that the provisions are being met.

	<p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Policy and Procedures Manual Policy # 12-028 Subject: Data Management <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.289 (a). The agency indicated in their response to the PAQ that the agency ensures incident-based and aggregate data are securely retained. Policy and Procedures Manual Policy # 12-028 Subject: Data Management states the PREA annual report shall be approved by the Firetree, Ltd. governing body and made readily available to the public through its Website. The agency shall ensure that data collected pursuant to §115.287 are securely retained. Collected sexual abuse data collected pursuant to §115.287 shall be maintained for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>The PREA Coordinator confirmed that data is securely retained, and data submitted and used for tracking purposes is controlled by user rights and is granted to those staff with a need to know. Personally identifiable information is not submitted; quantitative data-only.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p>

115.289 (b c d). The agency indicated in their response to the PAQ that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Policy and Procedures Manual Policy # 12-028 Subject: Data Management states that the PREA annual report shall be approved by the Firetree, Ltd. governing body and made readily available to the public through its Website. The agency shall ensure that data collected pursuant to §115.287 are securely retained. Collected sexual abuse data collected pursuant to §115.287 shall be maintained for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise. Upon reviewing the agency website, the 2023 data report is published.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

This practice was confirmed with the PREA Coordinator.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire <p>Interviews</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>115.401 (a). The auditor confirmed by review of the public website that beginning in</p>

Audit Cycle I, and during each three-year period thereafter, the agency ensured each facility operated by the agency, or by a private organization on behalf of the agency, was and is audited at least once. The public website lists a hyperlink to access the final report.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.401 (b). An interview with the PREA Coordinator indicated the agency has scheduled the PREA audits to ensure one third are conducted during each auditing year. The auditor reviewed the agency's public website, which confirmed the agency completed the audits as scheduled.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.401 (h). During the onsite review, the auditor had unrestricted access to all areas of the agency. The auditor was invited, and accommodated, to observe any area or operation within the agency upon request.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.401 (i). During all phases of the audit, the staff consistently made available to the auditor documents, records, files, photographs, etc. in a timely manner. During the onsite phase of the audit, the auditors had unrestricted access to files, reports, and automated information systems at the agency and agency levels.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.401 (m). During the onsite phase of the audit, the auditor and staff worked cooperatively to develop a private process and location for conducting interviews of both staff and residents. The auditor benefited greatly from the agency's active coordination of interviews and attempts to troubleshoot refusals.

A final analysis of the evidence indicates the agency is in substantial compliance with this provision.

115.401 (n). Audit notices included a confidentiality statement and instructions to contact the auditor via mail, if desired. The notices were forwarded on February 14,

	<p>2024. The auditor did not receive any correspondence from any resident or staff member during any phase of the audit.</p> <p>A final analysis of the evidence indicates the agency is in substantial compliance with this provision.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the agency interviews, I found that the agency is in compliance with all provisions of the standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making a determination of compliance:</p> <p>Documentation reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire b. Public website <p>115.403 (f). The agency’s website has a link dedicated to PREA-related information, including applicable policies and procedures; directions to report an allegation of sexual abuse or sexual harassment; and the audit report. An internet search confirmed that final audit reports are posted to the agency’s public website.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews. After reviewing all documentation, and the information received during the facility interviews, I found that the agency is in compliance with all provisions of the standard.</p>

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	na

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

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

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

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	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).	na

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

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

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

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

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

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

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

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

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	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	yes

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

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

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

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

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

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
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.)	na
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.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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	yes

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