

PREA Facility Audit Report: Final

Name of Facility: Golden State Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 10/29/2021

Date Final Report Submitted: 05/03/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Alberto F Caton	Date of Signature: 05/03/2022

AUDITOR INFORMATION	
Auditor name:	Caton, Alberto
Email:	albertocaton@comcast.net
Start Date of On-Site Audit:	09/23/2021
End Date of On-Site Audit:	09/23/2021

FACILITY INFORMATION	
Facility name:	Golden State Residential Reentry Center
Facility physical address:	3547 South Golden State Boulevard, Fresno, California - 93725
Facility mailing address:	P O Box 7447, Visalia, California - 93277

Primary Contact	
Name:	Valerie Guzman
Email Address:	vguzman@tpocc.org
Telephone Number:	559-334-6414 xt 5351

Facility Director	
Name:	Sonia Navarro
Email Address:	snavarro@tpocc.org
Telephone Number:	559-334-6414 xt 5352

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

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	17
Average daily population for the past 12 months:	0
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:	19 to 85
Facility security levels/resident custody levels:	1 thru 5
Number of staff currently employed at the facility who may have contact with residents:	12
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Turning Point of Central California, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	615 South Atwood Street, Visalia, California - 93277
Mailing Address:	PO BOX 7447, Visalia, California - 93277
Telephone number:	5597328086

Agency Chief Executive Officer Information:	
Name:	Ray Banks
Email Address:	rbanks@tpocc.org
Telephone Number:	559-732-8086

Agency-Wide PREA Coordinator Information

Name:	Valerie Guzman	Email Address:	vguzman@tpocc.org
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SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-09-23
2. End date of the onsite portion of the audit:	2021-09-23

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:	Rape Counseling Services (RCS) Fresno

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	24
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	24
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	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:	0
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:	0
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:	0
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:	0
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:	0
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):	Facility staff identified three residents with disabilities and one with limited English proficiency (LEP); however, during interviews, the residents reported not having a disability or LEP and did not require any assistance or accommodation during interviews.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	12
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:	0
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:	0
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:	In the "Facility Information" section of the Pre-Audit Questionnaire (PAQ), facility staff reported six contractors who may have contact with residents currently authorized to enter the facility; however, during the onsite audit, the Facility Director stated that there were no contractors who have contact with residents.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor selected residents from the housing roster based upon housing assignment, last name, and gender.
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):	Three residents reported for interview and declined to be interviewed; two reported that they recently arrived at the facility and were not able to provide any information.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>Facility staff identified three residents with disabilities but did not specify the disabilities. The auditor addressed the residents identified with the Facility Director and she did not identify any residents with disabilities. The residents identified with disabilities were interviewed and they did not report having any disabilities.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff identified three residents with disabilities but did not specify the disabilities. The auditor addressed the residents identified with the Facility Director and she did not identify any residents with disabilities. The residents identified with disabilities were interviewed and they did not report having any disabilities.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility staff identified three residents with disabilities but did not specify the disabilities. The auditor addressed the residents identified with the Facility Director and she did not identify any residents with disabilities. The residents identified with disabilities were interviewed and they did not report having any disabilities.</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>Facility staff identified three residents with disabilities but did not specify the disabilities. The auditor addressed the residents identified with the Facility Director and she did not identify any residents with disabilities. The residents identified with disabilities were interviewed and they did not report having any disabilities.</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>Facility staff identified one resident with LEP. The auditor addressed the resident identified with the Facility Director and she was not sure about the resident's English proficiency. The auditor interviewed the resident; he did not report limited English proficiency and did not require any assistance with communication.</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>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 provided a form for listing residents in targeted categories and facility staff reported that there were none in these categories.</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 provided a form for listing residents in targeted categories and facility staff reported that there were none in these categories.</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 provided a form for listing residents in targeted categories and facility staff reported that there were none in this category.</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 Community Confinement Facility Interview Guides for Residents does not include "Inmates who Disclosed Sexual Victimization during Risk Screening."</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 Community Confinement Facility Interview Guides for Residents does not include "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)."</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>During the site review, the auditor spoke with residents about sexual safety and did not identify any residents who might fall in any of the targeted categories. Several residents were participating in authorized community-based programs/activities and were not present at the time of the onsite visit.</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>6</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>There are two security monitors assigned to each of the three work shifts, one male and one female. The auditor interviewed two female and three male monitors, and the supervising case manager. At least one monitor from each shift was interviewed.</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>There are eight monitor positions, including a monitor assigned to residents on home confinement status. The auditor interviewed five of seven monitors who supervise residents assigned to the facility. Only three monitors were available at the facility during the onsite audit; the auditor interviewed the supervising case manager and two monitors by phone during the post onsite phase.</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>7</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>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input checked="" type="radio"/> No

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<ul style="list-style-type: none"> • The Community Confinement Facility standards do not prescribe unannounced rounds and there are no corresponding interview protocols for intermediate or higher level facility staff. • The facility does not house youthful inmates • There are no medical or mental health practitioners assigned to the facility. Residents are transported to a community medical center as needed. • There are no investigative staff assigned at the facility or agency level. Administrative and criminal sexual abuse investigations are conducted by an outside agency with the legal authority to conduct criminal investigations. • The facility does not have and does not operate a segregated housing unit. • The facility has not had any allegations of sexual abuse; thus, there have not been any first responders.
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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.

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

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>A resident volunteered for a mock version of the processes and the auditor observed processes implemented at the facility, including intake, risk assessment, and PREA Education. The assessment did not include the considerations prescribed in 115.241 and the facility had not yet implemented reassessments.</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>	<ul style="list-style-type: none"> • The auditor reviewed a random sample of intake records for risk-assessments and PREA education. • The auditor reviewed all staff training records. • The facility has not employed the services of contractors or volunteers who may have contact with residents; therefore, there were no such training records to review. • The facility has not had any allegations of sexual abuse or sexual harassment since activation seven weeks before the onsite audit; therefore, there were no investigative records to review. • The agency/facility does not have any trained investigators; therefore, there were no such training records to review. • The agency's Human Resources office is several hours away in another county; therefore, the auditor received documentation on employee background investigations from the HR Manager during the post onsite phase. • There are no medical or mental health staff or office at the facility; therefore, there were no such records to review.
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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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has not had any allegations of sexual abuse since activation.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility has not had any allegations of sexual harassment since activation.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) </p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
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Staff-on-inmate sexual harassment investigation files

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

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

<p>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.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
Identify the name of the third-party auditing entity	Synergy Technology Services

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 924 479" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Sexual Abuse/Harassment Prevention and Intervention Guide • PREA Policies and Procedures Simplified • Agency organizational chart <p data-bbox="240 508 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="280 586 547 613" style="list-style-type: none"> • PREA Coordinator (PC) <p data-bbox="240 642 576 669">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 721 451 748" style="list-style-type: none"> • None required <p data-bbox="240 777 1406 840">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 869 355 896">115.211(a)</p> <p data-bbox="240 925 1490 987">The standard provision requires the agency to have 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.</p> <p data-bbox="240 992 1490 1288">The PAQ reflects that the agency has a written policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates; that the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; and that the policy includes definitions of prohibited behaviors, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The Sexual Abuse/Harassment Prevention and Intervention Guide (guide) specifies the agency's zero-tolerance toward all forms of sexual abuse and sexual harassment; it informs residents of their right to an environment free of sexual abuse and sexual harassment; it outlines how the agency will implement its approach to preventing, detecting, and responding to such conduct; it includes definitions of prohibited behaviors; and it specifies sanctions for those found to have engaged in such behavior.</p> <p data-bbox="240 1292 1337 1319">The PREA Policies and Procedures Simplified specify the implementation procedures and specific staff roles.</p> <p data-bbox="240 1348 1490 1478">The agency has a written policy mandating zero-tolerance towards all forms of sexual abuse and sexual harassment and the policy outlines the agency's approach to preventing, detecting, and responding to such conduct. The Sexual Abuse/Harassment Prevention and Intervention Guide and the PREA Policies and Procedures Simplified support a determination of compliance with the standard provision.</p> <p data-bbox="240 1507 355 1534">115.211(b)</p> <p data-bbox="240 1563 1490 1928">The standard provision requires the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PAQ reflects that the agency designated an upper-level agency-wide PC who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA, and identifies "Case Manager" as the PC in the organizational structure. The agency's organizational chart reflects that the supervising case manager reports to the program director but does not identify a PC. During the Pre-Onsite phase, Regional Director Perez reported that he had been designated as the agency-wide PC. Mr. Perez stated that he does not feel he has enough time to manage all of his PREA-related responsibilities; he explained that preparations for the pre-audit required him and designated staff to dedicate more time to PREA matters and that a time management study of his responsibilities is necessary. He stated that he meets with chief officers and designated PREA staff at the facility to conduct research as part of the agency's efforts to develop PREA policies and procedures to comply with the standards.</p> <p data-bbox="240 1957 1469 2119">The standard provision requires a PC with sufficient time to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. Mr. Perez called for a time management study of his responsibilities; should the agency decide to conduct such study, the results may be provided to the AUDITOR to demonstrate compliance. The statement from the PC does not support a determination of compliance with the standard provision.</p>

AUDITOR RECOMMENDATION:

The agency should revise its organizational chart to reflect the regional director as the PC.

RECOMMENDED CORRECTIVE ACTIONS

- 115.211(a) – No corrective action required.
- 115.211(b) – The agency shall designate a PC with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. By November 30, 2021, the agency shall provide written documentation establishing that it designated a PC with sufficient time to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

CORRECTIVE ACTION TAKEN

115.211(b) – On November 29, 2021, PC Perez provided a letter from the CEO Elect designating him as agency wide PREA Coordinator. The letter asserts that Mr. Perez has the experience, authority, and sufficient time to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its community confinement facilities. The PC also provided the agency's organizational chart reflecting that the PC reports to Chief Operating Officer 2. The documentation provided supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 357 378" style="list-style-type: none"> • PAQ <p data-bbox="242 407 499 436">PEOPLE INTERVIEWED</p> <ul data-bbox="282 486 587 515" style="list-style-type: none"> • Agency's Contract Manager <p data-bbox="242 544 576 573">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 622 451 651" style="list-style-type: none"> • None required <p data-bbox="242 678 1406 739">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 768 352 797">115.212(a)</p> <p data-bbox="242 826 1485 987">The standard provision states that a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The PAQ reflects that the agency has not entered into or renewed a contract for confinement of residents since August 20, 2012, or the last PREA audit and the agency contract manager reiterated this fact.</p> <p data-bbox="242 1016 1485 1077">The agency has not entered into or renewed a contract for confinement of its residents since August 20, 2012. The standard provision does not apply.</p> <p data-bbox="242 1106 352 1135">115.212(b)</p> <p data-bbox="242 1164 1445 1292">The standard provision states that any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The PAQ reflects that the standard provision does not apply. The contract manager reported that the agency has not entered into or renewed a contract for confinement of its residents since August 20, 2012.</p> <p data-bbox="242 1321 1485 1382">The agency has not entered into or renewed a contract for confinement of its residents since August 20, 2012. The standard provision does not apply.</p> <p data-bbox="242 1411 352 1440">115.212(c)</p> <p data-bbox="242 1469 1485 1630">The standard provision states that only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards. The PAQ reflects that the standard provision does not apply. The contract manager reported that the agency has not entered into or renewed a contract for confinement of its residents since August 20, 2012.</p> <p data-bbox="242 1659 1485 1720">The agency has not entered into or renewed a contract for confinement of its residents since August 20, 2012. The standard provision does not apply.</p> <p data-bbox="242 1749 687 1778">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="282 1827 735 1926" style="list-style-type: none"> • 115.212(a) – No corrective action required. • 115.212(b) – No corrective action required. • 115.212(c) – No corrective action required.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 632 479" style="list-style-type: none"> • PAQ • Staff roster • Floor plan with camera locations • E-mail from facility director <p data-bbox="240 508 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="280 586 496 649" style="list-style-type: none"> • Director • PREA Coordinator <p data-bbox="240 678 576 705">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 757 699 851" style="list-style-type: none"> • Staff present in resident access areas • Location of video surveillance cameras • Display of video monitoring system <p data-bbox="240 880 1406 943">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 972 352 999">115.213(a)</p> <p data-bbox="240 1028 1485 1122">The standard provision states that for each facility, the agency shall develop and document a 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, agencies shall take into consideration:</p> <ol data-bbox="240 1151 1118 1352" style="list-style-type: none"> (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. <p data-bbox="240 1382 1497 2145">The PAQ reflects that the agency develops and documents a staffing plan that provides for adequate staffing levels and video monitoring to protect residents from sexual abuse; and that the staffing plan is predicated on the average daily population, which is 40 residents. The AUDITOR requested the facility's staffing plan in the PAQ issue log and during the site review and the Director produced an excerpt of the SOW (Statement of Work) explaining the required staffing pattern for the contractor (agency). The document calls for concentrating staff when most residents are available for program activities; it calls for key staff members to be available Monday – Friday 8:00 AM to 4:00 PM; and it requires the facility to staff a minimum of two positions (one male and one female) 24-7 exclusively for supervision of federal residents. The staffing pattern calls for a case manager for every 30 residents (including those on home confinement status) as well as an employment placement specialist. The document further includes the September 2021 work schedule for residential client supervisors (RCS monitors); the schedule reflects that one male, and one female monitor is scheduled for each of the three daily 8-½ hour shifts with ½ hour overlap between shifts. The Director stated that the facility follows SOW policies by always scheduling two security monitors per shift (one female and one male); that video monitoring is part of the plan; and that the schedule is provided to all staff via email and posted at the front desk office. She explained that in calculating adequate staffing levels and determining the need for video monitoring that the facility considered the placement and coverage of its 40 cameras, the location of rooms designated for female residents (closer to the monitors' office), and that there have not been any substantiated or unsubstantiated allegations of sexual abuse at the facility. The PC reported that the current staffing plan requires male and female coverage 24/7; and that a designated portion of staff training for new hires entails managing the camera surveillance system to ensure monitoring of all areas of the physical plant, including the inside and the outside perimeter. With respect to the composition of the resident population, he stated that the staffing plan requires coverage by trained male and female staff 24/7; that at times the resident movement into and out of the facility may require increased staff coverage to ensure effective supervision and monitoring. With respect to substantiated and unsubstantiated incidents, he stated that the staffing plan will most likely need to be revised to address higher supervision and monitoring levels as a result of such incidents; and that in previous years agency program directors followed internal policy by increasing the number of</p>

staff on duty to enhance monitoring. During the site review, staff pointed out the locations of cameras and the director demonstrated the monitoring capabilities on a large monitoring screen in her office. Cameras have pan/tilt/zoom and audio capabilities and they do not cover the interior of resident rooms or bathrooms. Per the AUDITOR's request, the director provided a floor plan of the facility with camera locations indicated; the floor plan reflects that cameras are placed strategically to cover residents and staff access areas except the linen room, the group room, staff offices, bathrooms, and resident rooms.

The standard provision requires a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. Although interviews reflect that there is a staffing plan that includes the prescribed considerations, the facility did not provide such plan after written and verbal requests; therefore, the AUDITOR was not able to review the staffing plan for compliance with the standard provision. Management staff welcomed resources for developing a PREA-compliant staffing plan provided by the AUDITOR. The failure to provide the facility's staffing plan for review does not support a determination of compliance with the standard provision.

115.213(b)

The standard provision states that in circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The PAQ reflects that there have been no deviations from the staffing plan and that the standard provision does not apply. The facility provided its staff roster with names and positions for each employee; however, it does not include work shifts for each employee or documentation that all security posts were filled on each shift since facility activation. The Director reported that there have been no incidents of non-compliance with the staffing plan, and that she would document explanations for non-compliance and take necessary action in the event of any such incidents. On September 30, 2021, the AUDITOR called the facility during the graveyard shift to interview a monitor assigned to that shift; the monitor did not report to work that night and the vacant post was not filled resulting in one monitor covering the entire shift. The director confirmed via email that the employee was not able to report to her shift and that backup coverage could not be arranged due to Covid restrictions. She stated that she remained on call for all matters if needed. The AUDITOR asked for confirmation that the deviation from the staffing plan was documented with justification and no documentation was provided.

The standard provision specifically requires documentation of all deviations from the staffing plan with justification for all such deviations. In this instance, the facility failed to provide the documentation prescribed by the standard provision. The facility's failure to provide the prescribed documentation does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

If not yet in place, the facility should consider using a shift report that lists all posts requiring a relief, the employee who filled that post on each shift, names of employees not on duty and reason for absence, name of employee assigned to fill a vacant post, and justification for not filling a vacant post where that is the case. Such report will help prepare the facility for demonstrating compliance during future audits.

115.213(c)

The standard provision states that whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adequate staffing levels.

The PAQ reflects that the facility reviews the staffing plan at least once per year for the reasons specified by the standard provision. The PC confirmed that the prescribed assessment to the staffing plan is conducted; that, the facility consults with him; that, determinations include the resident census; and, that such assessments are completed only when needed. The AUDITOR recognizes that the facility was activated on August 1, 2021, and that the prescribed review of the staffing plan is not due until a year later.

The AUDITOR provided a template the facility could use to document annual reviews ensuring the prescribed assessment, determination, and needed adjustments are documented. The template should be modified if necessary to satisfy the facility's needs. Based upon the timeline specified by the standard provision, the facility has not missed any assessment to its staffing plan; therefore, there is no basis for a compliance determination. The recency of the facility's activation supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The facility director and/or the PC should calendar a date each year for the prescribed staffing plan assessment to ensure it is conducted at least annually. The facility should use a template or other tool to ensure each assessment of the staffing plan includes all four determinations listed above.

RECOMMENDED CORRECTIVE ACTIONS

- 115.213(a) – The agency shall develop and document a 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, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. By January 1, 2022, the agency/facility shall provide to the AUDITOR a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. The plan shall specify how it took into account each of the four prescribed considerations in calculating adequate staffing levels and determining the need for video monitoring.
- 115.213(b) – In circumstances where the staffing plan is not complied with, the facility shall document the non-compliance and the justification for such non-compliance. By January 15, 2022, the facility shall provide to the AUDITOR, documentation with justification for every incident of non-compliance with the staffing plan. If there have not been any such incidents, the facility shall specify that fact in the corrective action.
- 115.213(c) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.213(a) – The facility provided a 12-page staffing plan that includes facility description, listing of staff positions, minimum staffing per shift, duties and responsibilities of each position, description of the video monitoring system, and an explanation of how the agency considered the four items prescribed by the standard provision in calculating adequate staffing levels and the need for video monitoring. The facility also provided a schematic of the physical plant with the location of each camera indicated. The duties and responsibilities of relevant staff positions and the description of the video surveillance system reflect the facility's measures to protect residents from sexual abuse. The staffing plan and the schematic of the locations of video cameras support a determination of compliance with the standard provision.
- 115.213(b) – The facility provided the schedule for security staff (Monitors) from November 28, 2021, through January 12, 2022. The schedule lists the names of monitors assigned to each shift each day and includes fields for documenting deviations (if any) on each shift, as well as a field for "Notes." The heading of the schedule specifies that any changes in schedule must be authorized by the Program Director and documented in the deviation field when approved. The schedule reflects that another female employee will cover the first four hours of the day shift each of the first three Saturdays in December 2021. The monitor schedule reflects that the facility developed a system for documenting deviations from the staffing plan and the justification for each. The monitor schedule supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified • Pat Search Procedures (training) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Security staff (random sample) • Residents (random sample) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Statements from residents • Statements from staff • Opposite gender announcements • Video surveillance system • Resident housing, bathrooms, and showers <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.215(a)</p> <p>The standard provision states that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The PAQ reflects that the facility does not conduct the searches in question and that no such searches were conducted in the past 12 months. The PREA Policies and Procedures Simplified does not address the searches in question. During the site review, the AUDITOR asked about strip searches and staff asserted that no such searches are conducted at the facility. Statements from facility staff reflect that caution is taken to avoiding cross-gender searches of any kind. Conversations with residents during the site review suggested they are not concerned about the searches in question. The facility did not have any logs related to the searches in question because no such searches were conducted.</p> <p>Statements from staff, statements from residents during the site review, and the absence of the searches in question support a determination of compliance with the standard provision.</p> <p>115.215(b)</p> <p>The standard provision states that as of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The PAQ reflects that the facility does not permit the searches specified by the standard provision; does not restrict female residents' access to programming or outside opportunities to comply with the provision; and that there has been no cross-gender searches of female residents. The PREA Policies and Procedures Simplified forbids cross-gender pat-down searches. Security staff interviews reflect that the facility would not restrict a female resident's access to regularly available programming or other outside opportunities in order to comply with this provision. Female resident interviews reflect that the facility has not restricted a female resident's access to regularly available programming or other outside opportunities in order to comply with this provision. There were no logs/video of cross-gender pat-down searches of female residents because such searches have not been conducted.</p> <p>The PREA Policies and Procedures Simplified, security staff interviews, and female resident interviews support a determination of compliance with the standard provision.</p> <p>115.215(c)</p> <p>The standard provision requires the facility to document all cross-gender strip searches and cross-gender visual body cavity searches and document all cross-gender pat-down searches of female residents. The PAQ reflects that the facility would document the searches in question. The PREA Policies and Procedures Simplified forbids cross-gender pat-down searches.</p>

There was no documentation of the searches in question because no such searches have been conducted.

The PREA Policies and Procedures Simplified and the absence of the searches in question support a determination of compliance with the standard provision.

115.215(d)

The standard provision requires the facility to implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall 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. The PAQ reflects that the facility implemented the policies and procedures prescribed by the standard provision and that the policies and procedures require staff of the opposite gender to announce their presence under the specified circumstances. The PREA Policies and Procedures Simplified call for staff of the opposite gender to knock on doors and verbally announce their intention to enter opposite gender resident rooms. During the site review, staff were diligent about knocking on doors and announcing the presence of people of the opposite gender prior to entering resident rooms and residents confirmed that such practice is typical. The AUDITOR toured resident housing areas and determined that all resident rooms include individual restrooms and showers with adequate privacy and no camera coverage. Security staff interviews reflect that facility protocol requires knocking on doors and announcing the presence of staff of the opposite gender prior to entering resident rooms and that residents are able to perform bodily functions and change clothing without being viewed by staff of the opposite gender. Resident interviews confirmed the practice reported by staff related to cross-gender viewing and announcements prior to entering resident rooms. The display of the facility's video surveillance system did not reflect any surveillance likely to result in residents performing bodily functions or changing clothing.

The PREA Policies and Procedures Simplified, staff interviews, resident interviews, the video surveillance system, and observations during the site review support a determination of compliance with the standard provision.

115.215(e)

The standard provision states that the facility shall not search or physically examine 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 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. The PAQ reflects that facility policy forbids the searches in question and that no such searches occurred in the past 12 months. The PREA Policies and Procedures Simplified forbids the searches in question and instructs staff to contact the Program Director if there are questions about a resident's genital status. Security staff interviews reflect that staff are generally aware of a policy on the searches in question and that such searches not allowed. There were no interviews of residents identified as transgender/intersex because the facility did not have any such residents.

The PREA Policies and Procedures Simplified and staff interviews support a determination of compliance with the standard provision.

115.215(f)

The standard provision states that the agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The PAQ reflects that zero percent of security staff received the prescribed training. On October 8, 2021, the facility provided its "Pat Search Procedures" with a participant sign-in sheet reflecting that staff received the training between September 29 and October 7, 2021. The procedure includes detailed steps for conducting pat searches on male and on female residents and includes a diagram for each gender. The procedure forbids cross gender searches and calls for specified approval if necessary. The procedure does not address searches of residents identified as transgender or intersex. During random staff interviews, five of six staff members reported receiving the prescribed training over the past summer.

The standard provision requires training on conducting searches of transgender and intersex in addition to cross-gender pat-down searches. The response provided in the PAQ and the failure to include searches of transgender and intersex residents in the training do not support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.215(a) – No corrective action required.
- 115.215(b) – No corrective action required.
- 115.215(c) – No corrective action required.
- 115.215(d) – No corrective action required.

- 115.215(e) – No corrective action required.
- 115.215(f) – The facility shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. By January 15, 2022, the facility shall provide to the AUDITOR, the training curriculum with the training topics in question and training records reflecting that security staff received the prescribed training.

CORRECTIVE ACTION TAKEN

115.215(f) – The facility provided Policy 12506, Conducting Pat Down Searches, along with an eight-page Moss Group facilitator guide on conducting pat down searches, including searches of transgender and intersex residents. The guide includes relevant PREA standards, USDOJ interpretive guidance on conducting transgender and intersex searches, and best practices. It also includes a scenario, graphic illustrations, and photos of pat down searches. The facility also provided a sign-in sheet reflecting that all but four employees received the prescribed training on January 3rd or 4th, 2022. There is a note explaining that the four employees were not on duty and that they will receive the training upon return to duty. The documents provided support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Agency Head • Security staff (random sample) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Housing unit tours • Statements from residents • Auxiliary communication aids <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.216(a)</p> <p>The standard provision states that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164. The PAQ reflects that the agency established procedures for residents with disabilities to participate in and benefit from agency efforts as specified by the standard provision. The PREA Policies and Procedures Simplified calls for making every effort to provide access to PREA materials of any kind for residents with deafness, vision impairments, etc., for providing materials in large print, and providing interpreters if necessary. The facility did not provide a contract for sign language interpreter (SLI) services to accommodate a resident who may rely on such form of communication; staff explained that written communication would be used. The Agency Head confirmed that the agency established procedures to provide residents with disabilities 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 and explained that community resources are used as needed for learning disabilities. The facility did not identify any residents with disabilities for interviews and none of the residents interviewed required assistance with reading or comprehension. After the site review, the Director provided a text telephone which could be made available if needed to accommodate residents with deafness. Interviews with residents did not reveal any detectable limitations in their ability to communicate or comprehend written or spoken language.</p> <p>The onsite audit did not identify any residents who do not 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 due to a disability. The availability of the text telephone and the PREA Policies and Procedures Simplified provide a foundation on which the facility can provide accommodations for residents with disabilities where necessary. The PREA Policies and Procedures Simplified, the text telephone, the agency head interview, the site review observations, the conversations with residents, and the absence of residents with disabilities support a determination of compliance with the standard provision.</p> <p>AUDITOR RECOMMENDATION:</p> <p>To the extent the programs provided by the agency/facility are available to residents with disabilities, written materials, such as the information brochure, resident guide, etc. should be available in large print and in formats accessible to people with intellectual disabilities.</p>

115.216(b)

The standard provision states that the agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The PAQ reflects that the agency established procedures to provide residents with limited English proficiency (LEP) equal opportunity as specified by the standard provision and that a staff member or a professional interpreter is provided. The PREA Policies and Procedures Simplified calls for providing access to PREA materials of any kind for residents with LEP, providing materials in other languages, and providing interpreters if necessary. The facility did not provide written materials in other languages and did not provide a contract for language interpreter services; the AUDITOR informed the director that language interpreter services are available via telephone, and she made a note of it. The Agency Head reported that PREA documents are available in Spanish and that there is Spanish-speaking staff; the AUDITOR is fluent in Spanish and spoke in Spanish with some staff members. The facility identified one resident as LEP; however, during the interview, the resident read the questions in English and did not require any assistance with English comprehension. During the site review, conversations with residents did not reveal any detectable limitations in English proficiency.

The onsite audit did not identify any residents who do not have meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment due to LEP. The availability of Spanish-speaking staff and the PREA Policies and Procedures Simplified provide a foundation on which the facility can provide accommodations for residents with LEP. The PREA Policies and Procedures Simplified, the Spanish-speaking staff, the agency head interview, the site review observations, the resident interviews, and the absence of residents with LEP support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

If not yet in place, the facility should make written materials available in Spanish and other prevailing languages and establish a contract for telephone interpreter services.

115.216(c)

The standard provision states that the agency shall not rely 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. The PAQ reflects that agency policy prohibits the use of resident interpreters or readers except in the prescribed limited circumstances; that the agency or facility documents the limited circumstances; and that in the past 12 months there have been no such use of resident interpreters or readers. The PREA Policies and Procedures Simplified forbids the use of resident interpreters or readers. Staff interviews reflect that most staff would not allow a resident interpreter or reader under the circumstances in question; and no staff member interviewed is aware of the limited circumstances specified by the standard provision.

Although staff members interviewed were not aware of the three limited circumstances in question, a violation of the standard provision has not been identified because there is no report of an incident in which any of the limited circumstances applied, and staff did not invoke it. The absence of a violation of the standard provision supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

The facility should consider additional training and/or a job aid, such as a work site poster or a personal information card, to ensure staff are aware of the three limited circumstances and how they apply to PREA incidents involving residents with limited ability to communicate with staff. The agency/facility should also revise the PREA Policies and Procedures Simplified to include the three limited circumstances.

RECOMMENDED CORRECTIVE ACTIONS

- 115.216(a) – No corrective action required.
- 115.216(b) – No corrective action required.
- 115.216(c) – No corrective action required.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 671 479" style="list-style-type: none"> • PAQ • Turning Point Employee Handbook • Golden State RRC Code of Conduct • Employee background clearances <p data-bbox="240 506 499 533">PEOPLE INTERVIEWED</p> <ul data-bbox="284 584 644 611" style="list-style-type: none"> • Human Resources (HR) Manager <p data-bbox="240 638 576 665">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 716 451 743" style="list-style-type: none"> • None required <p data-bbox="240 777 1406 837">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 866 352 893">115.217(a)</p> <p data-bbox="240 925 1453 985">The standard provision states that the agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who:</p> <p data-bbox="240 1014 1469 1075">(1) 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);</p> <p data-bbox="240 1106 1469 1167">(2) 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</p> <p data-bbox="240 1198 1422 1258">(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="240 1290 1485 1382">The PAQ reflects that agency policy prohibits hiring or promoting anyone or enlisting the services of any contractor who may have contact with residents who has the specified sexual misconduct history. The AUDITOR requested the agency's hiring and promotion policy in the PAQ issue log; the facility pointed to an attachment of the SOW but did not provide the policy.</p> <p data-bbox="240 1391 1485 1686">During a telephone interview the Human Resources (HR) Director reported that the agency conducts a live scan on all prospective employees; that the program director asks for employment references; and that the BOP conducts a background investigation. With respect to contractors, she explained that there is a contractor agreement specifying that the conduct in question is not allowed and that a live scan is done before enlisting contractor services. The AUDITOR requested sample documentation demonstrating that the background investigations are completed, and that the agency ensures prospective employees and contractors have not engaged in the specified sexual misconduct. The AUDITOR randomly selected four names from the employee roster and the HR Director agreed to provide documentation via email. About two weeks later, the AUDITOR followed-up with the HR director about the status of the documents and she reported that prospective employees are not asked the three questions prescribed above.</p> <p data-bbox="240 1718 1485 2143">The standard provision specifically forbids agencies from hiring or promoting anyone who may have contact with residents or enlisting the services of any contractor who may have contact with residents, who has engaged in the specified sexual misconduct. Although pre-employment live scans report arrest and conviction history, the agency may not be aware if an applicant, promotional employee, or prospective contractor ever engaged in the misconduct described in (a)(1) above without a background investigation in which the employee is required to answer that question directly. A candidate may have engaged in sexual abuse in either of the institutions specified in (a)(1) above; however, if the misconduct was never reported, investigated, or prosecuted, no criminal background records check or check with prior employers would reveal the misconduct because there has never been a record of it. It is possible that only the candidate can answer that question. To be compliant with the standard provision, the agency must obtain responses to the three sexual misconduct questions from applicants, promotional employees, and contractors who may have contact with residents prior to hiring, promoting, or initiating services. The failure to ask the three questions before hiring or promoting anyone or enlisting the services of contractors who may have contact with residents does not support a determination of compliance with the standard provision.</p>

AUDITOR RECOMMENDATION:

If not yet in place, the agency should consider asking applicants and promotional employees directly about the sexual misconduct listed above in interviews or developing a supplemental application on which the prospective employee, promotional employee, or prospective contractor responds to the three questions as part of the hiring, promotional, or enlisting-contractor process.

115.217(b)

The standard provision requires the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The PAQ reflects that agency policy requires consideration of any incidents of sexual harassment in making the specified determinations. The agency did not provide a hiring and promotional policy that references this standard provision. The HR Director confirmed that the agency/facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or enlist the services of a contractor who may have contact with residents. She explained that the candidate is asked about incidents of sexual harassment and the program director contacts the prior employer. The HR director later reported that the agency has not considered prior incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of contractors who may have contact with residents.

The latter report by the HR Director does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

If not yet in place, the agency/facility may consider having candidates for hire, promotion, or contract services (who may have contact with residents) complete a supplemental application that asks about prior sexual harassment allegations against them and using a prior employer contact form that asks about incidents of sexual harassment involving the prospective employee, promotional employee, or prospective contractor who may have contact with residents.

115.217(c)

The standard provision states that before hiring new employees who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check; and
- (2) 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.

The PAQ reflects that agency policy requires the prescribed background records checks and contacts before hiring new employees who may have contact with residents; and that, in the past 12 months, 12 of 12 (or 100%) of persons hired had criminal background records checks. The Turning Point Employee Handbook specifies that it is company policy to conduct a complete Federal and State criminal background check on all prospective employees; the handbook includes a waiver for applicants to authorize release of information needed for the background check. The Human Resources Director reported that the agency conducts a live scan on all prospective employees; that the BOP conducts a background investigation; and, that the program director asks for employment references. The AUDITOR requested documented proof that employees who may have contact with residents clear a criminal background records check before hiring and the HR Director provided documentation of background clearances for four employees selected randomly by the AUDITOR. The documentation reflects that all four employees cleared both a State and a Federal criminal background records check before hiring.

The standard provision requires a criminal background records check, which is satisfied by the live scan; and contact with 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, which is satisfied by the BOP background investigation and the program director's check on employment references. The HR Director interview and the four background clearances provided support a determination of compliance with the standard provision.

115.217(d)

The standard provision requires the agency to also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents. The PAQ reflects that agency policy requires a criminal background records check before enlisting the services of a contractor who might have contact with residents; and that, in the past 12 months, there were zero contracts for services where a criminal background records checks was conducted. The agency did not provide a policy that references this standard provision. The HR Director reported that a live scan is completed for all contractors who may have contact with residents and the AUDITOR requested proof that live scans are conducted before enlisting contractors who may have contact with residents. The HR Director explained that there are no contractors who may have contact with residents at the facility and that the background clearance used for employees would be used for contractors who may have contact with residents.

The HR Director interview and the absence of contractors who may have contact with residents at the facility support a determination of compliance with the standard provision.

115.217(e)

The standard provision requires the agency to 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. The PAQ reflects that agency policy requires either a criminal background records check every five years or a system where such information is captured for current employees. The PAQ did not identify a hiring and promotional policy that references this standard provision. The HR Director reported that the agency does not have a system in place for subsequent employee arrest notifications, and live scan clearances for employees specify that no subsequent arrest information will be provided. One of the four employees sampled has a background clearance letter from the BOP, but the HR Director did not provide BOP clearances for the other three.

The standard provision requires either criminal background records check at least every five years of current employees and contractors who may have contact with residents or subsequent arrest notifications for current employees. It is not clear whether the BOP conducts background checks on all employees, or whether BOP updates background clearances every five years or receives subsequent arrest notifications. The AUDITOR requested clarification on this issue and the agency did not provide a response. The AUDITOR also provided a link to a form on the California DOJ's website for requesting subsequent arrest notifications. The HR Director interview and the failure to respond to the AUDITOR's request for clarification do not support a determination of compliance with the standard provision.

115.217(f)

The standard provision requires the agency to 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The Turning Point Employee Handbook calls for discussing the performance evaluation with the employee. In the handbook, applicants attest to the truthfulness of the information provided about their criminal history, acknowledge with their signature that they must be truthful, and that false statements will result in denial of the position or termination from employment. The Golden State RRC Code of Conduct calls for the agency to require employees charged with, arrested for, or convicted of any felony or misdemeanor, to immediately inform and provide a written report to the facility director. The HR Director reported that the three sexual misconduct questions are not asked in written applications or interviews for hiring or promotions or in any interviews or written self-evaluations conducted as part of reviews of current employees. She confirmed that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct.

The standard provision specifically requires applicants for employment or promotion, who may have contact with residents, to respond directly to the three sexual misconduct questions and for current employees to respond to the three questions as part of any interviews or written self-evaluations conducted as part of reviews of current employees. The interview with the HR director does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

If supervisors meet with employees to issue employee copy of performance evaluation reports, in addition to having the employee provide written responses to the three sexual misconduct questions, supervisors should also obtain employee signatures acknowledging that the agency imposes upon employees a continuing affirmative duty to disclose any such misconduct and that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The hiring authority should retain copies of employee written responses to the three questions, acknowledgement of the continuing affirmative duty to disclose any such misconduct, and acknowledgement that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Such documented acknowledgement provides proof that the employee was aware of agency expectations in the event there is a need to defend against a claim of wrongful termination.

115.217(g)

The standard provision states that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The PAQ reflects that agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The HR Director confirmed that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination; she stated that employees are informed of such misconduct via the employee handbook. The employee handbook informs applicants that false statements will result in denial of the position or termination from employment.

The employee handbook and the interview with the HR Director support a determination of compliance with the standard

provision.

115.217(h)

The standard provision states that unless prohibited by law, the agency shall 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. The HR Director confirmed that the facility provides 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.

The interview with the HR Director supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.217(a) – The agency shall ensure all prospective employees, promotional employees, and prospective contractors who may have contact with residents answer the three sexual misconduct questions in 115.17(a) before being hired, promoted, or enlisted for services. By February 15, 2022, the agency/facility shall provide to the AUDITOR a list of all new hires, promotional employees, and contractors, who may have contact with residents, who were hired, promoted, or enlisted in December 2021 or January 2022. For each new hire, promotional employee, and contractor on the list, the agency/facility shall provide to the AUDITOR documentation proving that he or she answered the three sexual misconduct questions before being hired, promoted, or enlisted for services.
- 115.217(b) – The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. By February 15, 2022, the agency shall provide to the AUDITOR a list of all employees hired or promoted during the months of December 2021 and January 2022. The AUDITOR will randomly select a representative sample from the list and the agency shall provide documentation showing that prior incidents of sexual harassment was considered in every case before hiring, promoting, or enlisting services where the candidate may have contact with residents.
- 115.217(c) – No corrective action required.
- 115.217(d) – No corrective action required.
- 115.217(e) – The agency shall 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. By April 1, 2022, the agency shall provide to the AUDITOR documented proof of a system in which criminal background records checks of current employees and contractors who may have contact with residents are completed at least every five years or documented proof of a system for otherwise capturing such information for current employees, i.e.: subsequent arrest notifications.
- 115.217(f) – The agency shall ensure all applicants and employees who may have contact with residents answer the three sexual misconduct questions in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of current employee performance evaluations. If employee performance evaluations do not currently include a written self-evaluation or interviews, the agency is not required to implement such practice to comply with this standard provision. By February 15, 2022, the facility shall provide to the AUDITOR, a list of all employees who received a performance evaluation in December 2021 or January 2022. For all employees who submitted a written self-evaluation or met with a supervisor as part of the performance evaluation process, the facility shall provide to the AUDITOR documentation to prove that the employee answered the three sexual misconduct questions.
- 115.217(g) – No corrective action required.
- 115.217(h) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.217(a) – The agency developed the TPOCC Sexual Abuse and Violence Acknowledgement form. The form explains the requirement of PREA Standard 115.217(a) and asks prospective employees, promotional employees, and prospective contractors to answer the three sexual misconduct questions. The PC provided completed acknowledgement forms for all employees at both confinement facilities operated by the agency and reported that the agency shall ensure all prospective employees, promotional employees, and prospective contractors who may have contact with residents answer the three questions before being hired, promoted, or enlisted for contractor services. The forms were completed over the previous week; therefore, it is not likely that the facility hired or promoted anyone since the practice was implemented. The AUDITOR recommends including this requirement in relevant policy and procedures to ensure consistency and sustainability in practice. The practice reported by the PC and the completed acknowledgement forms support a determination of compliance with the standard provision.
- 115.217(b) – The agency reported that the Corporate HR department generated and implemented the PREA Acknowledgement by way of Adobe sign for all new hires to complete post offer and pre-employment and that a copy will be saved in each employee's UKG (Human Resources Information System) documents. The AUDITOR requests documentation of the agency's practice of considering any incidents of sexual harassment in determining whether to

hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents, e.g.: copies of prospective employee responses and/or inquiries with prior employers about prior incidents of sexual harassment involving the prospective employee or contractor who may have contact with residents. The agency provided the "TPOCC Reference Check Form for Programs Subject to PREA." The process calls for the hiring manager to complete the form to document reference checks with prior employers; Question 9 on the form asks if the candidate had any incidents of sexual harassment. The agency provided a completed version of this form for an employee at the facility. The PC explained that the reference check form is now listed on the TPOCC New Employee Onboarding Checklist Form for hiring managers to complete, and he provided the revised Onboarding Checklist, which has the Reference Check Form as the first item at the top of the checklist of items the hiring manager must provide to Human Resources. The use of the Reference Check Form, the revised New Employee Onboarding Checklist Form, and the explanation from the PC support a determination of compliance with the standard provision.

- 115.217(e) – The agency reported that background checks are conducted prior to official hire; that background rechecks will be conducted for staff at both confinement facilities every five years; and, that a copy will be saved in each employee's UKG documents. In October 2021, the HR Manager provided documentation of background clearances for employees randomly selected by the AUDITOR; the AUDITOR requested documentation demonstrating that either five-year background rechecks are conducted or that the agency has a system in place to receive subsequent arrest notifications from the California DOJ. The agency has yet to provide documentation of five-year background rechecks or subsequent arrest notifications. The AUDITOR requests documentation demonstrating that either five-year background rechecks, or subsequent arrest notifications are in place. The PC reported that a National Crime Information Center background clearance will be conducted on all current employees at the five-year contract renewal date pursuant to a BOP contract mandate and pointed out that the facility was activated on August 1, 2021, with all new employees; thus, no employee is due for a five-year background recheck. The PC provided written notices of completed background clearances for seven employees who may have contact with residents and all notices were issued during the previous 15 months; thus, none of the employees are due for a five-year background recheck. During the corrective action period, the AUDITOR identified relevant language in the Sexual Abuse and Harassment Prevention, Detection, and Response Policies and Procedures Manual; the manual specifies that a criminal background records check will be conducted on all employees who may have contact with residents at least every five years. The Sexual Abuse and Harassment Prevention, Detection, and Response Policies and Procedures Manual, the written notices of completed background clearances within the previous 15 months, and the PCs explanation support a determination of compliance with the standard provision.
- 115.217(f) – The agency provided completed TPOCC Sexual Abuse and Violence Acknowledgement forms for each employee at both confinement facilities operated by the agency and reported that all current employees will answer the three sexual misconduct questions annually in October via the UKG employee document acknowledgement. Instead of requiring employees to answer the three sexual misconduct questions as part of employee annual performance evaluations, the agency elected to have all employees answer the three questions in October of each year by completing the acknowledgement form. The AUDITOR recognizes that the practice was recently implemented, and that the agency/facility may not have documentation of past practice. The AUDITOR finds that the intent of the standard provision is satisfied with this practice provided that it is done consistently. The AUDITOR recommends including this requirement in relevant policy and procedures to ensure consistency and sustainability in practice. The practice of having all employees answer the three sexual misconduct questions by completing the acknowledgement form annually in October supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.218	Upgrades to facilities and technology
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 357 378" style="list-style-type: none"> • PAQ <p data-bbox="242 407 499 436">PEOPLE INTERVIEWED</p> <ul data-bbox="282 486 445 546" style="list-style-type: none"> • Agency Head • Director <p data-bbox="242 575 576 604">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 654 557 714" style="list-style-type: none"> • Placement of cameras • Video monitoring system <p data-bbox="242 743 1406 806">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 835 354 864">115.218(a)</p> <p data-bbox="242 893 1493 1155">The standard provision states that 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 PAQ reflects that the agency/facility has not acquired a new facility or made substantial expansion or modification to existing facilities. The Agency Head reported that the agency considers line of sight, camera-assisted observation, as well as minimization of secluded areas and sound containment. The Director indicated that there has been no expansion or modification to the facility. During the site review, the AUDITOR did not observe any substantial expansion or modification of the facility. The 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.</p> <p data-bbox="242 1184 632 1214">The standard provision does not apply.</p> <p data-bbox="242 1243 354 1272">115.218(b)</p> <p data-bbox="242 1301 1485 1697">The standard provision states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The PAQ reflects that the agency/facility installed or updated video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The Agency Head reported that the agency installed 70 cameras to assist staff with monitoring activity at the facility to enhance residents' protection from sexual abuse. He indicated that the agency considered that notwithstanding the greatly enhanced monitoring capabilities, opportunities for sexual abuse still exists in residents' sleeping areas and bathrooms where cameras were not installed to ensure privacy. The Director pointed out that the surveillance system was installed before the program activation on August 1, 2021, and that it includes the ability to record audio. During the site review, the AUDITOR noted the location of cameras and viewed a demonstration of the facility's surveillance capabilities on a large screen in the director's office. Cameras have pan/tilt/zoom and audio capabilities and the system stores about three weeks of video recording. The facility did not have meeting minutes related to the installation of the video monitoring technology.</p> <p data-bbox="242 1727 1458 1854">The AUDITOR noted that cameras cover resident access areas around the facility but do not cover the interior of resident rooms or bathrooms. The cameras were installed to maximize coverage while ensuring resident privacy. The interviews with the agency head and the facility director, the location of surveillance cameras, and the observation of the surveillance capabilities support a determination of compliance with the standard provision.</p> <p data-bbox="242 1883 687 1912">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="282 1962 735 2022" style="list-style-type: none"> • 115.218(a) – No corrective action required. • 115.218(b) – No corrective action required.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1042 479" style="list-style-type: none"> • PAQ • Sexual Abuse/Harassment Prevention and Intervention Guide • Community Regional Medical Center (SAFE) Scope of Work and Website • Rape Counseling Services of Fresno website, poster, and brochure <p data-bbox="240 506 499 533">PEOPLE INTERVIEWED</p> <ul data-bbox="280 584 858 714" style="list-style-type: none"> • PREA Coordinator • Security staff (random sample) • SAFE Coordinator • Representative at Rape Counseling Services of Fresno <p data-bbox="240 741 576 768">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 819 451 846" style="list-style-type: none"> • None required <p data-bbox="240 880 1406 938">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 969 352 996">115.221(a)</p> <p data-bbox="240 1028 1485 1184">The standard provision states that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PAQ reflects that the agency facility is responsible for conducting administrative and criminal sexual abuse investigations; that the Federal Bureau of Prisons (BOP) is responsible for conducting either administrative or criminal investigations; and that agency investigations follow a uniform evidence protocol.</p> <p data-bbox="240 1193 1485 1386">The Sexual Abuse/Harassment Prevention and Intervention Guide provides directions to resident victims of sexual abuse on ensuring evidence is not destroyed and provides information about the evidence protocol for obtaining physical evidence, particularly during the medical examination process. Security staff interviews reflect that staff are generally aware of protocols to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, including securing the scene and protecting evidence. Four of six interviewees included medical examinations and most identified supervisors and the local law enforcement as the entities responsible for sexual abuse investigations.</p> <p data-bbox="240 1395 1485 1520">The AUDITOR followed-up with the facility director and the PC for clarification on whether the agency/facility is responsible for conducting criminal or administrative sexual abuse investigations. The director confirmed that the agency/facility is not responsible for conducting administrative or criminal sexual abuse investigations. She reported that the facility is looking into designating staff members to receive training and assume responsibility for administrative sexual abuse investigations.</p> <p data-bbox="240 1552 1485 1780">The standard provision requires the agency to follow a uniform evidence protocol if it is responsible for sexual abuse investigations. The "Facility Characteristics" reflects that there is one agency investigator responsible for administrative investigations and zero agency investigators responsible for criminal investigations. The onsite review revealed that there are no trained agency/facility investigators; therefore, the agency is not responsible for either administrative or criminal sexual abuse investigations and the standard provision does not apply. Should the agency train one or more employee(s) and assumes responsibility for sexual abuse investigations, the standard provision would apply, and the agency would be required to follow a uniform evidence protocol as specified by the standard provision.</p> <p data-bbox="240 1812 632 1839">The standard provision does not apply.</p> <p data-bbox="240 1870 352 1897">115.221(b)</p> <p data-bbox="240 1928 1485 2157">The standard provision states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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. The PAQ reflects that the protocol is developmentally appropriate for youth but does not specify whether it was adapted from the USDOJ publication or other authoritative protocol. The agency is not responsible for conducting administrative or criminal sexual abuse investigations.</p>

The standard provision does not apply.

115.221(c)

The standard provision states that the agency shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ reflects that the agency offers resident victims of sexual abuse access to a forensic medical examination performed by a SAFE or SANE free of charge; that the facility documents its efforts to provide a SAFE or SANE; that if a SAFE or SANE is not available, a qualified medical practitioner performs the examination, and that in the past 12 months, there were zero forensic medical examinations performed by a SAFE/SANE. The Sexual Abuse/Harassment Prevention and Intervention Guide informs victims about receiving immediate medical attention and about a forensic medical examination from the Sexual Assault Response Center at Fresno Community Regional Medical Center (CRMC). The facility provided a white paper with the scope of work for CRMC. The scope of work and the center's website at <https://www.communitymedical.org/about-us/news/nurses-provide-safe-and>

-supportive-care reflect that the center provides the services prescribed by the standard provision for victims of sexual assault. During an interview, the SAFE Coordinator at CRMC confirmed that the facility would perform forensic medical examinations on resident victims of sexual assault at the facility; that the process includes law enforcement; and that the center also provides medical care as needed to victims. She also confirmed that the clinic operates 24/7; that if a SAFE is not available, a doctor would perform the examination, or she would come-in to perform it; and that the examination and medical treatment is free of charge to victims.

The Sexual Abuse/Harassment Prevention and Intervention Guide, the CRMC scope of work and website, and the interview with the SAFE Coordinator support a determination of compliance with the standard provision.

115.221(d)

The standard provision states that the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The PAQ reflects that the agency attempts to make available a victim advocate from a rape crisis center and documents such efforts; and that, if a rape crisis center is not available, the agency uses a qualified staff member from a community-based organization or a qualified agency staff member. The Director later explained that the agency does not have a qualified agency staff member. The facility does not yet have an MOU with a community-based rape crisis center; however, a representative from Rape Counseling Services (RCS) of Fresno confirmed that there was a meeting on September 21, 2021, with facility staff and that the agency extended an invitation to tour the facility. The representative confirmed that RCS provides all services prescribed by the standard provision to victims of sexual assault in confinement. The RCS poster and the RCS brochure at the facility informs residents that RCS provides confidential emotional support services to any detainee who has been a victim of sexual assault while in detention and provides a phone number and address. The RCS website at <https://rcsfresno.org/services/> reflects that RCS provides the services prescribed by the standard provision. With respect to meeting the specified qualifications, the PC stated that he or the PREA site manager would interview the victim advocate to ensure compliance and that all information is subject to verification. There were no interviews with residents who reported sexual abuse because there were no reports of sexual abuse at the facility.

The standard provision calls for the agency to attempt to make available to the victim a victim advocate to provide the prescribed services. The facility has not had an incident of sexual assault; thus, the prescribed services have not been required. The interview with the RCS representative confirms that the facility is attempting to enter into an MOU for the services prescribed by the standard provision. The interview with the RCS representative, the RCS poster, the RCS brochure, and the RCS website support a determination of compliance with the standard provision.

115.221(e)

The standard provision states that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The PAQ reflects that if requested by the victim, the agency provides qualified resources for the events in question. The PC reported that the designated staff representative from the facility would contact the rape crisis center confidentially to

request the prescribed services. The RCS representative confirmed that services to victims in confinement include accompaniment and support for the victim through the forensic medical examination process and investigatory interviews, as well as emotional support, crisis intervention, information, and referrals. There were no interviews with residents who reported sexual abuse because there were no reports of sexual abuse at the facility.

The standard provision calls for accompaniment and support for victims through the forensic medical examination process and investigatory interviews, as well as emotional support, crisis intervention, information, and referrals. The facility has not had an incident of sexual assault; thus, the prescribed services have not been required. The interview with the RCS representative indicates that the facility is attempting to enter into an MOU for the services prescribed by the standard provision. The RCS representative interview and the PC interview support a determination of compliance with the standard provision.

115.221(f)

The standard provision states that to the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The PAQ reflects that the standard provision does not apply because the agency/facility is responsible for conducting sexual abuse investigations. The agency/facility is not responsible for administrative or criminal investigations. The PAQ issue log requested documentation of the agency's request for outside investigating agencies to follow the protocols in (a) – (e) and the agency did not provide the requested documentation.

The standard provision specifically requires the agency to request that outside investigating agencies follow the requirements of paragraphs (a) through (e) of this standard. The agency failed to provide the requested documentation. The failure to provide documentation of the agency's request for outside investigating agencies to follow the requirements of paragraphs (a) through (e) of this section does not support a determination of compliance with the standard provision.

115.221(g)

The standard provision states that the requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in community confinement facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.

The AUDITOR is not required to audit this provision.

115.221(h)

The standard provision states that for the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The agency did not identify a qualified agency staff member or a qualified community-based staff member.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 115.221(a) – No corrective action required.
- 115.221(b) – No corrective action required.
- 115.221(c) – No corrective action required.
- 115.221(d) – No corrective action required.
- 115.221(e) – No corrective action required.
- 115.221(f) – The agency shall request that outside investigating agencies follow the requirements of paragraphs (a) through (e) of this section. By January 15, 2022, the agency shall provide to the AUDITOR documentation of its request for outside investigating agencies to follow the requirements of paragraphs (a) through (e) of this section.
- 115.221(g) – No corrective action required.
- 115.221(h) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.221(f) – The facility provided the Fresno County Sheriff's Jail Division's Sexual Misconduct and Abuse policy. The policy includes the protocols prescribed in 115.221(a) – (e). Specifically, the COORDINATED RESPONSE section (Pages 19 – 23) calls for securing and gathering physical evidence, transporting the victim to an outside hospital for a forensic medical examination, contacting the rape crisis center for victim advocate services to the victim, etc. Per the AUDITOR's recommendation, the PREA Compliance Manager sent an email to the designated office of the Fresno Sheriff's Jail Division asking whether investigations of sexual assault at the facility conducted by the Fresno Sheriff's

Office would include the PREA protocols in question as specified in their policy. The Fresno Sheriff's PREA Manager indicated that an allegation of sexual abuse at the facility would be investigated and would include the PREA protocols in question. The facility provided the email exchange with the Fresno PREA Manager as evidence of compliance. The email exchange with the Fresno PREA Manager supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 924 445" style="list-style-type: none"> • PAQ • Sexual Abuse/Harassment Prevention and Intervention Guide • Agency website <p data-bbox="240 472 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="282 555 445 582" style="list-style-type: none"> • Agency Head <p data-bbox="240 609 576 636">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 692 451 719" style="list-style-type: none"> • None required <p data-bbox="240 745 1406 806">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 837 352 864">115.222(a)</p> <p data-bbox="240 896 1485 1189">The standard provision requires the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ reflects that the agency ensures the specified investigations are completed for all allegations of sexual abuse or sexual harassment; that in the past 12 months, the agency received zero allegations of sexual abuse or sexual harassment; and that the facility was activated on August 1, 2021. The Sexual Abuse/Harassment Prevention and Intervention Guide requires an investigation for every allegation of sexual abuse. The Agency head confirmed that all allegations of sexual abuse or sexual harassment are investigated and stated that such investigations are coordinated by the PC and with BOP involvement and referral to local law enforcement. He explained that evidence is protected; that the facility implements its investigative procedures including protecting the alleged victim from retaliation. There were no incident reports to review for compliance with the standard provision.</p> <p data-bbox="240 1220 1485 1281">The Sexual Abuse/Harassment Prevention and Intervention Guide and the agency head interview support a determination of compliance with the standard provision.</p> <p data-bbox="240 1312 352 1339">115.222(b)</p> <p data-bbox="240 1370 1485 1697">The standard provision states that the agency shall have in place a policy 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals. The PAQ reflects that the agency has the policy in question; that the agency publishes such policy on its website; and that all referrals for investigation are documented. The Sexual Abuse/Harassment Prevention and Intervention Guide specifies that sexual abuse allegations may include local law enforcement and/or investigative staff from the appropriate state or federal contracting correctional agency. A visit to the agency's website at https://www.tpocc.org/prea includes three 2016 audit reports including Golden State, but no information about referring allegations of sexual abuse for investigation. The agency did not identify any trained sexual abuse investigators for interview.</p> <p data-bbox="240 1729 1485 1854">The standard provision specifically requires the agency to publish (on its website) its policy that ensures 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. The visit to the agency's website does not support a determination of compliance with the standard provision.</p> <p data-bbox="240 1886 580 1912">AUDITOR RECOMMENDATION:</p> <p data-bbox="240 1944 1485 2069">The agency should consider outlining in policy its process for referring allegations of sexual abuse or sexual harassment of residents to outside law enforcement for investigation. The policy should identify designated staff involved in the referral process, their specific roles in the referral process, the law enforcement agencies involved, and the referral process for each of those agencies.</p> <p data-bbox="240 2101 352 2128">115.222(c)</p>

The standard provision states that if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The agency/facility is not responsible for conducting criminal investigations. The agency's website [see subsection (b) above] does not include the information prescribed by the standard provision.

The standard provision specifically requires the policy published pursuant to subsection (b) above to describe the responsibilities of both the agency and the investigating entity. Pursuant to the USDOJ FAQ seen here: <https://www.prearesourcecenter.org/frequently-asked-questions/regard-s-tandards-11521-11522-11534-and-11571-what-required-agencies> the audited agency must have in place, and publish on its website, a policy that makes explicit the responsibilities of both the audited agency and the external investigating entity. The visit to the agency's website does not support a determination of compliance with the standard provision.

115.222(d)

The standard provision states that any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

The AUDITOR is not required to audit this provision.

115.222(e)

The standard provision states that any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.222(a) – No corrective action required.
- 115.222(b) – The agency shall publish its policy for referring allegations of sexual abuse or sexual harassment for investigation to an agency with the legal authority to conduct criminal investigations on its website. By January 15, 2022, the agency shall provide to the AUDITOR, the link to the webpage.
- 115.222(c) – The agency shall publish a description of the responsibilities of both the agency and outside investigating entities on its website. By January 15, 2022, the agency shall provide to the AUDITOR, the link to the webpage.
- 115.222(d) – No corrective action required.
- 115.222(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.222(b) – The facility provided a policy statement with the agency's zero-tolerance policy specifying that all allegations of sexual abuse will be referred to an agency with the legal authority to conduct criminal investigations. The statement reflects that allegations of sexual abuse may be investigated by the BOP and those found to be criminal will be referred to the Fresno Sheriff's Department for investigation and prosecution. The policy statement in and of itself satisfies the requirement of the standard provision; however, the standard provision requires the policy to be posted on the agency's website. The PC revised the agency policy on sexual abuse investigations and published it on the agency's website. The revised policy specifies that the agency will refer all allegations of sexual abuse or sexual harassment of a resident in a community confinement facility to local law enforcement having jurisdiction for administrative and/or criminal investigations. The AUDITOR visited the website at <https://www.tpocc.org/prea> and verified that the policy has been published. The revised policy and the visit to the agency's website support a determination of compliance with the standard provision.
- 115.222(c) – The published policy reflects that the Fresno County Sheriff's Department will investigate allegations of sexual abuse and sexual harassment of residents at the facility and specifies the responsibilities of facility/agency staff and the responsibilities of the Fresno Sheriff Department. The agency also published the Fresno County Sheriff's policy on sexual abuse investigations to provide additional detail of that agency's responsibilities. The AUDITOR visited the website at <https://www.tpocc.org/prea> and verified that the policy has been published. The published policy and the visit to the agency's website support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1034 577" style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified • Employee training sign-in sheets • PRC Website Printouts • Training resource • Relias printout • Comprehensive PREA Policies and Procedures acknowledgement forms <p data-bbox="240 607 499 633">PEOPLE INTERVIEWED</p> <ul data-bbox="280 685 616 712" style="list-style-type: none"> • Security staff (random sample) <p data-bbox="240 741 576 768">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 819 544 846" style="list-style-type: none"> • Site review observation <p data-bbox="240 875 1406 938">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 967 355 994">115.231(a)</p> <p data-bbox="240 1023 1310 1050">The standard provision requires the agency to train all employees who may have contact with residents on:</p> <ol data-bbox="240 1079 1485 1693" style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="240 1722 1485 2018">The PAQ reflects that the agency trains all employees who may have contact with residents on all ten topics prescribed by the standard provision. The PAQ points to the PREA Policies and Procedures Simplified, which includes references to Topics (1), (2), (3), and (9) above but does not include any reference to the other six topics. The facility provided two training sign-in sheets with employee signatures reflecting training received in July 2021, a few printouts from the PRC website with Standards in Focus and one with an FAQ, a training resource with definitions and information on searches, and a one-page Relias printout with staff names listed but no specific training topics or dates. During random interviews staff reported receiving training on most of the prescribed topics; the AUDITOR probed for additional information on selected topics and some employees were able to elaborate on a few but were not able to on others. The AUDITOR requested employee training records and the facility provided the sign-in sheets mentioned above.</p> <p data-bbox="240 2047 1485 2141">The standard provision specifically requires training on the ten topics listed above and the PREA Policies and Procedures only address four of the ten topics. The facility did not provide employee training records that verify training on the ten topics or a training curriculum that includes the ten topics; and employee interviews were somewhat sketchy on knowledge of the</p>

ten topics. The PREA Policies and Procedures Simplified, the documents provided, employee interviews, and the failure to provide a training curriculum with the ten topics do not support a determination of compliance with the standard provision.

115.231(b)

The standard provision states that such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female residents, or vice versa. The PAQ reflects that training is tailored to the gender of the residents at the facility; and, that employees receive additional training if reassigned from facilities housing the opposite gender. The PREA Policies and Procedures Simplified provides instructions specific to male and female residents and procedures related to cross gender viewing. During the site review, staff displayed great sensitivity towards the gender of residents and were very careful about avoiding cross-gender viewing.

The PREA Policies and Procedures Simplified and the observations during the site review support a determination of compliance with the standard provision.

115.231(c)

The standard provision states that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The PAQ reflects that the agency provides refresher training to employees who may have contact with residents twice per year. Employee training records were not reviewed because the prescribed refresher training is not yet due.

Given its August 1, 2021, activation date, the facility has not been activated long enough to meet the requirements of the standard provision. The recency of the facility's activation and the fact that it is not yet due for meeting the specified requirement support a determination of compliance with the standard provision.

115.231(d)

The standard provision requires the agency to document, through employee signature or electronic verification, that employees understand the training they have received. The PAQ reflects that the agency documents employee understanding of training received through signature or electronic verification. The PREA Policies and Procedures Simplified includes a form for employees to acknowledge with their signatures that they read and understood the procedures. One of the sign-in sheets provided asks participants to sign and acknowledge reading and understanding the PREA Plan in the binder and the Pat Search Procedure includes a blank employee training acknowledgement form. The facility provided nine "Comprehensive PREA Policies and Procedures" acknowledgement forms with employee signatures acknowledging that they read and understood the PREA policies and procedures outlined in the Policies and Procedures Operations Manual and the Sexual Abuse/Assault Prevention and Intervention Policy and Procedure.

The completed Comprehensive PREA Policies and Procedures acknowledgement forms and the sing-in sheet with the training acknowledgement statement and employee signatures support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.231(a) – The facility shall train all employees who may have contact with residents on the ten topics prescribed by the standard provision. By March 1, 2022, the facility shall provide to the AUDITOR, employee training records showing that employees received training on the ten topics, the training curriculum or lesson plan used to provide the training, and employee-signed acknowledgements of understanding.
- 115.231(b) – No corrective action required.
- 115.231(c) – No corrective action required.
- 115.231(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.231(a) – The facility provided a training outline with four modules and identified which of the prescribed topics were covered in each module; all ten prescribed topics are covered in the training program. The facility also provided a 62-slide Moss Group presentation titled "Prevention and Detection of Sexual Abuse and Sexual Harassment" and a list of employees who acknowledged by signature that they received and understood the training provided by the Program Director. All employees acknowledged with their signatures on January 28, 2022. The training outline, the Moss Group presentation, and the employee signed acknowledgements support a determination of compliance with

the standard provision.

CORRECTIVE ACTION APPROVED

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Volunteer/Contractor Information Sheet
- PREA Basic Training Acknowledgment forms

PEOPLE INTERVIEWED

- None

SITE REVIEW OBSERVATIONS

- None required

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.232(a)

The standard provision requires the agency to ensure 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. The PAQ reflects that zero volunteers and contractors who may have contact with residents have been trained on the prescribed topics; the Facility Information reflects that there are no volunteers currently authorized to enter the facility. The Volunteer/Contractor Information Sheet includes the following relevant topics: Professional Behavior, Preventative Measures, and Detection; under these topics volunteers and contractors are informed how to respond to and how to report sexual abuse. The facility did not have any active volunteers or contractors who may have contact with residents; therefore, there were no interviews or training records to review.

The Volunteer/Contractor Information Sheet and the absence of volunteers or contractors who may have contact with residents support a determination of compliance with the standard provision.

115.232(b)

The standard provision states that 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ reflects that the training is based on the services they provide and level of contact with residents, and that they have been notified of the zero-tolerance policy and how to report sexual abuse. The Volunteer/Contractor Information Sheet informs volunteers and contractors of the zero-tolerance policy and how to report sexual abuse. There were no volunteers or contractors to interview or training records to review.

The Volunteer/Contractor Information Sheet and the absence of volunteers or contractors who may have contact with residents support a determination of compliance with the standard provision.

115.232(c)

The standard provision requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received. The PAQ reflects that the agency maintains the specified documentation. The Volunteer/Contractor Information Sheet includes a form for acknowledging with their signatures that they read the information and understand their responsibility to immediately report any information about sexual abuse of offenders. The facility provided eight completed PREA Basic Training Acknowledgment forms on which contractors acknowledged receiving and understanding PREA, the agency's zero-tolerance policy, and their obligation to report all forms of sexual abuse and/or sexual harassment. The forms were signed in July and August 2021; it appears the contractors may not have had contact with residents as most of the forms were signed before the facility received residents.

The completed PREA Basic Training Acknowledgment forms support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.232(a) – No corrective action required.
- 115.232(b) – No corrective action required.
- 115.232(c) – No corrective action required.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 1002 546" style="list-style-type: none"> • PAQ • Sexual Abuse/Harassment Prevention and Intervention Guide (guide) • Intake records (past 12 months) • Resident education records • PREA Information brochure (draft) • Zero-Tolerance poster (draft) <p data-bbox="240 573 499 600">PEOPLE INTERVIEWED</p> <ul data-bbox="284 651 587 748" style="list-style-type: none"> • Agency Head • Intake officer • Residents (random sample) <p data-bbox="240 775 576 801">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 853 560 916" style="list-style-type: none"> • Intake processing • PREA education session <p data-bbox="240 943 1406 1005">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 1032 355 1059">115.233(a)</p> <p data-bbox="240 1093 1493 1355">The standard provision states that during the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ reflects that residents receive the specified information during intake and that 31 of the 17 residents admitted to the facility during the past 12 months received the information; the PREA Manager later explained that of 31 residents received since activation, 17 are housed at the facility and 14 arrived to direct home confinement. The Intake officer reported that she provides the prescribed information to residents during intake processing, which includes the PREA education and the resident guide.</p> <p data-bbox="240 1359 1493 1590">The AUDITOR observed a mock intake processing session with a resident; during the processing, the intake officer issued the guide to the resident and provided the PREA education, which included the information prescribed by the standard provision. Ten residents were interviewed and all ten confirmed that they received the prescribed information during intake processing. A random sample of intake records of ten residents received since activation reflect that ten or 100% received the prescribed information during intake processing. The guide and the draft brochure inform residents of the zero-tolerance policy and how to report; about their rights to be free of sexual abuse, sexual harassment, and retaliation for reporting; and about the agency's response to such incidents.</p> <p data-bbox="240 1619 1493 1713">The Sexual Abuse/Harassment Prevention and Intervention Guide, the draft PREA brochure, the intake officer interview, the mock intake processing, the resident interviews, and the intake records reviewed support a determination of compliance with the standard provision.</p> <p data-bbox="240 1742 355 1769">115.233(b)</p> <p data-bbox="240 1803 1493 1998">The standard provision states that the agency shall provide refresher information whenever a resident is transferred to a different facility. The PAQ reflects that, during the past 12 months, 14 or 100% of residents transferred from a different community confinement facility received refresher information. The Intake officer reported that she provides the resident guide and the prescribed information to all residents during intake processing. Three residents interviewed reported that they arrived from other facilities and confirmed that they received the prescribed information during intake processing. The guide provides the prescribed information to residents including those transferred from other facilities.</p> <p data-bbox="240 2027 1493 2089">The Sexual Abuse/Harassment Prevention and Intervention Guide, the intake officer interview, and the resident interviews support a determination of compliance with the standard provision.</p> <p data-bbox="240 2119 355 2145">115.233(c)</p>

The standard provision requires the agency to provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills. The PAQ reflects that PREA education is provided in formats accessible to all residents including those with disabilities and limitations specified by the standard provision. The PREA Policies and Procedures Simplified calls for making every effort to provide access to PREA materials of any kind to residents with deafness, vision impairments, etc.; for providing materials in large print; and for providing interpreters if necessary for residents with LEP. The Agency Head confirmed that the agency established procedures to provide residents with disabilities 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 and explained that community resources are used as needed for learning disabilities. The facility did not have any residents with disabilities or with LEP and did not provide the resident guide or draft PREA brochure in large print or in other languages.

The facility did not have any residents with disabilities or with LEP; therefore, it was not required to provide resident education in accessible formats as specified by the standard provision. The PREA Policies and Procedures Simplified, the agency head interview, and the lack of residents with disabilities or with LEP support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should consider making the resident guide, the PREA brochure, and other written materials available in large print, in simple English, and in other prevailing languages.

115.233(d)

The standard provision requires the agency to maintain documentation of resident participation in these education sessions. The PAQ reflects that the agency maintains the specified documentation. The guide includes a form for residents to sign acknowledging receipt of a copy and an overview explaining their rights at the facility under PREA. A review of resident PREA education records reflects that residents signed the acknowledgement form. The facility provided four resident acknowledgement forms completed in August and September 2021. During the mock intake processing, the resident signed the acknowledgement form.

The review of residents' records, the four completed acknowledgement forms, and the mock intake processing support a determination of compliance with the standard provision.

115.233(e)

The standard provision states that in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The PAQ reflects that the agency ensures key information about the agency's PREA policies is available to residents as specified by the standard provision. During the site review, the facility did not yet have a PREA poster; however, residents confirmed that they had access to the guide. The facility director provided a draft of the Zero-Tolerance poster in progress and indicated that it will be posted after it is finalized.

The conversations with residents during the site review, the residents' access to the guide, and the draft Zero-Tolerance poster support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.233(a) – No corrective action required.
- 115.233(b) – No corrective action required.
- 115.233(c) – No corrective action required.
- 115.233(d) – No corrective action required.
- 115.233(e) – No corrective action required.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 357 376" style="list-style-type: none"> • PAQ <p data-bbox="240 405 499 432">PEOPLE INTERVIEWED</p> <ul data-bbox="280 483 357 510" style="list-style-type: none"> • None <p data-bbox="240 539 576 566">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 618 453 645" style="list-style-type: none"> • None required <p data-bbox="240 674 1406 741">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 770 352 797">115.234(a)</p> <p data-bbox="240 826 1489 1155">The standard provision states that in addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The PAQ reflects N/A indicating that the agency does not conduct administrative or criminal sexual abuse investigations. The Facility Characteristics reflect that the agency/facility employs one investigator responsible for administrative sexual abuse investigations; and, that administrative investigations are conducted by facility and agency investigators. The agency did not provide any policy related to training for sexual abuse investigators. The PC and the Facility Director reported that there are no trained agency or facility level sexual abuse investigators; that there have not been any allegations of sexual abuse at the facility; and that the local Fresno Sheriff's Department is responsible for criminal investigations. During a phone call, the Fresno Sheriff's Department's PC confirmed that the Patrol Division of his agency would investigate allegations of sexual assault at the facility.</p> <p data-bbox="240 1184 1489 1379">The agency is not responsible for criminal sexual abuse investigations and has not identified any trained investigators responsible for administrative sexual abuse investigations. The standard provision does not require use of agency investigators, only that, if used, agency investigators must receive the prescribed training. The agency activated the facility within the previous two months and is still in the process of implementing its PREA policies and procedures. The agency will be required to identify trained investigators for administrative sexual abuse investigations. Currently the agency does not conduct any form of criminal or administrative sexual abuse investigations; therefore, the standard provision does not apply.</p> <p data-bbox="240 1408 584 1435">AUDITOR RECOMMENDATION"</p> <p data-bbox="240 1464 1430 1559">The agency/facility should identify investigator(s) responsible for administrative sexual abuse investigations; if such investigator(s) are agency or facility investigators, the agency/facility should ensure they receive the prescribed training before conducting any sexual abuse investigations.</p> <p data-bbox="240 1588 352 1615">115.234(b)</p> <p data-bbox="240 1644 1489 1805">The standard provision states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency did not provide any policy related to training for sexual abuse investigators. The agency/facility did not identify a sexual abuse investigator training curriculum or sexual abuse investigators.</p> <p data-bbox="240 1834 1461 1901">Currently the agency/facility does not conduct any form of criminal or administrative sexual abuse investigations; therefore, the standard provision does not apply.</p> <p data-bbox="240 1930 352 1957">115.234(c)</p> <p data-bbox="240 1986 1406 2080">The standard provision requires the agency to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The PAQ reflects that the agency maintains documentation that investigators completed the mandated training.</p> <p data-bbox="240 2110 1461 2136">Currently the agency/facility does not conduct any form of criminal or administrative sexual abuse investigations; therefore,</p>

the standard provision does not apply.

115.234(d)

The standard provision states that any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.234(a) – No corrective action required.
- 115.234(b) – No corrective action required.
- 115.234(c) – No corrective action required.
- 115.234(d) – No corrective action required.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 357 376" style="list-style-type: none"> • PAQ <p data-bbox="240 405 499 432">PEOPLE INTERVIEWED</p> <ul data-bbox="280 483 363 510" style="list-style-type: none"> • None <p data-bbox="240 539 576 566">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 618 453 645" style="list-style-type: none"> • None required <p data-bbox="240 674 1406 739">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 768 352 795">115.235(a)</p> <p data-bbox="240 824 1481 889">The standard provision requires the agency to ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol data-bbox="240 916 1283 1115" style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p data-bbox="240 1144 1490 1341">The PAQ reflects that agency has a policy related to training for medical and mental health practitioners who work regularly at the facility; it identifies a mental health professional who is onsite for four hours on Tuesday mornings; and it reflects that one or 100% of practitioners who work regularly at the facility received the mandated training. During the onsite audit, facility staff reported that there are no medical or mental health staff who work at the facility and there is no medical or mental health office at the facility. Residents are transported to community health care facilities as needed. During the site review, staff did not identify any medical or mental health practitioners or a treatment clinic.</p> <p data-bbox="240 1370 1418 1435">The facility does not have full or part-time medical or mental health care practitioners who work regularly at the facility; therefore, the standard provision does not apply.</p> <p data-bbox="240 1464 352 1491">115.235(b)</p> <p data-bbox="240 1520 1490 1615">The standard provision states that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The PAQ reflects that agency medical staff employed at the facility do not conduct forensic medical examinations.</p> <p data-bbox="240 1644 1062 1671">The facility does not employ medical staff. The standard provision does not apply.</p> <p data-bbox="240 1700 352 1727">115.235(c)</p> <p data-bbox="240 1756 1490 1888">The standard provision requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The PAQ reflects that the agency does not maintain documentation showing that practitioners completed the required training. The facility does not employ Medical or Mental Health practitioners; therefore, there were no training records to review.</p> <p data-bbox="240 1917 1418 1982">The facility does not have full or part-time medical or mental health care practitioners who work regularly at the facility; therefore, the standard provision does not apply.</p> <p data-bbox="240 2011 352 2038">115.235(d)</p> <p data-bbox="240 2067 1481 2161">The standard provision states that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency. The facility does not employ Medical or Mental Health practitioners; therefore, there were no training records to</p>

review.

The facility does not have full or part-time medical or mental health care practitioners who work regularly at the facility; therefore, the standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 115.235(a) – No corrective action required.
- 115.235(b) – No corrective action required.
- 115.235(c) – No corrective action required.
- 115.235(d) – No corrective action required.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 751 443" style="list-style-type: none"> • PAQ • Resident Intake Packet health questionnaire • Intake records <p data-bbox="240 472 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="284 551 655 645" style="list-style-type: none"> • PC • Staff responsible for risk screening • Residents (random sample) <p data-bbox="240 674 576 701">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 752 820 813" style="list-style-type: none"> • Mock Risk-assessment • Location where risk-assessment records are stored <p data-bbox="240 842 1406 902">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 931 355 958">115.241(a)</p> <p data-bbox="240 987 1489 1350">The standard provision states that all residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. The PAQ reflects that the agency has a policy that requires the prescribed screening upon admission to the facility or transfer to another facility. The agency did not provide a policy that references this standard provision. With respect to risk-assessments, the facility pointed to the health questionnaire section of the Resident Intake Packet, which screens primarily for medical conditions. The health questionnaire includes a subsection on abuse history that screens primarily to identify counseling needs for survivors of abuse. The staff member responsible risk-assessments reported that she screens residents upon admission to the facility for the risks prescribed by the standard provision. In random interviews five of ten, or 50% of, residents reported being asked questions related to the prescribed risk-screening. During the site review the AUDITOR observed a mock risk-assessment with a resident and the staff member asked the questions on the health questionnaire as opposed to questions prescribed by the standard provision to identify the specified risks.</p> <p data-bbox="240 1379 1489 1507">The standard provision specifically calls for assessing residents for their risk of being sexually abused by other residents or sexually abusive toward other residents. While the facility conducts an assessment during intake, the assessment does not focus on identifying the risks in question. The resident intake packet, the mock risk-assessment, and the resident interviews do not support a determination of compliance with the standard provision.</p> <p data-bbox="240 1536 355 1563">115.241(b)</p> <p data-bbox="240 1592 1489 1933">The standard provision states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reflects that the policy requires the risk screening within 72 hours of intake and that 17 or 55% of the 31 residents admitted in the past 12 months who remained at the facility for 72 hours or more were screened for risk of sexual victimization or abusiveness. Facility staff later explained that of 31 residents received since activation, 17 are housed at the facility and 14 were placed in direct home confinement; thus, the prescribed risk-assessment would not apply to residents placed at their homes. The agency did not provide a policy that references this standard provision. Intake records reflect that risk assessments are completed during intake processing and within the 72-hour time frame. The staff member responsible for risk-assessments reported that she completes assessments within 72 hours of arrival at the facility. All residents who reported being asked the risk-assessment questions indicated that they were asked those questions during intake on the day or arrival.</p> <p data-bbox="240 1962 1489 2045">Although the facility's assessments do not screen for the risks specified in the standard provision, the assessments are completed within the prescribed 72-hour time frame. The staff-member-responsible-for-risk-assessments interview, the resident interviews, and the review of intake records support a determination of compliance with the standard provision.</p> <p data-bbox="240 2074 355 2101">115.241(c)</p>

The standard provision states that such assessments shall be conducted using an objective screening instrument. The PAQ reflects that an objective instrument is not used for risk assessments. The agency/facility did not identify a policy related to the standard provision.

The agency/facility did not provide an instrument that screens for the risks prescribed by the standard provision; therefore, there is not a screening instrument to review for objectivity. The AUDITOR will review the agency's risk-assessment instrument for objectivity when it is developed. A compliance determination on the objectivity of the agency's risk-assessment instrument is deferred pending submittal of the instrument for review.

115.241(d)

The standard provision states that the intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- (1) Whether the resident has a mental, physical, or developmental disability;
- (2) The age of the resident;
- (3) The physical build of the resident;
- (4) Whether the resident has previously been incarcerated;
- (5) Whether the resident's criminal history is exclusively nonviolent;
- (6) Whether the resident has prior convictions for sex offenses against an adult or child;
- (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The resident's own perception of vulnerability.

The agency/facility did not identify a policy related to the standard provision. The intake health questionnaire asks 25 questions; those questions consider criteria (8) and do not consider any of the other eight criteria prescribed above. Questions not prescribed by the standard provision include rating the state of the resident's of health, communicable diseases, medical or dental problems, last doctor visit, prescription medications, allergies, surgeries, eating disorders, food allergies, pregnancy questions, history of medical diagnoses, and drug/alcohol history. The staff member responsible for risk-assessments reported that the screening considers whether the resident previously experienced sexual victimization and treatment needs, and that the other prescribed criteria are not considered. The AUDITOR observed a mock risk-assessment, and the staff member asked the questions on the health questionnaire and recorded the resident's responses.

The standard provision lists specific criteria that must be considered in assessing a resident's risk of sexual victimization and the agency/facility only considers one of the nine prescribed criteria. The intake health questionnaire, the interview with the staff member responsible for risk assessments, and the mock risk assessment, do not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should develop a risk-assessment instrument that objectively obtains the information needed to ensure the nine criteria prescribed by the standard provision are considered in assessing each resident's risk of victimization. Most of the information should be obtained during intake interviews of residents and some of the information can be obtained from, and/or corroborated by, other sources, e.g.: resident files, resident criminal history, health care records, etc. Below are links to valuable risk-assessment resources on the PREA Resource Center website.

https://www.prearesourcecenter.org/sites/default/files/library/prea_screeningguidelinesvera.pdf

<https://www.prearesourcecenter.org/frequently-asked-questions/if-prior-objective-risk-screenings-under-prea-standard-41-or-other>

<https://www.prearesourcecenter.org/frequently-asked-questions/does-standard-11541-115241-115341-require-facilities-affirmatively>

115.241(e)

The standard provision states that the intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. The agency/facility did not identify a policy related to the standard provision. The health

questionnaire does not consider any of the three criteria prescribed by the standard provision for assessing a resident's risk of being sexually abusive. The staff member responsible for risk-assessments reported that the screening considers whether the resident previously experienced sexual victimization and treatment needs, and that the three prescribed criteria are not considered. The AUDITOR observed a mock risk-assessment, and the staff member asked the questions on the health questionnaire and recorded the resident's responses.

The standard provision lists three criteria that must be considered in assessing a resident's risk of being sexually abusive and the agency/facility's screening does not include any of the three prescribed criteria. The intake health questionnaire, the interview with the staff member responsible for risk assessments, and the mock risk assessment, do not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should develop a risk-assessment instrument that objectively obtains the information needed to ensure the three criteria prescribed by the standard provision are considered in assessing each resident's risk of being sexually abusive. Most of the information can be obtained from resident files and resident criminal history; however, they should be addressed during the risk-assessment interview.

115.241(f)

The standard provision states that within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ reflects that the policy requires the facility to conduct the reassessments prescribed by the standard provision and that of the 31 residents admitted to the facility during the past 12 months who remained for 30 days or more, 17 or 55% were reassessed. The agency/facility did not identify a policy related to the standard provision. Facility staff later explained that of 31 residents received since activation, 17 are housed at the facility and 14 were placed in direct home confinement; thus, the prescribed reassessment would not apply to residents placed at their homes. A review of a random sample of intake records reflects that reassessments were not completed where residents remained at the facility for 30 days or more. The staff member responsible for risk-assessments reported that reassessments have not been completed. Of the ten residents interviewed, five had been at the facility 30 days or more; of the five, only one reported being asked the risk-assessment questions again. The AUDITOR did not observe any reassessments because the facility does not conduct reassessments.

The standard provision requires a reassessment of every resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since intake screening; such reassessments must be completed within a set time period, not to exceed 30 days from the resident's arrival at the facility. The facility has not conducted any such reassessments of residents. The review of intake records, the interview with the staff member responsible for risk-assessments, and the resident interviews do not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should consider establishing a tickler file system that reminds designated staff when reassessments are due for all residents received at the facility in the previous 30 days. Any form used for reassessments should document the date of arrival at the facility and the date of reassessment to demonstrate compliance with the 30-day timeline. The intent of reassessment is to identify any change in circumstances or new information that bears on the resident's risk of sexual victimization or abusiveness; therefore, all initial risk-assessment criteria is not needed as most involve issues that will not change.

115.241(g)

The standard provision states that a resident's risk level shall 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. The PAQ reflects that the policy requires the facility to conduct the reassessments prescribed by the standard provision. The agency/facility did not identify a policy related to the standard provision. There were no reports of sexual abuse at the facility; therefore, there were no related records to review. The staff member responsible for risk-assessment reported that no such reassessments have been completed. Resident interviews did not identify anyone meeting the criteria for the reassessment in question.

The reassessment prescribed by the standard provision is required under specific conditions and the facility did not have any such conditions. The absence of the requirement for the prescribed reassessment supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should consider implementing a reporting system where all PREA-related allegations and any receipt of additional information that bears upon the resident's risk of sexual victimization or abusiveness are reported to the staff

member responsible for risk-assessments; this will ensure reassessments are completed where the condition dictates.

115.241(h)

The standard provision states that residents may not be 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. The PAQ reflects that the policy prohibits disciplining residents for the reasons specified by the standard provision. The agency/facility did not identify a policy related to the standard provision. Staff responsible for risk-assessment confirmed that residents are not disciplined for the reasons in question.

The interview with the staff member responsible for risk-assessments supports a determination of compliance with the standard provision.

115.241(i)

The standard provision requires the agency to implement 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. The agency/facility did not identify a policy related to the standard provision.

Both the PC and the employee responsible for risk-assessments confirmed that the agency outlined who can have access to resident risk-assessments within the facility. The AUDITOR probed for measures in place to protect risk-assessment information and the PC stated that the agency has a strict policy on confidentiality, security, and storage of records. The employee responsible for risk-assessments reported that only supervisors have access and that such access is allowed only on a "need-to-know" basis. The AUDITOR probed for the storage location and staff pointed to the administrative assistant's office in the executive suite.

The interviews with the PC and the employee responsible for risk-assessments and the location where risk-assessment records are stored support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.241(a) – The facility shall assess all residents during intake screening and upon arrival from another facility for their risk of being sexually abused by other residents or being sexually abusive toward other residents. By February 15, 2022, the facility shall provide to the AUDITOR a list of all residents admitted to the facility during the months of December 2021 and January 2022. The AUDITOR will select a representative sample and the facility shall provide documentation of screening for their risk of being sexually abused by other residents or being sexually abusive toward other residents.
- 115.241(b) – No corrective action required.
- 115.241(c) – No corrective action required.
- 115.241(d) – The facility shall ensure intake risk-assessments consider the nine criteria prescribed by the standard provision in assessing residents' risk of victimization. The facility shall further conduct risk-assessments of all current residents who have not been assessed. By March 1, 2022, the facility shall provide to the AUDITOR a roster of all residents at the facility with admission date for each. The AUDITOR will select a representative sample (including residents admitted since implementation of the new risk-assessment instrument) and the facility will provide risk-assessments that consider the nine prescribed criteria.
- 115.241(e) – The facility shall ensure intake risk-assessments consider the three criteria prescribed by the standard provision in assessing residents' risk of being sexually abusive. The facility shall further conduct risk-assessments of all current residents who have not been assessed. By March 1, 2022, the facility shall provide to the AUDITOR a roster of all residents at the facility with admission date for each. The AUDITOR will select a representative sample (including residents admitted since implementation of the new risk-assessment instrument) and the facility will provide risk-assessments that consider the three prescribed criteria.
- 115.241(f) – The facility shall reassess every resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since intake screening; such reassessments shall be completed within a set time period, not to exceed 30 days from the resident's arrival at the facility. By March 15, 2022, the facility shall provide to the AUDITOR a list of all residents admitted to the facility during the months of December 2021 and January 2022. The AUDITOR will select a representative sample and the facility shall provide documentation demonstrating that reassessments were completed within 30 days of arrival at the facility.
- 115.241(g) – No corrective action required.
- 115.241(h) – No corrective action required.
- 115.241(i) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.241(a) – The facility provided its new risk assessment tool and a matrix that lists residents received since activation; the matrix includes date of arrival and date of the risk assessment among other data. The facility reported

that it started completing risk assessments with the new tool on December 13, 2021; therefore, the AUDITOR selected ten of 17 residents admitted to the facility since December 13, 2021, and requested completed risk assessments for each. The facility provided a completed risk assessments for each resident selected; The completed risk assessments support a determination of compliance with the standard provision.

p.s.: The risk assessments include date and time of arrival and date and time of the risk assessment. Of the ten risk assessments reviewed, three were completed later than 72 hours after admission to the facility. The facility should endeavor to improve its percentage of compliance with the 72-hour timeframe prescribed under 115.241(b).

- 115.241(d) – The tool used for conducting risk assessments considers all nine criteria prescribed by the standard provision in assessing a resident's risk of sexual victimization. The PREA Compliance Manager confirmed that all residents at the facility have been assessed using the new tool. Questions not prescribed by the standard provision are considered in other sections of the tool; however, the section that screens for risk of victimization only considers criteria prescribed by the standard provision. Following consideration of the prescribed criteria, the tool calls for designating the resident as a "Known victim," "Potential victim," or "Non-victim" based upon application of a specified designation process. The review of the new risk assessment tool and completed risk assessments for the ten residents randomly selected support a determination of compliance with the standard provision.

p.s.: The risk assessment tool asks the same questions of all residents and uses a uniform process for designating a resident's risk level; therefore, the AUDITOR finds that the tool is objective as prescribed by 115.241(c).

- 115.241(e) – The section of the tool that assesses "Possible Predator Factors" considers the history of sexual abuse and violence prescribed by the standard provision; however, it limits consideration to behavior within the past ten years. In addition to the three prescribed criteria, the tool considers current gang affiliation. The AUDITOR requests clarification on the reason for limiting consideration to behavior within the past ten years. The facility provided a revised version of the tool on which the ten-year limitation was removed. The revised tool supports a determination of compliance with the standard provision.
- 115.241(f) – The facility provided a matrix that lists residents received since activation and reported that it started risk-assessments with the new tool on December 13, 2021. The matrix reflects that there are 13 residents at the facility received between December 13, 2021, and January 31, 2022; one resident received on January 27, 2022, was not yet due for reassessment. The AUDITOR requests completed 30-day reassessments for the nine residents whose names are highlighted in yellow in the matrix. The facility provided completed 30-day reassessments for six of the nine residents selected randomly plus two residents not selected. The AUDITOR requests clarification on the reason completed 30-day reassessments were not provided for the three remaining residents. The AUDITOR notes that the matrix reflects that the prescribed 30-day timeline for reassessments was not met for four of the nine residents selected; also, in one of the nine selections, the reassessment was completed two days after arrival and in another case seven days after arrival. The AUDITOR requests clarification on:

1. The reason for missing the 30-day timeline at such high rate and whether the facility has a plan for ensuring the 30-day timeline is met consistently,
2. The reason for completing reassessments within two days and seven days of arrival.

- The facility reported that the PREA manager (who completes assessments and reassessments) had not yet been trained and the initial assessment was six days late; in another case, the PREA manager was on regular days-off when the reassessment was due and completed it upon return to duty, which was past the due date. The facility was unable to explain the reason for two reassessments being late. The facility corrected errors in the reassessment dates recorded for the two cases in which the reassessments were completed too early, and the corrected dates reflect compliance with the 30-day timeline. The facility provided completed reassessments for the three residents referenced above and all were completed within the 30-day timeline. The facility's explanation suggests that only one employee is responsible for risk assessments and reassessments and due dates are missed if that employee is not on duty. The facility Director reported that she and other employees have been trained on completing reassessments to ensure compliance with the prescribed timelines. The AUDITOR is satisfied that the risk-assessment and reassessment processes have been institutionalized to ensure consistency in meeting the prescribed timelines. The additional staff trainings and the reassessments provided support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 751 443" style="list-style-type: none"> • PAQ • Resident Intake Packet health questionnaire • Intake records <p data-bbox="240 472 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="280 551 655 613" style="list-style-type: none"> • PREA Coordinator • Staff responsible for risk screening <p data-bbox="240 642 576 669">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 721 491 784" style="list-style-type: none"> • Housing unit tours • Resident showers <p data-bbox="240 813 1406 875">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 904 352 931">115.242(a)</p> <p data-bbox="240 960 1493 1285">The standard provision requires the agency to use information from the risk screening required by § 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. The PAQ reflects that the agency/facility uses information from the risk screening required by § 115.241 as prescribed by the standard provision. The agency/facility did not identify a policy related to the standard provision. The PC stated that the agency does not accept people who are required to register as sex-offenders; that the facility director and case managers review the packets from sending BOP institutions, and that US Probation and case managers are consulted for input in the case of a resident who may be at risk for sexual victimization. The employee responsible for risk-assessments indicated that procedures are in progress. The facility did not provide documentation requested in the PAQ issue log related to risk-based housing and program assignment decisions.</p> <p data-bbox="240 1319 1493 1413">The facility has not conducted the risk-assessments prescribed under 115.241; therefore, it is not likely the facility would have been able to use such information 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.</p> <p data-bbox="240 1420 1493 1547">While the practice of not accepting people who are required to register as sex offenders might help with keeping residents safe from sexual abuse, the facility is still required to implement practices that comply with the requirements of the standard provision. The interviews with the PC and the employee responsible for risk-assessments and the failure to conduct the risk-assessments prescribed in 115.241 do not support a determination of compliance with the standard provision.</p> <p data-bbox="240 1576 352 1603">115.242(b)</p> <p data-bbox="240 1632 1469 1861">The standard provision requires the agency to make individualized determinations about how to ensure the safety of each resident. The PAQ reflects that the agency/facility makes the determinations prescribed by the standard provision. The agency/facility did not identify a policy related to the standard provision. The employee responsible for risk-assessments indicated that procedures are in progress and the PC stated that the facility director and case managers review the packets from sending BOP institutions, and that US Probation and case managers are consulted for input in the case of a resident who may be at risk for sexual victimization. The facility did not provide documentation requested in the PAQ issue log related to risk-based housing and program assignment decisions.</p> <p data-bbox="240 1895 1453 2085">The review of the sending institution's packet by the facility director and case managers suggests that the facility makes individualized determinations about each resident's safety. During the onsite visit, staff explained options available for ensuring the safety of a resident at risk of sexual victimization, including housing the resident in a room next to the front office and moving the resident to another facility. The interview with the PC, the review of each resident's packet from the sending institution, and the conversations with staff during the onsite visit support a determination of compliance with the standard provision.</p> <p data-bbox="240 2119 352 2145">115.242(c)</p>

The standard provision states that in 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 shall consider 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. The PAQ reflects that the agency/facility makes housing and program assignments for transgender or intersex residents on a case-by-case basis. The agency/facility did not identify a policy related to the standard provision. The PC reported that case managers review the referring institution's packet and case conference with management staff to ensure appropriate housing if the resident is identified as transgender or intersex; and that program management considers the current population at the facility and ensures housing reassignment can be done if necessary for resident safety. The facility did not have any residents identified as transgender/Intersex; thus, no such interviews were conducted. During the site review, the AUDITOR verified that the facility has the ability to reassign residents to a room next to the front office for safety reasons if necessary.

The PC interview, the review of the referring institution's packets, the case conferencing with management, and the facility's ability to move a resident to safe housing support a determination of compliance with the standard provision.

115.242(d)

The standard provision states that a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration. The agency/facility did not identify a policy related to the standard provision. Both the PC and the employee responsible for risk screening confirmed that a transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. The facility did not have any residents identified as transgender/Intersex; thus, no such interviews were conducted and there were no classification actions/decisions involving residents identified as transgender/intersex to review.

The interviews with the PC and the employee responsible for risk-screenings and the absence of residents identified as transgender/intersex support a determination of compliance with the standard provision.

115.242(e)

The standard provision states that transgender and intersex residents shall be given the opportunity to shower separately from other residents. The agency/facility did not identify a policy related to the standard provision. Both the PC and the employee responsible for risk screening confirmed that a transgender or intersex resident would be given the opportunity to shower separately from other residents. The facility did not have any residents identified as transgender/Intersex; thus, no such interviews were conducted and there were no classification actions/decisions involving residents identified as transgender/intersex to review. During the site review, the AUDITOR verified that all resident rooms have individual showers and restrooms.

The interviews with the PC and the employee responsible for risk-screenings and the AUDITOR's observations during the site review support a determination of compliance with the standard provision.

115.242(f)

The standard provision states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents. The agency/facility did not identify a policy related to the standard provision. The PC reported that the agency is not subject to a consent decree, legal settlement, or legal judgment requiring a dedicated facility, unit, or wing for residents identified as lesbian, gay, bisexual, transgender, or intersex; he explained that to ensure such residents are not housed in a dedicated housing unit solely on the basis of identity or sexual orientation, the agency makes housing decisions based upon reviews of the resident's institution packet and information provided by the resident. The facility did not have any residents identified as LGBTI; thus, no such interviews were conducted and there were no classification actions/decisions involving such residents to review. During the site review, the AUDITOR did not identify any dedicated housing for the population in question.

The interview with the PC and the observations during the site review support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.242(a) – The facility shall use information from the risk screening required by § 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. By March 1, 2022, the facility shall provide to the AUDITOR a list of all residents (if any) at high of sexual victimization and a list of all residents (if any) at high risk of sexual abusiveness. The AUDITOR will select a representative sample and the facility will provide risk-assessment

documentation for each and documentation demonstrating how the risk-assessment information was used 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.

- 115.242(b) – No corrective action required.
- 115.242(c) – No corrective action required.
- 115.242(d) – No corrective action required.
- 115.242(e) – No corrective action required.
- 115.242(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.242(a) - The facility reported that its assessment tool assists in obtaining sexual abuse and sexual orientation history on its residents and that the information is used to inform resident housing. The PC and the facility reported that residents with a history of sex crimes, including sexual abuse are not accepted and are referred back to the BOP; therefore, there is no expectation that the facility would need to house/separate a resident who is at risk of being sexually abusive from a resident at risk of sexual victimization. The facility further reported that to date it has not identified any residents as a sexual predator under its risk-assessment process. The AUDITOR recommended developing a policy or procedure on rejecting residents who are required to register as a sex offender under Penal Code 290 or who have a history of sexual abuse and the facility agreed and indicated the policy will be developed. The practice reported by the PC and facility staff would effectively eliminate the chances of housing a resident for whom the risk screening required by § 115.241 suggests a risk of being sexually abusive to other residents. The reported practice of not accepting residents with the specified history and the facility's intention to develop a policy support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 938 510" style="list-style-type: none"> • PAQ • Sexual Abuse/Harassment Prevention and Intervention Guide • Turning Point Zero-Tolerance Sexual Abuse and Assault Policy • PREA Information brochure(draft) • PREA Information poster (draft) <p data-bbox="240 539 499 566">PEOPLE INTERVIEWED</p> <ul data-bbox="284 618 735 745" style="list-style-type: none"> • PREA Coordinator • Security staff (random sample) • Residents (random sample) • Fresno County Sheriff's PREA Coordinator <p data-bbox="240 775 576 801">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 853 571 880" style="list-style-type: none"> • Statements from residents <p data-bbox="240 909 1406 969">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 999 352 1025">115.251(a)</p> <p data-bbox="240 1055 1469 1182">The standard provision requires the agency to provide multiple internal ways for residents to privately report sexual abuse and 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. The PAQ reflects that the agency established procedures that allow multiple ways for residents to report sexual abuse as specified by the standard provision.</p> <p data-bbox="240 1189 1485 1451">The Sexual Abuse/Harassment Prevention and Intervention Guide for residents lists numerous ways for reporting sexual abuse and sexual harassment, including three hotlines, agency staff, and BOP contacts. Interviews with security staff reflect that residents have multiple ways to report sexual abuse including reporting to the director, to the BOP, calling the hotline, etc. Resident interviews reflect that they are aware of multiple options for reporting including the hotline, directly to staff, calling local law enforcement, and some residents pointed to the guide for reporting options. During the site review, the AUDITOR spoke with residents and learned that they are in possession of personal mobile phones, which can be used for reporting sexual abuse to outside contacts. The draft Zero-tolerance poster and the draft PREA information brochure will inform residents of multiple reporting options when the facility posts and distributes these reading materials.</p> <p data-bbox="240 1480 1437 1541">The security staff and resident interviews, the site review observations and conversations with residents, and the written materials available to residents support a determination of compliance with the standard provision.</p> <p data-bbox="240 1570 352 1597">115.251(b)</p> <p data-bbox="240 1626 1485 2089">The standard provision requires the agency to also provide at least one way for residents to report abuse or harassment to a public or private entity or office 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 PAQ reflects that the agency provides at least one way for residents to report sexual abuse to an outside entity as specified by the standard provision and facility staff identified the local Sheriff Department. During a phone call, the Sheriff Department's PREA Coordinator reported that residents may call the dispatch to report sexual abuse at the facility and remain anonymous if so desired, and that such reports would be investigated. The facility has a verbal agreement with the Sheriff Department for this service. The PC confirmed that residents can report sexual abuse or harassment to the Fresno Sheriff Department allowing the resident to remain anonymous upon request; and that such reports would be immediately forwarded to the facility and investigated by the Sheriff Department. Resident interviews reflect that at least four of ten (or 40%) residents interviewed are aware of the option to report sexual abuse at the facility to local law enforcement. The resident guide lists multiple outside entities for residents to report sexual abuse including the BOP, the PRC website, and a National Sexual Assault Hotline. The draft information poster and the draft brochure will inform residents about reporting sexual abuse to the Sheriff Department.</p> <p data-bbox="240 2119 1430 2145">The phone call with the sheriff's PC, the interview with the agency's PC, the resident interviews, the resident guide, site</p>

review conversations with residents, and the draft PREA information poster and draft brochure support a determination of compliance with the standard provision.

115.251(c)

The standard provision requires staff to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. The PAQ reflects that the agency has a policy mandating staff to accept reports of sexual abuse as prescribed by the standard provision and that staff are required to document verbal reports within 12 hours of becoming aware. The Zero-Tolerance Sexual Abuse and Assault Policy requires employees to report sexual abuse or sexual harassment to the program director and prepare an incident report. The guide, the draft brochure, and the draft information poster tells residents about this requirement. Interviews with security staff reflect that they are required to accept reports of sexual abuse as specified by the standard provision and document verbal reports immediately. Resident interviews reflect that they are aware of the option to report sexual abuse to staff using the methods specified by the standard provision. The facility has not had any allegations of sexual abuse; therefore, there were no examples to review.

The Zero-Tolerance Sexual Abuse and Assault Policy, the resident guide, the interviews with staff, the interviews with residents, and the draft brochure and poster support a determination of compliance with the standard provision.

115.251(d)

The standard provision requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of residents. The PAQ reflects that the agency established procedures for staff to privately report sexual abuse and sexual harassment of residents and that staff are informed of the procedure via the PREA handbook. The Zero-Tolerance Sexual Abuse and Assault Policy requires staff to report sexual abuse to the program director and security staff identified the facility director for privately reporting sexual abuse.

The Zero-Tolerance Sexual Abuse and Assault Policy and the security staff interviews support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.251(a) – No corrective action required.
- 115.251(b) – No corrective action required.
- 115.251(c) – No corrective action required.
- 115.251(d) – No corrective action required.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 553 412" style="list-style-type: none"> • PAQ • Resident grievance form <p data-bbox="240 441 499 468">PEOPLE INTERVIEWED</p> <ul data-bbox="280 519 341 546" style="list-style-type: none"> • PC <p data-bbox="240 575 576 602">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 654 451 680" style="list-style-type: none"> • None required <p data-bbox="240 710 1406 772">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 801 352 828">115.252(a)</p> <p data-bbox="240 857 1493 1021">The standard provision states that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. The PAQ reflects that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The agency/facility did not identify a policy related to the standard provision. The PC reported that residents will not be allowed to use administrative procedures to address resident grievances regarding sexual abuse. The agency is exempt from this standard.</p> <p data-bbox="240 1050 633 1077">The standard provision does not apply.</p> <p data-bbox="240 1106 352 1133">115.252(b)</p> <p data-bbox="240 1162 588 1189">The standard provision states that:</p> <ol data-bbox="240 1218 1458 1554" style="list-style-type: none"> (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a resident lawsuit on the grounds that the applicable statute of limitations has expired. <p data-bbox="240 1583 657 1610">The agency is exempt from this standard.</p> <p data-bbox="240 1639 633 1666">The standard provision does not apply.</p> <p data-bbox="240 1695 352 1722">115.252(c)</p> <p data-bbox="240 1751 828 1778">The standard provision requires the agency to ensure that:</p> <ol data-bbox="240 1807 1485 1935" style="list-style-type: none"> (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint. <p data-bbox="240 1964 657 1991">The agency is exempt from this standard.</p> <p data-bbox="240 2020 633 2047">The standard provision does not apply.</p> <p data-bbox="240 2076 352 2103">115.252(d)</p> <p data-bbox="240 2132 588 2159">The standard provision states that:</p>

(1) The agency issues 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.

(2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) 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, the resident may consider the absence of a response to be a denial at that level.

The agency is exempt from this standard.

The standard provision does not apply.

115.252(e)

The standard provision states that:

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

The agency is exempt from this standard.

The standard provision does not apply.

115.252(f)

The standard provision states that:

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency is exempt from this standard.

The standard provision does not apply.

115.252(g)

The standard provision states that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The agency is exempt from this standard.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 115.252(a) – No corrective action required.
- 115.252(b) – No corrective action required.
- 115.252(c) – No corrective action required.
- 115.252(d) – No corrective action required.

- 115.252(e) – No corrective action required.
- 115.252(f) – No corrective action required.
- 115.252(g) – No corrective action required.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Sexual Abuse/Harassment Prevention and Intervention Guide • Draft PREA brochure • Draft PREA Information Poster • Rape Crisis Services of Fresno (RCS) poster • RCS Brochure • Email exchange with RCS <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • Residents (random sample) • RCS representative <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • Confidentiality of resident access • Site where residents are allowed access <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.253(a)</p> <p>The standard provision states that the facility shall 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, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The PAQ reflects that the facility provides the access prescribed by the standard provision, as well as mailing addresses and phone numbers (including toll-free hotline numbers where available) for service providers in as confidential a manner as possible. The Sexual Abuse/Harassment Prevention and Intervention Guide tells residents about counseling programs for victims of sexual abuse, including crisis counseling, coping skills, suicide prevention, and mental health counseling; and it provides a hotline, a local office number, the physical address for Rape Counseling Services of Fresno (RCS), and a suicide prevention hotline. The guide is silent about allowing communications with these organizations in as confidential a manner as possible. The draft PREA brochure and draft PREA poster inform residents that support services are available from RCS and provide a phone number and a PREA hotline number. The RCS poster and the RCS brochure inform residents that emotional support services are available 24/7 for survivors of sexual abuse by phone or by mail and provide a telephone number, a hotline number, and an address; and both documents inform residents that conversations with RCS staff are confidential. A representative of RCS confirmed that RCS provides the services prescribed by the standard provision to survivors in confinement and indicated that RCS does not know whether residents at the facility received information about the services. More than 50% of residents interviewed have some knowledge of support services available for survivors of sexual abuse anytime they need it. Residents interviewed have some idea how to reach providers; some identified the internet as a source of information for survivors. The facility did not identify any residents who are survivors of sexual abuse; therefore, no such interviews were conducted. The site review revealed that residents are in possession of personal mobile phones, which could be used to access support services privately.</p> <p>The Sexual Abuse/Harassment Prevention and Intervention Guide, the RCS poster and brochure, the draft PREA poster and brochure, the resident interviews, the interview with the RCS representative, and the site review observations support a determination of compliance with the standard provision.</p> <p>115.253(b)</p> <p>The standard provision requires the facility to 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. The PAQ reflects that the facility informs residents, prior to giving them access, of the extent to which communications with outside support services will be monitored; and of applicable mandatory reporting laws governing privacy, confidentiality, and privilege that apply to disclosures of sexual abuse made to outside victim advocates, including</p>

any limits to confidentiality under relevant federal, state, or local law. The guide, the draft PREA brochure, and the draft PREA poster are silent about monitoring communications with victim advocates and about forwarding reports of sexual abuse to authorities in accordance with mandatory reporting laws. The RCS poster and the RCS brochure do not provide information about the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The representative from RCS stated that RCS victim advocates are trained to review limits of confidentiality with clients upon contact. Four of ten residents interviewed reported knowing whether calls with victim advocates are monitored or recorded and two indicated that they know about mandatory reporting laws. The facility did not identify any residents who are survivors of sexual abuse; therefore, no such interviews were conducted. The site review revealed that residents are in possession of personal mobile phones, which could be used to access support services privately.

The standard provision requires the facility to 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. Although residents may use personal mobile phones to access emotional support services and victim advocates may inform them of the limitations of confidentiality, the facility is still required to inform residents whether their communications with providers (regular mail, email, telephone, etc.) are monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The review of the guide, the draft PREA poster, and the draft PREA brochure does not support a determination of compliance with the standard provision.

115.253(c)

The standard provision requires the agency to 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The PAQ reflects that the agency/facility does not maintain an MOU for the services in question; that the agency/facility has not attempted to enter into MOUs because the facility opened recently and received its first residents on August 5, 2021; and that the agency maintains documentation of attempts to enter into such agreements. The RCS representative reported that there is no MOU with the agency/facility; that facility staff requested a meeting on September 14, 2021; that RCS met with the PREA Manager on September 21, 2021; and that RCS was invited to tour the facility. The PREA manager provided two September 14, 2021, email exchanges with RCS, one of which scheduled a September 21, 2021, Zoom Meeting call with RCS. Both emails reflect that the facility reached out to RCS for the prescribed services.

The RCS representative interview and the two emails support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.253(a) – No corrective action required.
- 115.253(b) – The facility shall inform residents whether their communications by mail, email, cell phone, etc. with victim advocates are monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility could include this information in the resident guide, the draft PREA poster, the draft PREA brochure, or other posting in resident access areas. By February 1, 2022, the facility shall provide to the AUDITOR photos or other evidence of how the prescribed information is provided to residents.
- 115.253(c) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.253(b) – The facility provided copies of resident written materials, i.e.: the guide (handbook), the PREA Brochure, and the “No Means No” poster; as well as photos of these materials posted and made available in resident access areas. The English version of the brochure informs residents of the limitations of confidentiality in communications with victim advocates and the advocates’ duty to report specified forms of abuse. The written materials reviewed do not inform residents whether communications with victim advocates by mail, email, telephone, etc. will be monitored. The statement about limitations of confidentiality in the brochure satisfies the requirement of the standard provision; however, the facility must inform residents whether their communications with victim advocates by mail, email, telephone, etc. will be monitored. The following language could be added to written materials in Spanish to inform residents of the limits of confidentiality and whether communications with advocates will be monitored in any way. “Hay limitaciones en la confidencialidad de las comunicaciones con los intercesores; bajo las leyes de California, podrán estar obligados a denunciar el abuso de menores, de adultos vulnerables, o la violencia doméstica. Las comunicaciones con los intercesores, ya sea por correo, por correo electrónico, o por teléfono, no serán monitoreadas de ninguna manera.” The facility provided revised versions of the written materials; the guide, and both English and Spanish versions of the brochure and the poster inform residents that communications with victim advocates by mail, email, telephone, etc. will be monitored for safety and quality assurance. Both English and Spanish versions of the brochure inform residents that victim advocates may be required under California law to report abuse involving a child, a vulnerable adult or even domestic violence. The revised written materials, the photos of the displayed poster, and the photos of the brochure and the guide in resident access areas support a determination of compliance with the

standard provision.

CORRECTIVE ACTION APPROVED

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 767 295">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 351 467 412" style="list-style-type: none"> • PAQ • Agency website <p data-bbox="242 443 497 468">PEOPLE INTERVIEWED</p> <ul data-bbox="284 521 451 546" style="list-style-type: none"> • None required <p data-bbox="242 577 576 602">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 656 451 680" style="list-style-type: none"> • None required <p data-bbox="242 712 1406 772">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 804 352 828">115.254(a)</p> <p data-bbox="242 860 1485 1122">The standard provision requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The PAQ reflects that the agency/facility's methodology for receiving third-party reports of resident sexual abuse is in progress and that information on how to report on behalf of residents is distributed publicly on the agency's website. The PREA page on the agency's website at https://www.tpocc.org/prea does not include information on third party reporting of sexual abuse at the facility. However, under compliance at https://www.tpocc.org/compliance the agency's website provides information and a method for reporting fraud and waste of public funds. The PC states that the facility has/has not received any third-party reports in the past 12 months.</p> <p data-bbox="242 1153 1485 1279">The standard provision requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The agency's website does not include information on third party reporting. The visit to the agency's website does not support a determination of compliance with the standard provision.</p> <p data-bbox="242 1310 580 1335">AUDITOR RECOMMENDATION:</p> <p data-bbox="242 1366 1485 1561">The USDOJ's response to an FAQ on this standard (found here) https://www.prearesourcecenter.org/frequently-asked-questions/how-must-agencies-distribute-publicly-information-how-third-parties-can-says, in relevant part, "it is not sufficient for the public to have the general ability to utilize generalized agency contact information (such as a main contact number) to make such a report. Rather, the specific methods to make such reports must be readily available and reasonably conspicuous to the public." Thus, the agency should ensure a link to PREA information is conspicuously visible on the homepage.</p> <p data-bbox="242 1592 687 1617">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1671 1493 1798" style="list-style-type: none"> • 115.254(a) – The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. By January 15, 2022, the agency shall provide to the AUDITOR a link to its webpage where information is distributed publicly on how to report sexual abuse and sexual harassment on behalf of a resident. <p data-bbox="242 1830 568 1854">CORRECTIVE ACTION TAKEN</p> <ul data-bbox="284 1908 1485 2134" style="list-style-type: none"> • 115.254(a) - The proposed corrective action states that the facility generated a PREA brochure with guidance on reporting and anonymous reporting by way of facility staff and specified outside entities; and, that posters are displayed throughout the facility, including dayrooms. The facility provided a collection of written materials with reporting information it issues to residents and a photo of front office baskets with written materials available to residents as needed. The standard specifically calls for the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The proposed corrective action seems to focus on informing residents about

reporting methods as opposed to informing members of the public about the agency's methodology for receiving third-party reports of sexual abuse at the facility. The agency uses its website to provide information to the public; therefore, the website should be used to inform the public about the agency's methodology for receiving third-party reports of sexual abuse at the facility. In designing its third-party reporting methodology, the agency should consider the USDOJ guidance seen here: <https://www.prearesourcecenter.org/frequently-asked-questions/how-must-agencies-distribute-publicly-information-how-third-parties-can>. The PC reported that the agency established a method for receiving the third-party reports in question and published such information on its website; he also provided a link to the website. The AUDITOR visited the website at <https://www.tpocc.org/prea>, verified the agency's method for third-party reporting, and sent a message to test they system. Shortly after, the agency's compliance officer responded and confirmed receipt of the test message. The website specifies reporting on behalf of federal residents. Does the facility house residents from other jurisdictions, e.g.: state or local? If so, is there a separate system for third-party reporting on behalf of residents from other jurisdictions? The PC reported that the facility only houses residents from the Federal Bureau of Prisons and US Probation. The visit to the agency's website, the test of the third-party reporting system, and the response from the PC support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 922 479" style="list-style-type: none"> • PAQ • Sexual Abuse/Harassment Prevention and Intervention Guide • PREA Policies and Procedures Simplified • State mandatory reporting law <p data-bbox="240 508 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="284 586 616 680" style="list-style-type: none"> • Director • PREA Coordinator • Security staff (random sample) <p data-bbox="240 710 576 736">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 788 451 815" style="list-style-type: none"> • None required <p data-bbox="240 844 1406 904">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 934 352 960">115.261(a)</p> <p data-bbox="240 990 1485 1285">The standard provision calls the agency to require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ reflects that agency policy requires all staff to report immediately any knowledge, suspicion, or information regarding sexual abuse, retaliation, and staff neglect or violation of responsibilities as specified by the standard provision. The PREA Policies and Procedures Simplified tells case managers and monitors to report allegations immediately to the PC. Security staff interviews reflect that staff are aware of their responsibility to report sexual abuse as specified by the standard provision. The facility has not had any allegations of sexual abuse; therefore, there are no incident reports to review.</p> <p data-bbox="240 1314 1414 1375">The PREA Policies and Procedures Simplified and the staff interviews support a determination of compliance with the standard provision.</p> <p data-bbox="240 1404 352 1431">115.261(b)</p> <p data-bbox="240 1460 1485 1727">The standard provision states that apart from reporting to designated supervisors or officials, staff shall not reveal 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. The PAQ reflects that agency policy prohibits staff from revealing information related to a sexual abuse allegation except for the individuals and agencies specified by the standard provision and for the specified reasons. The Sexual Abuse/Harassment Prevention and Intervention Guide tells residents that the facts of the report shall be limited to those who have a need to know in order to make decisions concerning the victim's welfare for law enforcement/investigative purposes. Security staff interviews reflect that staff would reveal information about an allegation only on a "need to know" basis and for the reasons specified by the standard provision.</p> <p data-bbox="240 1756 1414 1816">The Sexual Abuse/Harassment Prevention and Intervention Guide and the staff interviews support a determination of compliance with the standard provision.</p> <p data-bbox="240 1845 352 1872">115.261(c)</p> <p data-bbox="240 1901 1474 2067">The standard provision states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The facility does not have a Medical or Mental Health office and there are no medical or mental health staff who work at the facility. Residents receive Medical and mental health care in the community.</p> <p data-bbox="240 2096 1426 2157">The absence of medical and mental health staff at the facility supports a determination of compliance with the standard provision.</p>

115.261(d)

The standard provision states that if the alleged victim is under the age of 18 or 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. Under the State's mandatory reporting law, facility employees are mandatory reporters and are required to report sexual abuse of a vulnerable adult to the county's adult protective services. The agency/facility did not identify a policy related to the standard provision. The Director stated that an allegation of sexual abuse involving a victim under the age of 18 or a resident considered a vulnerable adult would be immediately reported to local authorities. The PC indicated that the standard provision does not apply.

While the facility may not house residents under age 18, it may well house residents who are considered vulnerable adults under State or local vulnerable persons statute. Under the State's mandatory reporting law, facility employees are mandatory reporters and are required to report sexual abuse of a vulnerable adult to the county's adult protective services. The Director interview and the absence of an incident that required the prescribed reporting support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The not yet known, the agency/facility should consider contacting designated State or local services agencies to inquire about mandatory reporting protocols in the event of a case of sexual abuse involving a resident considered a vulnerable adult under applicable law. The agency should ensure all employees are trained on these reporting requirements as prescribed under Standard 115.231(a).

115.261(e)

The standard provision requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The PREA Policies and Procedures Simplified calls for all allegations to be reported to the facility director and investigated by designated investigators. The Director confirmed that all allegations of sexual abuse are reported to designated investigators.

The PREA Policies and Procedures Simplified and the Director interview support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.261(a) – No corrective action required.
- 115.261(b) – No corrective action required.
- 115.261(c) – No corrective action required.
- 115.261(d) – No corrective action required.
- 115.261(e) – No corrective action required.

115.262	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 724 412" style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified <p data-bbox="242 441 499 470">PEOPLE INTERVIEWED</p> <ul data-bbox="284 519 616 613" style="list-style-type: none"> • Agency Head • Director • Security staff (random sample) <p data-bbox="242 642 576 672">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 721 451 750" style="list-style-type: none"> • None required <p data-bbox="242 779 1406 842">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 871 355 900">115.262(a)</p> <p data-bbox="242 929 1493 1223">The standard provision states that when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The PAQ reflects that the agency/facility responds as prescribed by the standard provision upon learning that a resident is at substantial risk of imminent sexual abuse and that in the past 12 months there were no such determinations. The PREA Policies and Procedures Simplified calls for first responders to do everything they can to protect victims from perpetrators and preserve evidence. The Agency Head stated that the victim would be immediately separated from any potential threat and the suspected perpetrator, or the threat, would be removed from the facility if needed. The Director indicated that the resident would be informed of the reporting protocol and told to notify staff of if he or she still fears for his or her safety. Security staff interviews reflect that staff would immediately move the resident to safety.</p> <p data-bbox="242 1252 1433 1314">The PREA Policies and Procedures Simplified and the interviews with the Agency Head, the Director, and security staff support a determination of compliance with the standard provision.</p> <p data-bbox="242 1344 687 1373">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1422 735 1451" style="list-style-type: none"> • 115.262(a) – No corrective action required.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 724 412" style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified <p data-bbox="240 441 499 468">PEOPLE INTERVIEWED</p> <ul data-bbox="280 519 445 582" style="list-style-type: none"> • Agency Head • Director <p data-bbox="240 611 576 638">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 689 451 716" style="list-style-type: none"> • None required <p data-bbox="240 745 1406 808">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 837 355 864">115.263(a)</p> <p data-bbox="240 896 1493 1055">The standard provision states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ reflects that the agency has a policy requiring the response prescribed by the standard provision and that in the last 12 months, the facility received zero allegations that a resident was abused while confined at another facility. The agency/facility did not identify a policy related to the standard provision.</p> <p data-bbox="240 1084 1453 1111">The absence of a need for the prescribed notification supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1142 580 1169">AUDITOR RECOMMENDATION:</p> <p data-bbox="240 1200 1465 1263">If not yet in place, the facility should consider developing a form letter in which the facility director notifies the head of other facilities or appropriate office if such allegation is received.</p> <p data-bbox="240 1292 355 1319">115.263(b)</p> <p data-bbox="240 1350 1458 1476">The standard provision states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ reflects that agency policy requires the facility head to provide notification as soon as possible but no later than 72 hours after receiving the allegation. The agency/facility did not identify a policy related to the standard provision.</p> <p data-bbox="240 1505 1453 1532">The absence of a need for the prescribed notification supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1563 580 1590">AUDITOR RECOMMENDATION:</p> <p data-bbox="240 1621 1485 1684">If not yet in place, the form letter should include a field for recording the date the allegation is received and the date the head of the other facility is notified.</p> <p data-bbox="240 1713 355 1740">115.263(c)</p> <p data-bbox="240 1771 1447 1865">The standard provision requires the agency to document that it has provided such notification. The PAQ reflects that the agency/facility documents that the notification was provided within 72 hours. The agency/facility did not identify a policy related to the standard provision.</p> <p data-bbox="240 1895 1453 1921">The absence of a need for the prescribed notification supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1951 355 1977">115.263(d)</p> <p data-bbox="240 2009 1490 2134">The standard provision states that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ reflects that agency policy requires all allegations received from other facilities to be investigated and that in the past 12 months the facility received zero allegations from other facilities. The PREA Policies and Procedures Simplified calls for all allegations to be reported to the PREA manager for a</p>

thorough investigation. The Agency Head stated that any allegation received from another agency or facility would be reported to the PC for investigation. The Director stated that any such allegation received at her facility would be investigated immediately and that staff would take action to protect any victims.

The PREA Policies and Procedures Simplified and the interviews with the agency head and the facility director support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.263(a) – No corrective action required.
- 115.263(b) – No corrective action required.
- 115.263(c) – No corrective action required.
- 115.263(d) – No corrective action required.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 295">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 724 443" style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified • Volunteer/Contractor Information Sheet <p data-bbox="240 474 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="284 553 619 577" style="list-style-type: none"> • Security Staff (random sample) <p data-bbox="240 609 576 633">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 687 451 712" style="list-style-type: none"> • None required <p data-bbox="240 743 1406 804">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 835 352 860">115.264(a)</p> <p data-bbox="240 891 1469 952">The standard provision states that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol data-bbox="240 983 1490 1317" style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) 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. <p data-bbox="240 1348 1485 1574">The PAQ reflects that the agency has a first responder policy for allegations of sexual abuse; that the policy requires the first security staff responder to take the actions prescribed by the standard provision; and that in the past 12 months there were zero allegations. The PREA Policies and Procedures Simplified calls for the staff first responder to separate the victim from the abuser and preserve evidence. Security staff interviews reflect that staff are generally aware of their first responder duties. Four of six staff interviewed listed all four steps prescribed by the standard provision; one employee missed the second step, and another employee missed the third and fourth steps. The facility did not have any allegations; therefore, there were no interviews of actual security staff first responders or residents who reported sexual abuse.</p> <p data-bbox="240 1606 1490 1765">The PREA Policies and Procedures Simplified includes the first two of four steps prescribed by the standard provision but does not include the third and fourth steps. The AUDUTOR recognizes that a determination of compliance is not based upon the contents of written policy or responses provided during random staff interviews; a compliance determination is based upon the actions taken by actual security first responders to an incident of sexual assault. The interviews with security staff support a determination of compliance with the standard provision.</p> <p data-bbox="240 1796 580 1821">AUDITOR RECOMMENDATION:</p> <p data-bbox="240 1852 1469 1944">If not yet in place, the facility should consider providing a job aid, such as issuing a personal card to each employee with all first responder duties listed. The agency should revise its policy to include all four steps prescribed by the standard provision.</p> <p data-bbox="240 1975 352 2000">115.264(b)</p> <p data-bbox="240 2031 1490 2161">The standard provision states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reflects that agency policy requires a non-security first responder to take the two steps prescribed by the standard provision; and that in the past 12 months, there were zero allegations that a resident was sexually abused in which a non-</p>

security staff member acted as first responder. The Volunteer/Contractor Information Sheet calls for a first responder to take necessary action to prevent further harm to the victim and make every effort to ensure the victim does not take specified actions that could destroy evidence. The facility did not have any allegations; therefore, there were no interviews of actual non-security staff first responders or residents who reported sexual abuse.

The Volunteer/Contractor Information Sheet supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.264(a) – No corrective action required.
- 115.264(b) – No corrective action required.

115.265	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 938 412" style="list-style-type: none"> • PAQ • Turning Point Zero-Tolerance Sexual Abuse and Assault Policy <p data-bbox="242 441 499 470">PEOPLE INTERVIEWED</p> <ul data-bbox="282 519 389 548" style="list-style-type: none"> • Director <p data-bbox="242 575 576 604">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 654 451 683" style="list-style-type: none"> • None required <p data-bbox="242 710 1406 772">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 799 352 828">115.265(a)</p> <p data-bbox="242 857 1493 1288">The standard provision requires the facility to develop 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 facility leadership. The PAQ reflects that the facility developed a written institutional plan to coordinate actions specified by the standard provision. The Turning Point Zero-Tolerance Sexual Abuse and Assault Policy specifies a response procedure if sexual abuse/assault is perpetrated by staff and a procedure if it is perpetrated by a Turning Point resident. The procedures call for notifying the facility director, the BOP, the Fresno County Sheriff Sexual Assault/Abuse Unit, for referring the victim to Turning Point Mental Health personnel, for medical examination to be conducted at Fresno Medical Center, and for preparing incident reports. The Director confirmed that the facility has a plan to coordinate the actions among first responders and that it includes the specified staff. When probed about how the plan is implemented, she stated that leadership would be notified; that the victim would be separated from the abuser; that the crime scene would be secured; that a brief statement about the incident would be obtained; that evidence would be protected and preserved; that the victim and perpetrator would be escorted to medical; and that incident reports would be written. The facility has not had any incidents; therefore, there was no review of incident reports for compliance.</p> <p data-bbox="242 1317 1362 1379">The Turning Point Zero-Tolerance Sexual Abuse and Assault Policy and the interview with the director support a determination of compliance with the standard provision.</p> <p data-bbox="242 1408 580 1438">AUDITOR RECOMMENDATION:</p> <p data-bbox="242 1467 1489 1695">If not yet done, the facility leadership should consider discussing a coordinated first responder plan with all stakeholders, namely: the appropriate unit of the Fresno Sheriff's Department, the unit responsible for transporting the resident to the emergency room, the clinic where forensic medical examinations would be conducted, the rape crisis center responsible for victim advocacy services, designated outside investigators, the BOP, facility monitors, etc. The written facility-specific plan should specify the actions expected of all first responders to ensure each responder knows the roles of others involved (coordinated response). The final coordinated response plan should be disseminated to all parties involved to ensure all first responders are prepared in the event of an actual case of sexual assault at the facility.</p> <p data-bbox="242 1724 687 1753">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="282 1803 735 1832" style="list-style-type: none"> • 115.265(a) – No corrective action required.

115.266	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 671 412" style="list-style-type: none"> • PAQ • Golden State RRC Code of Conduct <p data-bbox="242 441 499 470">PEOPLE INTERVIEWED</p> <ul data-bbox="284 519 445 548" style="list-style-type: none"> • Agency Head <p data-bbox="242 577 576 607">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 656 451 685" style="list-style-type: none"> • None required <p data-bbox="242 714 1406 777">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 804 352 833">115.266(a)</p> <p data-bbox="242 862 1485 1155">The standard provision states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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. The PAQ reflects that the agency/facility has entered into or renewed collective bargaining agreement since the implementation of the PREA standards. The Agency Head reported that the agency has not entered into or renewed any collective bargaining agreement since implementation of the PREA standards. The Golden State RRC Code of Conduct calls for the agency to prohibit any of its employees suspected of violating the standards of conduct from contact with federal residents pending a disposition by the COR.</p> <p data-bbox="242 1184 1493 1346">The agency does not have a collective bargaining agreement that limits its ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. In fact, the facility's code of conduct calls for the agency to prohibit employees suspected of violating the standards from having contact with federal residents. The agency head interview and the Golden State RRC Code of Conduct support a determination of compliance with the standard provision.</p> <p data-bbox="242 1375 352 1404">115.266(b)</p> <p data-bbox="242 1433 1485 1594">The standard provision states that nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p data-bbox="242 1624 632 1653">The standard provision does not apply.</p> <p data-bbox="242 1682 687 1711">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1760 735 1823" style="list-style-type: none"> • 115.266(a) – No corrective action required. • 115.266(b) – No corrective action required.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 1425 443" style="list-style-type: none"> • PAQ • Sexual Abuse and Harassment Prevention, Detection, and Response Policies and Procedures Manual (manual) • Sexual Abuse/Harassment Prevention and Intervention Guide <p data-bbox="240 472 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="280 555 794 647" style="list-style-type: none"> • Agency Head • Director • Staff member charged with monitoring retaliation <p data-bbox="240 676 576 703">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 757 451 784" style="list-style-type: none"> • None required <p data-bbox="240 813 1406 871">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 902 352 929">115.267(a)</p> <p data-bbox="240 960 1489 1256">The standard provision states that the agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation. The PAQ reflects that the agency has a policy to protect residents and staff who report or cooperate with investigations from retaliation. The Director identified Ms. Guzman as the person charged with monitoring for possible retaliation. The Sexual Abuse and Harassment Prevention, Detection, and Response Policies and Procedures Manual specifies the agencies policy to protect residents and staff from retaliation. It calls for designating a staff person on each shift who will be responsible for retaliation monitoring and for that person to report cases of retaliation to the PREA Compliance officer. The manual designates the PC as the person responsible for monitoring suspected retaliation against staff who report sexual abuse.</p> <p data-bbox="240 1285 1493 1344">The Sexual Abuse and Harassment Prevention, Detection, and Response Policies and Procedures Manual and the Director's designation of the employee responsible support a determination of compliance with the standard provision.</p> <p data-bbox="240 1375 352 1402">115.267(b)</p> <p data-bbox="240 1433 1489 1794">The standard provision requires the agency to 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. The guide specifies that residents who report sexual abuse will be offered immediate protection and urges residents who fear retaliation to notify staff immediately. The Agency Head stated that the alleged victim and abuser would be separated, alleged abuser would be warned about retaliating, and retaliation monitoring will be initiated. The Director indicated that information about the allegation is kept on a "need to know" basis, and that residents would be separated and transferred to another facility if possible. The staff member charged with monitoring retaliation reported that residents would be separated; that staff would be placed on leave if necessary; and that protection measures include housing changes and removing alleged aggressor(s) from contact with the victim. The facility has not had any allegations; therefore, there were no interviews of residents who reported sexual abuse or review of documentation of protective measures.</p> <p data-bbox="240 1823 1430 1917">The Sexual Abuse/Harassment Prevention and Intervention Guide, and the interviews with the agency head, the facility director, and the employee charged with monitoring retaliation support a determination of compliance with the standard provision.</p> <p data-bbox="240 1948 352 1975">115.267(c)</p> <p data-bbox="240 2007 1473 2134">The standard provision states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing,</p>

or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ reflects that the agency/facility monitors the conduct or treatment of residents or staff to see if there are any changes that may suggest retaliation by residents or staff; that the length of time the agency/facility monitors and the requirement to act promptly to remedy retaliation do not apply; and that there were no incidents of retaliation in the past 12 months. The manual calls for retaliation monitoring to start when the abuse occurs or the report is received, and for a monitoring period of 90 days. The manual also calls for monitoring the conduct and treatment of residents or staff who report sexual abuse or suffered sexual abuse to determine if there are any changes that may suggest possible retaliation. The Director stated that residents would be relocated to other facilities if necessary. The staff member charged with monitoring retaliation reported that retaliation monitoring would involve looking for changes that may suggest retaliation, including changes in behavior, avoiding others, etc.

The manual, the interview with the employee responsible for retaliation monitoring and the absence of a need for retaliation monitoring support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should consider developing a retaliation monitoring form that includes all relevant monitoring items, including those specified by the standard provision. The employee responsible for monitoring should complete this form to document all periodic monitoring activities over the prescribed 90-day period. The form should include a field for documenting whether retaliation is detected, and specific protective measures taken to remedy any cases of retaliation.

115.267(d)

The standard provision states that in the case of residents, such monitoring shall also include periodic status checks. The manual calls for an action plan that requires routine status checks and specifies that the frequency of the status checks is to be determined on a case-by-case basis to safeguard the individual and minimize potential anxiety. The staff member charged with monitoring retaliation reported that retaliation monitoring would involve looking for changes that may suggest retaliation, including changes in behavior, avoiding others, etc.

The manual and interview with the employee responsible for retaliation monitoring support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The retaliation monitoring form should include fields for recording periodic status checks with the resident or employee being monitored.

115.267(e)

The standard provision states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The manual calls for protecting any individual who cooperates with an investigation and expresses fear of retaliation. The Agency Head stated that the alleged victim and abuser would be separated, the confidentiality of witnesses would be protected, the alleged abuser would be warned about retaliating, and retaliation monitoring will be initiated. The Director indicated that information about the allegation is kept on a "need to know" basis; and, that residents would be separated and transferred to another facility if possible.

The manual and the interviews with the agency head and the facility director support a determination of compliance with the standard provision.

115.267(f)

The standard provision states that an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.267(a) – No corrective action required.
- 115.267(b) – No corrective action required.
- 115.267(c) – No corrective action required.
- 115.267(d) – No corrective action required.
- 115.267(e) – No corrective action required.
- 115.267(f) – No corrective action required.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 295">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 940 443" style="list-style-type: none"> • PAQ • Turning Point Zero-Tolerance Sexual Abuse and Assault Policy • Sexual Abuse/Harassment Prevention and Intervention Guide <p data-bbox="240 474 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="280 553 363 577" style="list-style-type: none"> • None <p data-bbox="240 609 576 633">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 687 451 712" style="list-style-type: none"> • None required <p data-bbox="240 743 1406 804">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 835 355 860">115.271(a)</p> <p data-bbox="240 891 1485 1019">The standard provision states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ reflects that the agency has a policy related to criminal and administrative investigations. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.</p> <p data-bbox="240 1050 632 1075">The standard provision does not apply.</p> <p data-bbox="240 1106 355 1131">115.271(b)</p> <p data-bbox="240 1162 1461 1256">The standard provision states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.</p> <p data-bbox="240 1288 632 1312">The standard provision does not apply.</p> <p data-bbox="240 1344 355 1368">115.271(c)</p> <p data-bbox="240 1400 1485 1563">The standard provision requires investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.</p> <p data-bbox="240 1594 632 1619">The standard provision does not apply.</p> <p data-bbox="240 1650 355 1675">115.271(d)</p> <p data-bbox="240 1706 1477 1834">The standard provision states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.</p> <p data-bbox="240 1865 632 1890">The standard provision does not apply.</p> <p data-bbox="240 1921 355 1946">115.271(e)</p> <p data-bbox="240 1977 1493 2141">The standard provision states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.</p>

The standard provision does not apply.

115.271(f)

The standard provision states that administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

The standard provision does not apply.

115.271(g)

The standard provision states 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. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

The standard provision does not apply.

115.271(h)

The standard provision states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The PAQ reflects that substantiate allegations of conduct that appear to be criminal are referred for prosecution and that zero cases have been referred for prosecution since August 20, 2012 or since the last audit. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

The standard provision does not apply.

115.271(i)

The standard provision requires the agency to retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PAQ reflects that the agency retains the written reports in question for the prescribe period. The agency has not received any reports of sexual abuse; thus, there have not been any sexual abuse investigations.

The agency has not had a need to implement the prescribed standard provision.

115.271(j)

The standard provision states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.

The standard provision does not apply.

115.271(k)

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The AUDITOR is not required to audit this standard provision.

115.271(l)

The standard provision states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Interviews with the Director, and the PC reflect that facility staff (PREA Manager) would remain in contact with investigators and request updates on the status of the investigation.

The interviews with the Director and the PC support a determination of compliance with the standard provision.'

RECOMMENDED CORRECTIVE ACTIONS

- 115.271(a) – No corrective action required.
- 115.271(b) – No corrective action required.
- 115.271(c) – No corrective action required.
- 115.271(d) – No corrective action required.
- 115.271(e) – No corrective action required.
- 115.271(f) – No corrective action required.
- 115.271(g) – No corrective action required.
- 115.271(h) – No corrective action required.
- 115.271(i) – No corrective action required.
- 115.271(j) – No corrective action required.
- 115.271(k) – No corrective action required.
- 115.271(l) – No corrective action required.

115.272	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • None <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.272(a)</p> <p>The standard provision states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PAQ reflects that the agency imposes a standard of a preponderance of the evidence or lower standard of proof to substantiate allegations of sexual abuse. The agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.</p> <p>The standard provision does not apply.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <ul style="list-style-type: none"> • 115.272(a) – No corrective action required.
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 357 376" style="list-style-type: none"> • PAQ <p data-bbox="240 405 499 432">PEOPLE INTERVIEWED</p> <ul data-bbox="280 483 389 510" style="list-style-type: none"> • Director <p data-bbox="240 539 576 566">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 618 453 645" style="list-style-type: none"> • None required <p data-bbox="240 674 1406 741">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 770 352 797">115.273(a)</p> <p data-bbox="240 826 1481 1122">The standard provision states that following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PAQ reflects that the agency has a policy that requires the notification in question; and that the agency/facility completed zero investigations in the past 12 months. The agency did not identify a policy or procedure related to this standard provision. The Director confirmed that the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The agency/facility does not have any trained investigators; therefore, no such interviews were conducted. There were no allegations of sexual abuse at the facility; therefore, there were no interviews of residents who reported sexual abuse.</p> <p data-bbox="240 1151 1227 1178">The interview with the Director supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1207 580 1234">AUDITOR RECOMMENDATION:</p> <p data-bbox="240 1263 1430 1330">The agency/facility should consider developing a form to be used for notifying residents who allege sexual abuse of the outcome of the investigation. Such form would promote consistency and sustainability in the practice.</p> <p data-bbox="240 1359 352 1386">115.273(b)</p> <p data-bbox="240 1415 1458 1482">The standard provision states that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. The PAQ reflects that the standard provision does not apply.</p> <p data-bbox="240 1482 1481 1576">The agency did not identify a policy or procedure related to this standard provision. The PC and the Director confirmed that the agency does not have any investigators and that the local Sheriff Department is responsible for sexual abuse investigations.</p> <p data-bbox="240 1606 1489 1767">The standard provision requires the agency to request investigative findings from outside agency investigators and provide the prescribed notification to residents who allege sexual abuse. Since there has been no allegations or investigations, there is no instance in which the agency was required to take the actions prescribed by the standard provision. The absence of a need to request investigative findings from an outside investigative agency supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1796 580 1823">AUDITOR RECOMMENDATION:</p> <p data-bbox="240 1852 1489 1946">The agency should include in each documented referral for investigation to an agency with the legal authority to conduct criminal investigations [115.222(b)], a written request for the outside investigative agency to provide written documentation of the outcome of investigations.</p> <p data-bbox="240 1975 352 2002">115.273(c)</p> <p data-bbox="240 2031 1477 2130">The standard provision states that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p>

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PAQ reflects that the agency provides the specified notifications to residents who allege sexual abuse perpetrated by a staff member; and that in the past 12 months there have been zero substantiated or unsubstantiated allegations against a staff member. The agency did not identify a policy or procedure related to this standard provision. There were no allegations of sexual abuse at the facility; therefore, there were no interviews of residents who reported sexual abuse and no reviews of investigative reports.

The standard provision requires the agency to inform a resident who alleges sexual abuse perpetrated by a staff member whenever any of the four events involving the alleged staff perpetrator occurs. Since there have been no allegations of sexual abuse at the facility, there is no instance in which the agency was required to take the actions prescribed by the standard provision. The absence of a need to provide any of the prescribed updates to a resident who alleged sexual abuse perpetrated by a staff member supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency/facility should consider developing a form to be used for informing residents who allege sexual abuse whenever any of the four events involving the alleged staff perpetrator occurs. Such form would promote consistency and sustainability in the practice.

115.273(d)

The standard provision states that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The PAQ reflects that the agency provides the specified notifications to residents who allege sexual abuse perpetrated by another resident. The agency did not identify a policy or procedure related to this standard provision. There were no allegations of sexual abuse at the facility; therefore, there were no interviews of residents who reported sexual abuse and no reviews of investigative reports.

The standard provision requires the agency to inform a resident who alleges sexual abuse perpetrated by another resident whenever any of the two events involving the alleged perpetrator occurs. Since there have been no allegations of sexual abuse at the facility, there is no instance in which the agency was required to take the actions prescribed by the standard provision. The absence of a need to provide any of the prescribed updates to a resident who alleged sexual abuse supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency/facility should consider developing a form to be used for informing residents who allege sexual abuse whenever any of the two events involving the alleged resident perpetrator occurs. Such form would promote consistency and sustainability in the practice.

115.273(e)

The standard provision states that all such notifications or attempted notifications shall be documented. The PAQ reflects that agency policy requires these notifications to be documented; and that in the past 12 months the agency provided zero notifications. The agency did not identify a policy or procedure related to this standard provision. The facility did not have any allegations of sexual abuse; therefore, there was no notification log to review.

The standard provision requires the agency to document all such notifications or attempted notifications. Since there have been no allegations of sexual abuse at the facility, there is no instance in which the agency was required to take the actions prescribed by the standard provision. The absence of a need to document any notification to a resident who alleged sexual abuse supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency/facility should consider developing a system (log, spreadsheet, etc.) for documenting notifications to residents who allege sexual abuse. Such practice would promote consistency and accountability in the practice.

115.273(f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.273(a) – No corrective action required.
- 115.273(b) – No corrective action required.
- 115.273(c) – No corrective action required.
- 115.273(d) – No corrective action required.
- 115.273(e) – No corrective action required.
- 115.273(f) – No corrective action required.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 798 445" style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified • Zero-Tolerance Sexual Abuse and Assault policy <p data-bbox="240 472 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="284 551 451 577" style="list-style-type: none"> • None required <p data-bbox="240 607 576 633">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 685 451 712" style="list-style-type: none"> • None required <p data-bbox="240 741 1406 804">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 833 355 860">115.276(a)</p> <p data-bbox="240 891 1485 1086">The standard provision states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PAQ reflects that staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or harassment policies. The agency did not identify a policy or procedure related to this standard provision. Neither the PREA Policies and Procedures Simplified nor the Zero-Tolerance Sexual Abuse and Assault policy include a reference to this standard provision. The facility reported that the policy is in progress and that there have been no allegations of sexual abuse at the facility.</p> <p data-bbox="240 1115 1469 1178">The absence of instances of staff violating agency sexual abuse or sexual harassment policies supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1207 355 1234">115.276(b)</p> <p data-bbox="240 1265 1485 1460">The standard provision states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ reflects that that in the past 12 months, zero facility staff violated the sexual abuse policy, and that zero staff were terminated or resigned in lieu or termination for violating the sexual abuse policy. The agency did not identify a policy or procedure related to this standard provision. Neither the PREA Policies and Procedures Simplified nor the Zero-Tolerance Sexual Abuse and Assault policy include a reference to this standard provision. The facility reported that there were no instances of staff engaging in sexual abuse; therefore, there were no employee disciplinary records to review.</p> <p data-bbox="240 1489 1417 1552">The absence of instances of staff engaging in sexual abuse supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1581 355 1608">115.276(c)</p> <p data-bbox="240 1639 1485 1901">The standard provision states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ reflects that the specified sanctions 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, and that in the past 12 months zero facility staff has been disciplined short of termination for violating the sexual abuse or sexual harassment policy. The agency did not identify a policy or procedure related to this standard provision.</p> <p data-bbox="240 1930 1469 2024">The absence of instances of a need to impose disciplinary sanctions on staff for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) supports a determination of compliance with the standard provision.</p> <p data-bbox="240 2054 355 2080">115.276(d)</p> <p data-bbox="240 2112 1453 2139">The standard provision states that all terminations for violations of agency sexual abuse or sexual harassment policies, or</p>

resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ reflects that the agency reports terminations or resignations in lieu of termination as prescribe by the standard provision and that in the past 12 months zero facility staff has been reported to law enforcement or to licensing bodies following termination or resignation in lieu of termination for violating the sexual abuse policy. The agency did not identify a policy or procedure related to this standard provision.

The absence of a need to report staff terminations or resignations to law enforcement agencies or relevant licensing bodies supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.276(a) – No corrective action required.
- 115.276(b) – No corrective action required.
- 115.276(c) – No corrective action required.
- 115.276(d) – No corrective action required.

115.277	Corrective action for contractors and volunteers
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 798 479" style="list-style-type: none"> • PAQ • PREA Policies and Procedures Simplified • Zero-Tolerance Sexual Abuse and Assault policy • Volunteer/Contractor Information Sheet <p data-bbox="242 506 499 535">PEOPLE INTERVIEWED</p> <ul data-bbox="284 584 387 613" style="list-style-type: none"> • Director <p data-bbox="242 640 576 669">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 719 451 748" style="list-style-type: none"> • None required <p data-bbox="242 775 1406 837">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 864 355 893">115.277(a)</p> <p data-bbox="242 920 1477 1218">The standard provision states that any contractor or volunteer who engages in sexual abuse is 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. The PAQ reflects that agency policy requires the restricted contact with residents and the reporting prescribed by the standard provision and that in the past 12 months zero contractors or volunteers were reported to law enforcement or to licensing bodies for violating the sexual abuse policy. The agency did not identify a policy or procedure related to this standard provision. Not the PREA Policies and Procedures Simplified, or the Zero-Tolerance Sexual Abuse and Assault policy, or the Volunteer/Contractor Information Sheet include a reference to this standard provision. The facility reported in the PAQ issue log that there is corrective action for volunteers and contractors and that the agency notifies the BOP and law enforcement.</p> <p data-bbox="242 1245 1414 1308">The issue log response and the absence of a need to report contractor or volunteer sexual abuse of residents to law enforcement agencies or relevant licensing bodies support a determination of compliance with the standard provision.</p> <p data-bbox="242 1335 355 1364">115.277(b)</p> <p data-bbox="242 1391 1485 1525">The standard provision states that the facility 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. The PAQ reflects that the facility takes appropriate remedial measures and considers the action prescribed by the standard provision. The agency did not identify a policy or procedure related to this standard provision.</p> <p data-bbox="242 1529 1477 1626">The Director stated that in the case of a volunteer or contractor who violates the agency's sexual abuse or sexual harassment policies, the Contractor would be immediately escorted off the premises, the victim would be protected, and the incident would be investigated.</p> <p data-bbox="242 1653 1477 1715">The Director interview and the absence of a need to take remedial measures in response to volunteer or contractor violation of agency sexual abuse or sexual harassment policies support a determination of compliance with the standard provision.</p> <p data-bbox="242 1742 687 1771">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1821 738 1883" style="list-style-type: none"> • 115.277(a) – No corrective action required. • 115.277(b) – No corrective action required.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="284 349 863 445" style="list-style-type: none"> • PAQ • Resident Intake Packet • BOP Available Sanctions for High Level Prohibited Acts <p data-bbox="240 472 499 499">PEOPLE INTERVIEWED</p> <ul data-bbox="284 551 387 577" style="list-style-type: none"> • Director <p data-bbox="240 607 576 633">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="284 685 451 712" style="list-style-type: none"> • None required <p data-bbox="240 741 1406 804">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 831 355 857">115.278(a)</p> <p data-bbox="240 891 1485 1189">The standard provision states that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The PAQ reflects that residents are subject to disciplinary sanctions pursuant to a formal disciplinary process for the reason specified by the standard provision and that in the past 12 months there were zero administrative findings and zero criminal findings of guilt for resident-on-resident sexual abuse at the facility. The resident intake packet includes a "Summary of Center Disciplinary Process and Time Limits," which specifies disciplinary procedures, time limits, and dispositions. The packet also includes "Facility Rules," which explicitly forbids sexual activity between residents and between residents and visitors. The BOP Available Sanctions for High Level Prohibited Acts lists sanctions for engaging in sexual acts.</p> <p data-bbox="240 1216 1469 1279">The Summary of Center Disciplinary Process and Time Limits, the Facility Rules, and the BOP Available Sanctions for High Level Prohibited Acts support a determination of compliance with the standard provision.</p> <p data-bbox="240 1305 355 1332">115.278(b)</p> <p data-bbox="240 1366 1485 1626">The standard provision states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The resident disciplinary process and time limits does not include a reference to this provision. The Director pointed to the BOP Available Sanctions for High Level Prohibited Acts and confirmed that sanctions are proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary history, and the sanctions imposed for similar offenses by other residents with similar histories. The facility did not have any administrative or criminal findings of resident-on-resident sexual abuse; therefore, there were no related investigative reports or documentation of disciplinary sanctions to review.</p> <p data-bbox="240 1653 1453 1715">The BOP Available Sanctions for High Level Prohibited Acts, the Director interview, and the absence of a need to impose disciplinary sanctions for the specified reason support a determination of compliance with the standard provision.</p> <p data-bbox="240 1742 355 1769">115.278(c)</p> <p data-bbox="240 1803 1485 2000">The standard provision states that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The agency/facility did not identify a policy related to this standard provision. The Director confirmed that the disciplinary process considers whether the resident's mental disability or mental illness contributed to the violation when determining what, if any, sanctions to impose. The facility did not have any administrative or criminal findings of resident-on-resident sexual abuse; therefore, there were no related investigative reports or documentation of disciplinary sanctions to review.</p> <p data-bbox="240 2027 1398 2089">The Director interview and the absence of a need to impose disciplinary sanctions for the specified reason support a determination of compliance with the standard provision.</p> <p data-bbox="240 2116 355 2143">115.278(d)</p>

The standard provision states that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The PAQ reflects that the facility offers the therapy in question and considers whether to require the offending resident's participation as a condition of access to program or other benefits. The agency/facility did not identify a policy related to this standard provision. The PREA manager later reported that the facility does not offer the therapy, counseling, or intervention in question. There are no medical or mental health staff employed or under contract at the facility; therefore, no such interviews were conducted.

The facility does not offer the therapy, counseling, or intervention in question; therefore, the prescribed consideration (whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits) does not apply. The absence of the therapy, counseling, or intervention prescribed by the standard provision and the conversation with the PREA manager support a determination of compliance with the standard provision.

115.278(e)

The standard provision states that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PAQ reflects that the agency disciplines residents for sexual conduct with staff only under the specified circumstances and the facility did not upload any records of such disciplinary actions. The agency/facility did not identify a policy related to this standard provision. The facility did not have any incidents of resident sexual contact with staff.

The absence of a need to discipline a resident for the specified misconduct supports a determination of compliance with the standard provision.

115.278(f)

The standard provision states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ reflects that the agency prohibits disciplinary action for a report of sexual abuse made in good faith as specified by the standard provision. The agency/facility did not identify a policy related to this standard provision. The facility has not had any reports of sexual abuse.

The absence of a need to discipline a resident for the specified reason supports a determination of compliance with the standard provision.

115.278(g)

The standard provision states that an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The PAQ reflects that the agency prohibits sexual activity between residents, disciplines residents for such activity, and deems such activity to be sexual abuse only if it was coerced. The "Facility Rules" forbids sexual activity between residents and the BOP Available Sanctions for High Level Prohibited Acts lists sanctions for engaging in sexual acts.

The Facility Rules and the BOP Available Sanctions for High Level Prohibited Acts support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.278(a) – No corrective action required.
- 115.278(b) – No corrective action required.
- 115.278(c) – No corrective action required.
- 115.278(d) – No corrective action required.
- 115.278(e) – No corrective action required.
- 115.278(f) – No corrective action required.
- 115.278(g) – No corrective action required.

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Turning Point Zero-Tolerance Sexual Abuse and Assault Policy • Community Regional Medical Center (CRMC) Scope of Work <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • SAFE Coordinator at CRMC <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.282(a)</p> <p>The standard provision 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. The PAQ reflects that victims of sexual abuse receive the prescribed access to treatment and services, that the scope of such services is determined as specified by the standard provision, and that medical and mental health practitioners maintain secondary materials related to the facility's response to an allegation. The CRMC Scope of Work reflects that victims of sexual abuse receive timely emergency medical treatment and crisis intervention services. The facility does not have a Medical or Mental Health clinic and there are no medical or mental health staff who work at the facility; resident victims of sexual abuse are transported to CRMC for the prescribed medical treatment. During the site review the AUDITOR verified that there is no medical staff or medical office at the facility.</p> <p>The CRMC Scope of Work and the absence of medical practitioners at the facility support a determination of compliance with the standard provision.</p> <p>115.282(b)</p> <p>The standard provision states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners. The Turning Point Zero-Tolerance Sexual Abuse and Assault Policy calls for protecting the victim from the abuser and transporting him or her to a community medical center. The facility has not had any incidents of sexual abuse; therefore, there were no staff first responders or residents to interview.</p> <p>The Turning Point Zero-Tolerance Sexual Abuse and Assault Policy supports a determination of compliance with the standard provision.</p> <p>115.282(c)</p> <p>The standard provision states that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The PAQ reflects that resident victims of sexual abuse while incarcerated are offered the information and access prescribed by the standard provision. During an interview, the SAFE Coordinator at CRMC confirmed that the center also provides complete medical care to victims of sexual assault. The CRMC Scope of Work reflects that 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</p> <p>The interview with the SAFE Coordinator and the CRMC Scope of Work support a determination of compliance with the standard provision.</p> <p>115.282(d)</p>

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. The agency/facility did not identify a policy related to this standard provision. The SAFE Coordinator confirmed that treatment services are provided to victims of sexual assault free of charge.

The interview with the SAFE Coordinator supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.282(a) – No corrective action required.
- 115.282(b) – No corrective action required.
- 115.282(c) – No corrective action required.
- 115.282(d) – No corrective action required.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Community Regional Medical Center (CRMC) Scope of Work <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • SAFE Coordinator at CRMC <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.283(a)</p> <p>The standard provision requires the facility to 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. The PAQ reflects that the facility offers medical and mental health treatment under the circumstances specified by the standard provision; and that residents would be transported to a medical facility. The CRMC Scope of Work reflects that the center provides the prescribed evaluation and treatment to victims of sexual assault regardless of how they arrive at the center.</p> <p>The facility makes the prescribed evaluation and treatment available to resident victims of sexual abuse by transporting them to CRMC. The CRMC Scope of Work supports a determination of compliance with the standard provision.</p> <p>115.283(b)</p> <p>The standard provision states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The CRMC Scope of Work does not address the services prescribed by the standard provision. The SAFE Coordinator reported that the center provides emergency care, and a victim would be advised to seek follow-up care and treatment plan from their personal physician.</p> <p>To the extent residents have access to a primary care physician in the community, the prescribed services are available to resident victims of sexual assault. The access to a primary care physician for residents supports a determination of compliance with the standard provision.</p> <p>115.283(c)</p> <p>The standard provision requires the facility to provide such victims with medical and mental health services consistent with the community level of care. The CRMC is a community medical center that provides services as prescribed by the standard provision.</p> <p>The services provided at CRMC supports a determination of compliance with the standard provision.</p> <p>115.283(d)</p> <p>The standard provision states that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ reflects the standard provision does not apply. The PREA manager confirmed that the facility houses female residents; therefore, the standard provision applies. The CRMC Scope of Work reflects that treatment to female victims of sexual assault includes the prescribed tests.</p> <p>The CRMC Scope of Work supports a determination of compliance with the standard provision.</p> <p>115.283(e)</p> <p>The standard provision states that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical</p>

services. The PAQ reflects that if pregnancy results from sexual abuse while incarcerated, the victim receives the prescribed information and services. The SAFE Coordinator stated that female victims of sexual assault are offered the "Morning after" pill and nurses are available to discuss lawful pregnancy-related medical services.

The SAFE Coordinator interview supports a determination of compliance with the standard provision.

115.283(f)

The standard provision states that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The PAQ reflects that resident-victims of sexual abuse while incarcerated are offered the specified tests. The CRMC Scope of Work reflects that the center offers the prescribed tests to victims of sexual assault.

The CRMC Scope of Work supports a determination of compliance with the standard provision.

115.283(g)

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The SAFE Coordinator confirmed that treatment services are provided to victims of sexual assault free of charge.

The interview with the SAFE Coordinator supports a determination of compliance with the standard provision.

115.283(h)

The standard provision states that the facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The PAQ reflects that the facility 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. The agency/facility did not provide a policy related to this standard provision. The PC reported that progress notes from the sending institution would include documentation of any sexual abuse perpetrated by the resident upon another inmate, and that the facility would not accept a resident with such history. He explained that should a resident with such history is accepted inadvertently to the facility, the agency would immediately request an administrative removal.

The standard provision requires the facility to attempt to conduct the specified mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history. The PC's explanation indicates that the agency/facility would not accept a resident with such history and would seek removal of any such residents from the program; thus, the prescribed mental health evaluation would not be required. The PC's explanation supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION

If not currently specified in agency policy, the explanation provided by the PC should be incorporated into agency policy and facility procedures to ensure consistency and sustainability in the practice.

RECOMMENDED CORRECTIVE ACTIONS

- 115.283(a) – No corrective action required.
- 115.283(b) – No corrective action required.
- 115.283(c) – No corrective action required.
- 115.283(d) – No corrective action required.
- 115.283(e) – No corrective action required.
- 115.283(f) – No corrective action required.
- 115.283(g) – No corrective action required.
- 115.283(h) – No corrective action required.

115.286	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 357 376" style="list-style-type: none"> • PAQ <p data-bbox="240 407 499 434">PEOPLE INTERVIEWED</p> <ul data-bbox="282 488 533 577" style="list-style-type: none"> • Director • PREA Coordinator • Incident Review Team <p data-bbox="240 609 576 636">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 689 453 716" style="list-style-type: none"> • None required <p data-bbox="240 748 1406 806">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 837 357 864">115.286(a)</p> <p data-bbox="240 896 1493 1088">The standard provision requires the facility to 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. The PAQ reflects that the facility conducts sexual abuse incident reviews under the circumstances specified by the standard provision; and that in the past 12 months, zero criminal and/or administrative investigations substantiated or unsubstantiated allegations of sexual abuse at the facility. The agency/facility did not identify a policy related to this standard provision.</p> <p data-bbox="240 1120 1449 1178">The facility has not had any allegations or investigations of sexual abuse; therefore, there have been no incident reviews. The lack of a need to conduct incident reviews supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1209 357 1236">115.286(b)</p> <p data-bbox="240 1267 1489 1393">The standard provision states that such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ reflects that the facility completes the incident review within 30 days of concluding the investigation and that, in the past 12 months, there were zero investigations completed where the allegation was substantiated or unsubstantiated. The agency/facility did not identify a policy related to this standard provision.</p> <p data-bbox="240 1424 1477 1482">The facility has not had any allegations of sexual abuse; therefore, there have been no incident reviews. The lack of a need to conduct incident reviews supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1514 357 1541">115.286(c)</p> <p data-bbox="240 1572 1493 1733">The standard provision states that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PAQ reflects that the review team is composed as prescribed by the standard provision. The agency/facility did not identify a policy related to this standard provision. The Director confirmed that the facility has an incident review team composed of the Program Director, the Supervising Case Manager, and the PREA Manager.</p> <p data-bbox="240 1765 1227 1792">The interview with the Director supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1823 357 1850">115.286(d)</p> <p data-bbox="240 1881 807 1908">The standard provision states that the review team shall:</p> <ol data-bbox="240 1939 1481 2123" style="list-style-type: none"> (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

The PAQ reflects that the facility prepares a report of the incident review findings, including but not limited to determinations made pursuant to (d)(1) - (d)(5) above and any recommendations for improvement, and submits the report to the facility head and PREA Coordinator. The agency/facility did not identify a policy related to this standard provision. The Director stated the information gathered from an incident review is used as a training tool to further sharpen the skills of staff and the security of the facility. The AUDITOR probed for team considerations and determinations and the Director indicated that the team considers if the victim or perpetrator is a staff member and possible language barriers. The PC described the facility's response and notification process as part of the incident review and explained that the team considers witness statements, safety, injuries, and determines whether law enforcement should be summoned and whether the victim should be transported for a forensic medical examination. He confirmed that incident review reports are forwarded to him for review. The incident review team reported that incident reviews are conducted upon receiving notification of the incident.

The facility has not had any allegations of sexual abuse; therefore, there have been no incident reviews. Although responses from staff suggest a need for training on the incident review process, there have been no instance in which an incident review was conducted and did not include the prescribed considerations and assessments. The absence of a need to conduct incident reviews supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should consider developing a form or template for documenting incident reviews. The template should include a field for recording the date the investigation concluded, the date of the incident review, the names and titles of team participants, and a field for documenting any input from line supervisors, investigators, and medical or mental health practitioners. This documentation will demonstrate compliance with provisions (b) and (c) above. The template should also include documentation of the considerations prescribed in (d)(1) and (2) above, the examination prescribed in (d)(3) above, and the assessments prescribed in (d)(4) and (5) above. The template should further include a field for documenting any additional findings from the team's review and a field for any recommendations for improvement resulting from the incident review. The template could also include a checkbox that confirms that the report has been submitted to the PC. The template should walk the team through the incident review process prescribed by this standard.

115.286(e)

The standard provision requires the facility to implement the recommendations for improvement or document its reasons for not doing so. The PAQ reflects that the facility implements the recommendations or documents its reasons for not doing so.

The facility has not had any allegations of sexual abuse; therefore, there have been no incident reviews. The absence of a need to conduct incident reviews supports a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The incident review report template should also include a field for documenting implementation of any recommendations from the team or the reasons for not implementing them.

RECOMMENDED CORRECTIVE ACTIONS

- 115.286(a) – No corrective action required.
- 115.286(b) – No corrective action required.
- 115.286(c) – No corrective action required.
- 115.286(d) – No corrective action required.
- 115.286(e) – No corrective action required.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> • PAQ • Agency's Annual Report • Survey of Sexual Victimization form SSV4 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> • None required <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> • None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.287(a)</p> <p>The standard provision requires the agency to 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 PAQ reflects that the agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The agency/facility did not identify a policy related to this standard provision or a standardized instrument and set of definitions. The agency reports that there have not been any reports of sexual abuse or sexual harassment of agency residents.</p> <p>Although there have not been allegations of sexual abuse or sexual harassment of agency residents, the agency is still required to have a data collection system in place as specified by the standard provision. The annual report on the agency's website reflects that the agency operates another confinement facility in Bakersfield, CA; therefore, the agency should have had a data collection system in place prior to the recent activation of the audited facility. The lack of the prescribed data collection system does not support a determination of compliance with the standard provision.</p> <p>115.287(b)</p> <p>The standard provision requires the agency to aggregate the incident-based sexual abuse data at least annually. The PAQ reflects that the agency aggregates its data at least annually. The agency/facility did not identify a policy related to this standard provision. The agency reports that there have not been any reports of sexual abuse or sexual harassment of agency residents.</p> <p>Given that the agency has not had any allegations of sexual abuse of its residents, there is no incident-based sexual abuse data to be aggregated. The lack of incident-based sexual abuse data to aggregate supports a determination of compliance with the standard provision.</p> <p>115.287(c)</p> <p>The standard provision states that the incident-based data collected shall 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. The PAQ reflects that the standardized instrument includes at minimum the specified data. The agency/facility did not identify a policy related to this standard provision. The agency reports that there have not been any reports of sexual abuse or sexual harassment of agency residents.</p> <p>Given that the agency has not had any allegations of sexual abuse of its residents, there is no incident-based sexual abuse data collected. The lack of incident-based sexual abuse data collected supports a determination of compliance with the standard provision.</p> <p>115.287(d)</p> <p>The standard provision requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PAQ reflects that the agency maintains, reviews, and collects data as specified by the standard provision. The agency reports that there have not been</p>

any reports of sexual abuse or sexual harassment of agency residents.

Given that the agency has not had any allegations of sexual abuse of its residents, there is no incident-based sexual abuse data to maintain, review, and collect. The lack of incident-based sexual abuse data to maintain, review, and collect supports a determination of compliance with the standard provision.

115.287(e)

The standard provision requires the agency to also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The PAQ reflects that the standard provision does not apply. The agency does not contract with a private facility for the confinement of its residents.

The standard provision does not apply.

115.287(f)

The standard provision states that upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The PAQ reflects that the agency provided the data to the DOJ upon request. The facility later clarified that the DOJ has not requested data.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

- 115.287(a) – The agency shall establish a data collection system and collect accurate, uniform data for every allegation of sexual abuse and sexual harassment of residents at facilities under its direct control using a standardized instrument and set of definitions. By March 15, 2022, the agency shall provide to the AUDITOR its system for collecting accurate, uniform data for every allegation of sexual abuse and sexual harassment at facilities under its direct control using a standardized instrument and set of definitions. The latest version of Form SSV4, Survey of Sexual Victimization – Other Correctional Facilities, Summary Form, available here: https://www.reginfo.gov/public/do/PRAViewIC?ref_nbr=201807-1121-003&l;icID=225937 is a standardized instrument with a set of definitions.
- 115.287(b) – No corrective action required.
- 115.287(c) – No corrective action required.
- 115.287(d) – No corrective action required.
- 115.287(e) – No corrective action required.
- 115.287(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.287(a) - The facility provided a blank "Sexual Assault Supplemental Report Form" and reported that the form will be used to collect accurate uniform data for every allegation of sexual abuse at the facility. The form collects detailed information associated with investigating allegations of sexual abuse; however, it does not report the outcome or status of investigations, which is required for completing the Form SSV4. The standard provision calls for agency-level data collection for all facilities operated by the agency. The proposed corrective action collects data only for incidents at the facility and is silent on collecting data for any other confinement facility(s) operated by the agency. The AUDITOR requests clarification on agency-wide data collection. The PC and the AUDITOR worked jointly on the development of an agency-wide data collection tool. For every allegation, the tool will report the name of the facility, the incident date, the case number, the type of allegation, and the outcome/status of the corresponding investigation. The tool collects the data points necessary to answer all questions on the Form SSV4. The PC stated that the tool will be used to collect data for all confinement facilities operated by the agency, and that the data will be aggregated and included in the annual report. The new data collection tool and the statement from the PC support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.288	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 767 300">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="282 349 512 443" style="list-style-type: none"> • PAQ • Agency website • 2021 Annual Report <p data-bbox="240 474 499 501">PEOPLE INTERVIEWED</p> <ul data-bbox="282 555 496 613" style="list-style-type: none"> • Agency Head • PREA Coordinator <p data-bbox="240 645 576 672">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="282 725 451 752" style="list-style-type: none"> • None required <p data-bbox="240 779 1406 837">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 869 355 896">115.288(a)</p> <p data-bbox="240 927 1469 1021">The standard provision states that the agency shall 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:</p> <ol data-bbox="240 1052 1415 1196" style="list-style-type: none"> (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p data-bbox="240 1227 1479 1420">The PAQ reflects that the agency reviews data collected and aggregated for the specified reasons and prepares the prescribed annual reports of its findings from the sources specified by the standard provision. The Agency Head stated that the agency analyzes incident factors such as weaknesses in facility monitoring, staff screening and training, resident orientation and housing assignments, sexual abuse allegations. The PC stated that the agency is developing a process for preparing annual reports. The agency does not have any data collected and aggregated and has not generated any annual reports related to sexual abuse data collected and aggregated.</p> <p data-bbox="240 1451 1485 1711">The standard provision requires the agency to 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 and prepare an annual report of its findings and corrective actions. Although the audited facility was recently activated, the agency should have had its data collection system in place for other community confinement facilities under its direct control. There are three 2016 audit reports on the agency's website, including for community confinement facilities it no longer operates. The agency was required to review sexual abuse data collected and aggregated for these facilities and prepare annual reports of its findings. The failure to prepare annual reports as prescribed and the PC interview do not support a determination of compliance with the standard provision.</p> <p data-bbox="240 1742 579 1769">AUDITOR RECOMMENDATION:</p> <p data-bbox="240 1800 1495 1993">The agency should consider designating an employee (normally the PC) responsible for the review of data collected and aggregated. These reviews should be scheduled periodically, and an annual report should be prepared for each confinement facility operated by the agency and a report for the agency as a whole. The agency might consider developing an annual report template that includes a field for the prescribed review of data collected and aggregated, a field for the specified assessment, a field for the identification of problem areas, and a field for corrective actions. Such template would ensure annual reports include all components prescribed by the standard provision.</p> <p data-bbox="240 2024 355 2051">115.288(b)</p> <p data-bbox="240 2083 1489 2141">The standard provision states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The PAQ</p>

reflects that the annual report does not include the specified comparison and that the facility opened on August 5, 2021.

The annual report is an agency-wide requirement, not just a facility requirement. The agency was required to prepare annual reports with the prescribed comparisons and corrective actions for its current facility and for facilities operated in the past.

The failure to prepare annual reports with the prescribed comparisons and corrective actions does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should consider including in its annual report template fields for the prescribed comparison of data and corrective actions and a field for the prescribed assessment of the agency's progress in addressing sexual abuse.

115.288(c)

The standard provision states that the agency's report shall be 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. The PAQ reflects that the agency makes its annual report available to the public through other means and that the report is approved by the agency head. The Agency Head confirmed that he approves annual reports and stated that they are made available upon request by public access through the BOP. A review of the agency's website revealed annual reports that do not include the prescribed review of sexual abuse data collected and aggregated.

The review of the agency's website does not support a determination of compliance with the standard provision.

115.288(d)

The standard provision states that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The PAQ reflects that agency redactions of annual report materials for publication are limited to specific materials for the specified reasons, and that the nature of the redacted material is indicated. The PC stated that the agency is developing a process for preparing annual reports.

The agency has not prepared the prescribed annual reports; therefore, there is no redacted material. The lack of a need for redacted material supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.288(a) –The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. By April 1, 2022, the agency shall provide to the AUDITOR an annual report for each confinement facility it operates and an annual report for the agency as a whole. The annual reports shall include all components prescribed by the standard provision; where there is no data, findings, or corrective actions, the report should specify that there is no data, findings, or corrective actions.
- 115.288(b) – The agency shall ensure its annual reports 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. By April 1, 2022, the agency shall provide to the AUDITOR an annual report for each confinement facility it operates and an annual report for the agency as a whole. The annual reports shall include all components prescribed by the standard provision; where there is no data or corrective actions, the report should specify that there is no data or corrective actions.
- 115.288(c) – The agency shall ensure its annual reports are published on its website. By April 1, 2022, the agency shall provide to the AUDITOR a link to the published annual reports.
- 115.288(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.288(a) - The facility provided an annual report with facility-specific data. The report specifies that the facility opened in August 2021, that it has not had any allegations of sexual abuse or sexual harassment, and that there is no sexual abuse data to collect. The report also explains the facility's proposed actions for improving its efforts to prevent, detect, and respond to sexual abuse. The standard provision calls for an annual report for each facility operated by the agency and an annual report for the agency as a whole. The PC identified another confinement facility the agency operates; therefore, the agency must submit an annual report for the agency as a whole, with aggregated data for all confinement facilities it operates. The PC provided the agency's annual report for 2021 with separate aggregated data for each confinement facility the agency operates. The agency-wide annual report should aggregate

sexual abuse data for all confinement facilities to facilitate the agency-wide review prescribed by the standard provision. The report reflects that there were no allegations of sexual abuse or sexual harassment at either facility; thus, there was no data available for conducting the prescribed review. Going forward, the agency should ensure its annual report combines aggregated data for all confinement facilities it operates. The annual report provided by the PC supports a determination of compliance with the standard provision.

- 115.288(b) - The facility reported that its annual report will include data from previous and current year to make assessments for continuous improvements and detection efforts. The AUDITOR recognizes that the facility does not have prior year data or corrective actions for the comparisons prescribed by the standard provision; however, an annual report for the agency as a whole is required. The annual report provided for the facility does not satisfy the requirement for an agency-wide annual report with aggregated data for all confinement facilities operated by the agency and the components prescribed by the standard provision. The PC provided the agency's annual report for 2021 with aggregated data for both confinement facilities operated by the agency. The report reflects that there were no allegations of sexual abuse or sexual harassment at either facility; thus, there was no data to review or prior year data comparisons or corrective actions. The annual report provided by the PC supports a determination of compliance with the standard provision.
- 115.288(c) - The facility reported that it will ensure data collected is forwarded to the Agency's communication department for publishing on the agency's website and provided a link to the website. The draft annual report provided includes a signature field for the PC but not for the agency head; the standard provision calls for the agency head to approve the agency's annual report before publishing. The AUDITOR recognizes that an annual report for the facility is not yet due; however, an agency-wide annual report on all confinement facilities operated by the agency should be approved by the agency head and published on the agency's website. The PC provided an agency-wide annual report with the agency head's signature and a link to the agency's webpage where the report is published. The AUDITOR visited the website at <https://www.tpocc.org/prea> and verified that the approved report has been published. The annual report with the agency head's signature and the visit to the agency's website support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 767 297">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="280 349 467 412" style="list-style-type: none"> • PAQ • Agency website <p data-bbox="240 441 499 468">PEOPLE INTERVIEWED</p> <ul data-bbox="280 519 496 546" style="list-style-type: none"> • PREA Coordinator <p data-bbox="240 575 576 602">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="280 654 451 680" style="list-style-type: none"> • None required <p data-bbox="240 710 1406 772">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="240 801 352 828">115.289(a)</p> <p data-bbox="240 857 1489 987">The standard provision requires the agency to ensure data collected pursuant to § 115.287 are securely retained. The PAQ reflects that the agency ensures incident-based and aggregated data is securely retained. The agency/facility did not identify a policy related to this standard provision. The PC stated that the agency activated the facility on August 1, 2021, and there is no previous data collected.</p> <p data-bbox="240 1016 1477 1111">The agency has not collected data pursuant to § 115.287; therefore, there is no compliance determination on the security of data retained. The lack of data collection pursuant to § 115.287 supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1140 352 1167">115.289(b)</p> <p data-bbox="240 1196 1484 1393">The standard provision requires the agency to 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. The PAQ reflects that agency policy calls for aggregated data to be made available to the public at least annually through its website. The agency/facility did not identify a policy related to this standard provision. A visit to the agency's website does not reveal aggregated sexual abuse data for community confinement facilities under its direct control.</p> <p data-bbox="240 1422 1477 1583">The standard provision requires the agency to make all aggregated sexual abuse data, from facilities under its direct control readily available to the public at least annually through its website. The agency operated confinement facilities during the past five years; thus, it was required to make the prescribed aggregated data readily available to the public at least annually through its website. The failure to make aggregated data for confinement facilities operated during the past five years available as to the public through its website does not support a determination of compliance with the standard provision.</p> <p data-bbox="240 1612 352 1639">115.289(c)</p> <p data-bbox="240 1668 1477 1798">The standard provision states that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The PAQ reflects that the agency removes all personal identifiers before releasing aggregated data to the public; and that the data is not retained for the specified period. The agency/facility did not identify a policy related to this standard provision.</p> <p data-bbox="240 1827 1489 1957">The agency has not made aggregated sexual abuse data publicly available; therefore, there has not been an instant in which it would have been required to remove personal identifiers from aggregated sexual abuse data made publicly available. The absence of a need to remove personal identifiers from aggregated sexual abuse data made publicly available supports a determination of compliance with the standard provision.</p> <p data-bbox="240 1986 352 2013">115.289(d)</p> <p data-bbox="240 2042 1449 2136">The standard provision requires the agency to 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. The agency has not collected sexual abuse data.</p>

The standard provision requires the agency to maintain sexual abuse data for at least 10 years after the date of initial collection. Since the agency does not yet have a date of initial collection of sexual abuse data, there is no basis for a compliance determination with the 10-year retention schedule. The absence of a date of initial collection of sexual abuse data supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

- 115.289(a) – No corrective action required.
- 115.289(b) – The agency shall make all aggregated sexual abuse data, for each community confinement facility under its direct control readily available to the public at least annually through its website. By April 15, 2022, the agency shall provide to the AUDITOR a link to aggregated sexual abuse data for each confinement facility under the agency's direct control. Where a facility has been activated less than 12 months, the agency need not publish aggregated data before the one-year anniversary of the facility's activation.
- 115.289(c) – No corrective action required.
- 115.289(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.289(b) – The agency's annual report includes aggregated sexual abuse data for each confinement facility the agency operates. The PC provided a link to the agency's website where the annual report is published. The AUDITOR visited the website at <https://www.tpocc.org/prea> and verified that the approved report has been published. The visit to the agency's website supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1406 331">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="242 360 360 387">115.401 (a)</p> <p data-bbox="242 421 1481 580">The standard provision states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The agency had three facilities audited between February and April 2016, during the third year of the first audit cycle; however, the agency's website does not include any audit reports for the second audit cycle (August 20, 2016, to August 19, 2019).</p> <p data-bbox="242 611 1251 638">This is informational only and does not impact the over-all compliance determination for the standard.</p> <p data-bbox="242 669 360 696">115.401 (b)</p> <p data-bbox="242 725 1474 853">The standard provision states that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The agency only operates community confinement facilities, and the facilities were audited during the third year of the first audit cycle but not during the second cycle.</p> <p data-bbox="242 884 608 911">The standard provision was not met.</p> <p data-bbox="242 943 360 969">115.401 (h)</p> <p data-bbox="242 999 1458 1059">The standard provision states that the AUDITOR shall have access to, and shall observe, all areas of the audited facilities. The AUDITOR had access to and observed all areas of the audited facility during the onsite audit.</p> <p data-bbox="242 1090 571 1117">The standard provision was met.</p> <p data-bbox="242 1149 352 1176">115.401 (i)</p> <p data-bbox="242 1205 1485 1332">The standard provision states that the AUDITOR shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The AUDITOR was permitted to request and receive copies of any relevant documents (including electronically stored information) during the "onsite" and the "evidence review and interim report" phases. The agency/facility did not provide copies of relevant documents where those documents were not available.</p> <p data-bbox="242 1364 571 1391">The standard provision was met.</p> <p data-bbox="242 1422 368 1449">115.401 (m)</p> <p data-bbox="242 1478 1406 1538">The standard provision states that the AUDITOR shall be permitted to conduct private interviews with residents. The AUDITOR was permitted to conduct private interviews with residents in a private room.</p> <p data-bbox="242 1570 571 1597">The standard provision was met.</p> <p data-bbox="242 1628 360 1655">115.401 (n)</p> <p data-bbox="242 1684 1442 1776">The standard provision states that residents shall be permitted to send confidential information or correspondence to the AUDITOR in the same manner as if they were communicating with legal counsel. Residents were permitted to send confidential correspondence to the AUDITOR; however, residents did not send any correspondence to the AUDITOR.</p> <p data-bbox="242 1807 571 1834">The standard provision was met.</p> <p data-bbox="242 1865 687 1892">RECOMMENDED CORRECTIVE ACTIONS</p> <ul data-bbox="284 1944 1474 2139" style="list-style-type: none"> • 115.401(a) - No corrective action required. • 115.401(b) – The agency shall ensure at least one-third of each facility type it operates is audited during each year of each audit cycle. We are currently in the third year of the third audit cycle; therefore, all community confinement facilities operated by the agency must be audited by August 19, 2022. • 115.401(h) - No corrective action required. • 115.401(i) - No corrective action required.

- 115.401(m) - No corrective action required.
- 115.401(n) - No corrective action required.

CORRECTIVE ACTION TAKEN

- 115.401(b) – The agency missed audits during the second audit cycle; however, during the third year of the third audit cycle, the agency had one of two confinement facilities it operates audited and is in the process of arranging an audit of its other confinement facility before the end of the current cycle; that is August 19, 2022. The AUDITOR is unable to make a compliance determination before the end of the current audit cycle.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.403 (f)</p> <p>The standard provision states that the agency shall ensure that the AUDITOR's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. The previous AUDITOR's final reports are published on the agency's website.</p> <p>The standard provision was met.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <ul style="list-style-type: none"> • 115.403 (f) - No corrective action required.

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

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

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

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

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

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

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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

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

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
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)).	na
	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)).	na
	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)).	na
	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)).	na
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).)	na

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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
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 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.)	na
	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 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.)	na
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

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

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

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

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

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

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

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

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

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	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.)	no
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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes



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May 3, 2022

Ray Banks, MPA
Chief Executive Officer
Turning Point of Central California, Inc.

Dear CEO Banks

Enclosed is the final Prison Rape Elimination Act (PREA) audit report for the Golden State Residential Reentry Center.

Following extensive work with the agency wide PREA Coordinator, the Facility Director, and the facility's PREA Manager, I was able to secure the information needed to determine the facility's compliance with each of the 41 standards in the PREA auditor compliance tool for Community Confinement Facilities.

The audit report includes "Auditor Recommendations." These recommendations are listed at the end of the narrative for the specific standard provision for which they are recommended. There are a variety of reasons for these recommendations, including: to clarify policy, to improve operations, to institutionalize practice, or to prepare the agency/facility for future audits. The PREA Coordinator and the Facility Director should consider adopting these recommendations to promote consistency and sustainability in the implementation of the agency's PREA Policies and procedures. Enclosed is a summary of all auditor recommendations; the agency/facility may have implemented parts of some recommendations during the corrective action period.

Because most employees may not read the PREA Policy or the corrective action plan, efforts to institutionalize all new PREA procedures should focus on disseminating them to employees using communication methods that reach them directly, such as: training, written directives, employee portal, post orders, etc. If the facility is to implement new PREA procedures in a manner that ensures permanent and consistent application, the procedures must be incorporated into employees' daily flow of work. Ultimately, the goal is to implement sustainable practices that promote sexual safety for all residents at community confinement facilities operated by Turning Point of Central California and showcase those practices in subsequent PREA audits that, hopefully, will find the facility in substantial compliance with the standards.

You should know that Standard 115.401 calls for facilities to be audited at least once each three-year audit cycle. The current audit cycle ends August 19, 2022; therefore, it critical to ensure any other

confinement facilities operated by your agency is audited before the end of the current audit cycle. A facility is considered audited when the onsite audit is completed.

The submission of this final audit report certifies that policies and procedures at Golden State Residential Reentry Center are compliant with relevant PREA standards. Standard 115.403 (f) requires the agency to ensure the final audit report is published on its website; audit guidelines call for publishing within 30 days of receipt.

On behalf of Synergy Technology Services, I would like to express my appreciation for the opportunity to conduct this audit of a Turning Point community confinement facility, and I look forward to the opportunity of conducting future PREA audits for your agency.

Alberto Caton

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cc: Raymond Perez
Sonia Navarro

Enclosures