

PREA Facility Audit Report: Final

Name of Facility: Baltimore Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/25/2022

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: Cicily Harrington	Date of Signature: 08/25/2022

AUDITOR INFORMATION	
Auditor name:	Harrington , Cicily
Email:	cicily.harrington@dc.gov
Start Date of On-Site Audit:	07/25/2022
End Date of On-Site Audit:	07/26/2022

FACILITY INFORMATION	
Facility name:	Baltimore Residential Reentry Center
Facility physical address:	5000 E. Monument Street, Baltimore, Maryland - 21205
Facility mailing address:	

Primary Contact	
Name:	Solomon Hejirika
Email Address:	shejirika@voaches.org
Telephone Number:	410-276-5880

Facility Director	
Name:	Solomon Hejirika
Email Address:	shejirika@voaches.org
Telephone Number:	410-276-5880

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

Facility Characteristics	
Designed facility capacity:	148
Current population of facility:	263
Average daily population for the past 12 months:	110
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:	22-85
Facility security levels/resident custody levels:	Work Release/Pre-Release
Number of staff currently employed at the facility who may have contact with residents:	59
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Volunteers of America Chesapeake and Carolinas
Governing authority or parent agency (if applicable):	
Physical Address:	7901 Annapolis Drive, Lanham, Maryland - 20706
Mailing Address:	5000 East Monument Street, Baltimore, Maryland - 21205
Telephone number:	3014592020

Agency Chief Executive Officer Information:	
Name:	Russell Snyder
Email Address:	rsnyder@voaches.org
Telephone Number:	301-459-2020

Agency-Wide PREA Coordinator Information**Name:** Juanita Thomas**Email Address:** jthomas@voaches.org**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:	2022-07-25
2. End date of the onsite portion of the audit:	2022-07-26

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:	Turn Around, Inc. SANE at Mercy Medical Center Ethics and Compliance Hotline Maryland Coalition Against Sexual Assault Hotline

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	148
15. Average daily population for the past 12 months:	110
16. Number of inmate/resident/detainee housing units:	18
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:	135
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	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):	This facility has no restrictive housing units. All units are situated as open bay dormitories.

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:	59
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:	1
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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input 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?	I requested a list of residents by disability, housing unit, LGBTQI, and ethnicity. Although, I was provided a generalized list of residents, I specifically requested the PREA Coordinator to provide specific individuals after conducting the onsite audit review.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<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 asked to interview residents who were Hispanic, limited English proficient, cognitive disabilities and asked for a list of these individuals and was advised that there were none. The auditor interviewed a Hispanic inmate in the facility who spoke English fluently.</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>The auditor verified this through site review, resident and staff interviews, and documentation review.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor verified this through site review, resident and staff interviews, and documentation review.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor verified this through site review, resident and staff interviews, and documentation review.</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 verified this through site review, resident and staff interviews, and documentation review.</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 verified this through site review, resident and staff interviews, and documentation review.</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 verified this through site review, resident and staff interviews, and documentation review.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor verified this through site review and documentation review.</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 facility does not have segregated or restrictive housing units, only open bay dormitories. Auditor verified this through site review and documentation review.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

10

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

If "Other," describe:

Staff's gender, race, and language were also included. However, there were no bi-lingual staff assigned to the facility at the time of the audit.

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)

- Too many staff declined to participate in interviews.
- Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).
- Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.
- Other

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):

No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

12

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

<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 checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
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<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>
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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>
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<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>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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<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>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</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</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	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:	There were none reported. This was confirmed through casual conversations with staff, staff interviews, resident interviews, community-based service provider interviews, BOP investigator interview, and documentation review.
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
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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)
Sexual Harassment Investigation Files Selected for Review	

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were none reported. This was confirmed through casual conversations with staff, staff interviews, resident interviews, community-based service provider interviews, BOP investigator interview, and documentation review.
107. Did your selection of SEXUAL HARASSMENT 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 harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
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a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input checked="" type="radio"/> The audited facility or its parent agency <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) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion During the pre-onsite audit phase, the Pre-Audit Questionnaire (PAQ) indicated that the agency has a written zero tolerance policy toward all forms of sexual abuse and sexual harassment. The auditor reviewed Volunteers of America's Operations Manual (OM) 7-B <i>Prison Rape Elimination Act: (PREA) Prevention & Planning</i> (dated 6/15/2016) which states that the agency has a written zero tolerance policy toward all forms of "sexual abuse, sexual harassment, and sexual misconduct amongst residents and staff, volunteers, and contractors." The auditor reviewed the agency's Organizational Chart and verified the that the PREA Coordinator is a part of upper level management. During the interview, the PREA Coordinator confirmed that she has enough time to manage all PREA related responsibilities and oversee the agency's compliance with the national PREA standards. The facility's Sr. Program Director explained, during his interview, that he plays multiple roles to ensure the facility is compliant with PREA. For instance, he acts as the Warden, the PREA Compliance Manager, the Grievance Coordinator, and the staff responsible for retaliation monitoring as well as the facility's head. The Sr. Program Director confirmed that he has enough time and authority for such responsibilities.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ indicated that VOA contracts with the Federal Bureau of Prisons (BOP) to house BOP's residents. The auditor reviewed the VOA and BOP contractual agreement renewal (dated 7/1/2019) and confirmed that BOP requires VOA to comply with the national PREA standards. During the onsite interview, the BOP Contract Administrator indicated that before a contract is signed or agreed upon, a pre-occupancy meeting to monitor compliance is conducted. According to the BOP Contract Administrator, BOP conducts 60–90-day full compliance reviews with VOA of Chesapeake; in addition, BOP conducts a compliance review four times a year. Also, BOP conducts three unannounced interim compliance reviews each year which entails a thorough inspection of the housing units and auxiliary areas, observation of PREA signs, review of PREA related documentation, and observation of security rounds. According to the BOP Contract Administrator, BOP has a procedure to conduct pre-site inspections before a contract is awarded which includes VOA of Chesapeake passing the pre-site inspection and the receipt of completed documentation indicating the inspection results. In addition, the BOP Contract Administrator advised that she and the PREA Coordinator have a working relationship to ensure PREA compliance. Although there is a contractual agreement between BOP and VOA of Chesapeake, VOA of Chesapeake does not contract with other facilities or agencies to house residents.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 191 1494 254">Auditor Discussion</p> <p data-bbox="228 254 1494 1213">The PAQ indicated that the agency develops and documents a Staffing Plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. OM 7-B states, "VOAC will have a staffing plan that is designed to ensure the safety and security of the residents, will be review annually and whenever significant changes in programming occur, and will take in account the following: 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) Prevailing staffing patterns; 5) The facility's deployment of video monitoring systems and other monitoring technologies; and 6) The resources the facility has available to commit to ensure adequate staffing levels." According to OM 2-D: Searches and Contraband (revised 3/20/2017 and reviewed 3/25/2021), VOA of Chesapeake staff will conduct regular unannounced searches of the facility. Also, the facility provided a surveillance log to identity camera locations. During the onsite review, the auditor observed video surveillance cameras in areas such as the main hallways, classrooms, computer lab, gym, kitchen, lounge, loading dock, maintenance area, perimeter, laundry rooms, and dayrooms which are observed by surveillance staff at the Control Desk 24 hours a day, seven days a week. During the time of the onsite audit, the auditor observed five staff members working behind the Control Desk. The auditor was advised that administrative staff such as the Sr. Program Director, Assistant Program Director, and PREA Coordinator have access to surveillance cameras via cellular phones. The PREA Coordinator stated, during her interview, that the Sr. Program Director reviews the Staffing Plan with the Assistant Program Director to determine appropriate staffing levels by using generally accepted detention and correctional practices from the American Correctional Association (ACA). The PREA Coordinator also stated that physical plant such as blind spots and the inmate population are taken into consideration when developing such plan to ensure adequate supervision. The agency's Staffing Plan (dated 6/22/22) was provided to the auditor while onsite. According to the Staffing Plan, the BOP Smartphone Project allowed for the VOA of Chesapeake's staff to conduct safety checks with residents assigned to home confinement and residents assigned to the facility. Within this Project, staff conduct accountability checks on residents while in the facility and outside of the facility. According to the Staffing Plan, there are 12 accountability staff persons assigned to ensure compliance and adequate supervision. The auditor verified adequate coverage through video surveillance footage. The supervisor in charge of security rounds advised that two unannounced security rounds are completed each day. Such rounds are conducted by two assigned staff members and documented through shift reports and walkthrough logs. The auditor reviewed such documentation and advised the PREA Coordinator that the facility needed to be more specific in their reports by explicitly stating "security rounds", "security checks", or "unannounced rounds".</p>

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

The PAQ indicated that VOA of Chesapeake does not conduct cross-gender strip or cross-gender visual body cavity searches of residents and that in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of residents. OM 2-D *Searches and Contraband* (revised 3/20/17 and reviewed 3/25/2021) states that strip searches and body cavity searches of residents are prohibited. The auditor observed the *Daily Pat/Property Search & Scanner Record* log, and the log did not indicate that strip or body cavity searches were conducted. The Senior Program Director advised that strip and visual body cavity searches are prohibited and such prohibitions are written in the BOP and VOA's Statement of Work (SOW). According to the Sr. Program Director, BOP must authorize the above described searches of residents. Also, the Sr. Program Director confirmed that if BOP determines such searches are needed, VOA of Chesapeake's staff must keep the resident under close observation and wait for BOP's direction. The Sr. Program Director confirmed that the facility does not have the authority to strip search or conduct a body cavity search of a resident.

The PAQ indicated that VOA of Chesapeake does not permit cross-gender pat-down searches of female residents, absent exigent circumstances; and that the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. According to the PAQ, there were no pat-down searches of female residents that were conducted by male staff. The OM 2-D states that pat-down searches are conducted by at least two facility staff members and following each search, staff completes the Search Record form and submits it to the Assistant Program Director of Facility Operations. This policy also states that cross-gender pat searches are prohibited. Likewise, the PAQ indicated that the facility's policy requires all cross-gender strip searches and cross-gender visual body cavity searches be documented and that all cross-gender pat-down searches of female residents be documented. During the Entrance Meeting, the auditor was informed that VOA of Chesapeake is the only male halfway house in the Northeastern region since 2020. Prior to the COVID-19 pandemic, the facility housed male and female residents. Because of the increased need to house male residents during this timeframe, BOP removed all of its female residents from VOA of Chesapeake and replaced them with male residents. The auditor observed only male residents in the facility during the site review, and the auditor did not review any documentation indicating that females had been housed in the facility within the past 12 months. Also during the onsite review, line staff and supervisory staff stated that there were no females housed in the facility. While onsite, the auditor randomly reviewed eight completed Daily Pat/Property Search & Scanner Record logs throughout the past 12 months confirming that only male residents had undergone pat-down, scan, and property searches.

In accordance with the PAQ and OM 7-B, residents at VOA of Chesapeake are allowed to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency of life-threatening circumstances or when such viewing is incidental to routine cell checks. The PAQ, OM 7-B, and the facility's procedures 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. During the pre-onsite phase, the auditor was provided with a list of facility camera locations and verified that there were no cameras located in the residents' living areas and restrooms. The auditor used a list provided by the facility on the first day of the onsite audit to randomly select 23 residents for random interviews. The auditor also observed during the onsite review that cameras were not situated in such areas to ensure resident privacy when conducting regular bodily functions, changing clothing, or showering. Three residents informed the auditor that they did not want to undergo an interview, while a total of 20 residents agreed to be interviewed by the auditor. All 20 residents confirmed that female staff announce themselves by stating, "Female or Female Entering" upon entering their housing area. The residents also reported that female staff have never observed them while showering, using the bathroom, or changing their clothing. Nine random staff (males and females) were interviewed and stated that upon a female entering the males' housing units, female staff announce themselves by stating, "Female Entering". They also reported that female staff are always accompanied by a second staff person prior to entering the male housing areas.

The facility indicated in the PAQ and OM 7-B that VOA of Chesapeake's staff 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. After the Entrance Meeting, the auditor requested a list of all residents in the facility to include transgender and intersex residents. According to the PREA Coordinator, there were no transgender or intersex residents housed in the facility during the time of the audit. During the onsite audit review, the auditor did not observe a transgender or intersex resident in the facility. The auditor interviewed 20 residents and none of them reported that they identified as a transgender or intersex individual. The auditor selected and reviewed 10 random resident files and there was no indication of any of the residents identifying as a transgender or intersex resident. Eight random staff were interviewed and confirmed that they are aware of the facility's policy that prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

According to the PAQ, 100% of staff have been trained on cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner and in the least intrusive manner as consistent with the needs of the facility's security. The training PowerPoint provided by an outside consultant addresses the policy and procedural requirements of VOA of Chesapeake's pat searches of all residents to include transgender and intersex residents. There were two training rosters provided to the auditor prior to the onsite visit, and the auditor reviewed another roster onsite which

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 191 1494 254">Auditor Discussion</p> <p data-bbox="228 254 1494 1039">VOA of Chesapeake receives referrals of eligible residents from BOP and U.S. Pretrial Services who have the ability to participate in community work programs towards reentry. The facility has demonstrated its ability to ensure residents who have low vision, low hearing, some intellectual disabilities, physical disabilities and limited English proficiency 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. According to OM 7-C, residents are provided an initial educational segment on PREA and its reporting mechanisms. Oral and written information includes VOAC's zero tolerance policy on any sexual conduct, prevention and intervention, self-protection, reporting sexual conduct including abuse and/or assault and remain free from retaliation, and VOAC's response to an allegation of sexual abuse and sexual harassment. OM 7-B states that VOA of Chesapeake makes appropriate and effective interpreters and translators available to all residents who are in need of such services and that VOA of Chesapeake refrains from relying on resident interpreters, resident readers, or other types of resident assistants . The policy also states that staff may read written materials to residents who have low vision or intellectual disabilities. During the onsite review, the auditor observed sexual abuse and sexual harassment prevention posters in English and Spanish on the bulletin boards throughout the facility. The auditor observed the contractual agreement between VOA of Chesapeake and the Language Line Solutions that verified the availability of translation services, over-the-phone and in-person interpreter services for residents. The auditor tested the Language Line Solutions phone number and was able to confirm that they provide interpretive services in several different languages. The PREA Coordinator advised that case management and intake staff provide assistive devices (TTY) for residents with low hearing. The auditor interviewed a resident with physical disabilities who reported that the facility provides information about sexual abuse and sexual harassment that he is able to understand and utilize. Also, the document review confirmed that this resident was provided PREA related education during intake and was provided a Resident Handbook. According to the document reviews, there was no indication of any resident needing assistive devices or interpreter services within the past 12 months.</p>

115.217

Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The PAQ and OM 7-B states that VOA of Chesapeake will 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 has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, 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 has been civilly or administratively adjudicated to have engaged in the activity described above. Both PAQ and OM 7-B indicated that the agency considers all 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. According to OM 7-B, before hiring new employees who may have contact with residents, "the agency shall perform a criminal background records check; and 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 policy also states that VOA of Chesapeake "shall perform a criminal background records check before enlisting the services of any contractor who may have contact with residents and that the facility 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. VOAC shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described above 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. VOAC will also impose upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Unless prohibited by law, VOAC will 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." According to the agency's agreement with BOP, staff are prohibited from engaging in any criminal or felonious activities and engaging in sexual inappropriate behavior with residents.

The Human Resources (HR) Program Partner for VOA Maryland Region and Carolinas stated that BOP completes the initial background checks for all new candidates of whom the agency receives an employment application. She reported that the background investigation starts with BOP as they are the overall custodian of residents within VOA of Chesapeake's facility. Then, a conditional offer is provided to the candidate pending completion of an extensive background check. The HR representative also reported that after BOP conducts the initial background check, and if approved, VOA of Chesapeake performs the second part of the screening in which the Accurate Background Check system is used. Also, VOA of Chesapeake conducts a standard employment 10-point drug screening, TB test and previous employment reference review. The purpose of this process is to ensure that the candidate is in compliance with PREA and other laws. VOA of Chesapeake completes a Form 26 (candidate acknowledgement of background check) and then forwards this form to Accurate Background Check to conduct a second investigation which includes drug (10-point drug screening) and TB screening. Contractors complete similar screening and background checks. According to the HR representative's interview, VOA of Chesapeake performs the same background checks and drug screening prior to granting a promotion. Sexual harassment is also a consideration when hiring. She further stated that in accordance with VOA of Chesapeake's contract with BOP, the same process for new contractors and promotions of staff must be followed. The HR representative further stated that the only contractor the facility employs is Aramark staff (dietary). In addition, the HR representative stated that other contractors that service any mechanical equipment are always escorted throughout the facility and has no direct contact with residents. She confirmed that all criminal background investigations are completed by Accurate Background Check and that the facility has a system in place to conduct and complete background checks every five years on current employees. BOP also completes full federal background screenings on VOA of Chesapeake's employees every five years. Background check reviews are conducted in 30, 60, 90, and 180-day increments as well as annually. Employee investigations include a three year employment history, background link to Accurate Background Check, reference letter from previous employer, and two personal references. The HR representative stated that the facility has a standard of conduct and oath that informs employees that they must report unwarranted behavior to the facility administrator. She stated that when another agency inquires of a former employee's background, VOA of Chesapeake only provides dates of employment. During the Sr. Program Director's interview, he confirmed that background checks are subsequently completed every five years. The auditor reviewed 10 employee files and one contractor file which included seven newly hired staff within the past three years and three staff hired prior to the last PREA audit; there were no subsequent five year background investigations conducted as all staff and contractor file reviews revealed that all 10 staff members and one contractor had received a background check within the past three years. The file reviews indicated that all criminal background checks were completed upon the facility's implementation of the PREA standards or prior to the new hires' work assignment in the facility. Criminal background checks were conducted using the National Criminal Information Center (NCIC) and Federal Bureau of Investigations (FBI) fingerprint check.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has not upgraded, extended, or moved from its current location since the last PREA audit in 2019. The facility has not installed new cameras or updated its video surveillance system since its last PREA audit in 2019. The Sr. Program Director, Assistant Director, and PREA Coordinator all confirmed that there has been no updates to the facility or the facility's video surveillance system. The auditor conducted research on the facility through internet search engines and found no documentation that indicated the facility had undergone expansion, updates, or video surveillance upgrades; therefore, this standard does not apply.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 195 1494 258">Auditor Discussion</p> <p data-bbox="228 258 1494 1104">The PAQ indicated that BOP conducts all PREA related investigations that occur at VOA of Chesapeake. OM 7-F Prison Rape Elimination Act: Investigations, Discipline, Medical & Mental Care states that VOA of Chesapeake does not conduct criminal investigations into sexual abuse. Also, the PREA Coordinator verified that VOA of Chesapeake does not conduct any investigation into sexual abuse or sexual harassment. She advised that such investigation is conducted by BOP. According to the PREA Coordinator, VOA of Chesapeake refers sexual abuse and sexual harassment allegations to BOP immediately. Also, OM 7-F states, "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 and policy indicated that the facility offers all residents who experience sexual abuse access to forensic medical examinations. During the PREA Coordinator's interview, she verified that all residents who experience sexual abuse are referred to Mercy Medical Center to undergo a forensic medical examination by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). However, the facility has not referred any residents as of yet given they have not received any allegation of sexual abuse within the past 12 months or even after the last facility audit. The PREA Coordinator stated that the facility attempts to make available to the victim a victim advocate from TurnAround, Inc (TAI). The auditor reviewed the facility's Memorandum of Understanding (MOU) with TAI (dated 8/12/16) and verified that emotional support services would be provided to all resident victims of sexual abuse. During the onsite audit, the auditor conducted a phone interview with SANE at Mercy Medical Center at Baltimore City (410-332-9494) and was advised that they are the SANE/SAFE unit for the city of Baltimore. The SANE stated that her department is required to administer services to victims 24 hours a day, seven days a week. According to SANE, her department employs multiple staff that are assigned and specially trained to conduct forensic sexual assault examinations. Such staff respond to the facility and would travel to the facility, if needed. Also, SANE confirmed that VOA of Chesapeake has not had an incident of sexual abuse according to her records. The auditor conducted 10 random file reviews of residents and found no indication of a sexual abuse allegation. Also, the auditor interviewed 20 residents and none reported they were a victim of sexual abuse. The PREA Coordinator and Sr. Program Director confirmed that the facility has not had any sexual abuse allegations.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-F states that VOA of Chesapeake ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and that such investigations are conducted by BOP. Although the facility reported no incidents of sexual abuse within the past 12 months or more, facility staff were knowledgeable of the procedures for securing the crime scene and making proper notifications to the Sr. Program Director and BOP. VOA of Chesapeake does not employ or assign investigators for sexual abuse and sexual harassment. All such investigations are referred to BOP, immediately. Then, BOP conducts an investigation. This information was provided by the CEO, Sr. Program Director, PREA Coordinator, and BOP investigator. According to the BOP investigator, they are required to be specially trained on conducting sexual abuse and sexual harassment investigations in accordance with their policy. According to the Sr. Program Director, he would receive a status update every 30 days from BOP until the case closes. However, such incident has not occurred at the facility as of yet.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 191 1494 254">Auditor Discussion</p> <p data-bbox="228 254 1494 1050">According to the PAQ and OM 7-C Prison Rape Elimination Act: Staff/Volunteer Training, all staff who work in the facilities are advised of a resident's right to be free from sexual abuse and sexual harassment, and trained in preventing, detecting, and responding to sexual conduct in the correctional setting. Additionally, this training shall include how to recognize signs of sexual abuse or misconduct, how to fulfill staff's responsibility of the agency's policies and procedures on preventing, detecting, reporting and responding to sexual abuse and sexual harassment, ways that residents may report incidents of sexual conduct, residents and staff's right to be free from retaliation for reporting sexual abuse, instructions for staff on reporting incidents of sexual conduct, the dynamics of sexual abuse and sexual harassment victims, common reactions of sexual abuse, crisis intervention, treatment and crime scene and evidence preservation techniques, how to avoid inappropriate relationships with residents, how to effectively communicate with residents, cultural competency regarding lesbian, gay, bisexual, transgender, intersex or gender nonconforming residents, and first responder duties. According to policy, staff are provided a brochure to assist them in identifying incidents of sexual conduct, including abusive sexual contact against another resident, nonconsensual sexual acts against another resident, abusive sexual contact against staff, nonconsensual sexual act against staff, abusive sexual contact against a volunteer, nonconsensual sexual act against a volunteer, abusive sexual contact against a visitor, nonconsensual sexual act against a visitor, staff/volunteer sexual harassment, staff/volunteer sexual misconduct, visitor sexual harassment, visitor sexual misconduct and the actions to take when such behavior is identified. Such training is tailored to the gender of the resident population at the facility. The facility uses an outside source to train its employees on sexual abuse and sexual harassment through in-person and electronic interactive training via Zoom Video Conferencing Communications. The auditor reviewed the PowerPoint presentation and verified that all key factors related to the requirements of this standard are included. Eight random staff were interviewed and all advised that they had received orientation training and/or annual subsequent training depending upon their date of hire. The auditor reviewed 10 employee files and confirmed that PREA orientation training and subsequent annual training had been received through their signed acknowledgement on the facility training rosters. Two additional training rosters indicated that 13 staff had received PREA annual training within the past 12 months.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion According to the Sr. Program Director and PREA Coordinator, the facility only has Aramark contract employees working alongside residents. During the onsite audit review and conversations with other staff, the auditor was informed that only Aramark contractors are assigned to work in the facility and that there are no volunteers who work in the facility. Also, the Sr. Program Director and PREA Coordinator confirmed that religious volunteers do not work in the facility. They further stated that residents attend religious based services in the community. The auditor observed no chapel or spaces that indicated that such services were facilitated in the facility. The contractor and volunteer training is consistent with the facility employee training received by an outside contractor through the same PowerPoint as described in standard 115.231. Contractors and volunteers also are provided a training brochure which is a guide that describes the agency's zero tolerance policy as well as their duty to report and ensure victims of sexual abuse are safe and separated from their abuser. There were two contractors interviewed of whom were Aramark employees. They confirmed they received online training on the agency's zero tolerance policy, prevention and detection of sexual abuse and sexual harassment. The auditor reviewed a training roster indicating that two Aramark employees had received PREA training within the past 12 months. The auditor also conducted a file review of a contractor who works in food services. According to the file review, the contractor received orientation training on PREA.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-C indicated that residents receive information during the intake process about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the onsite audit review, the auditor observed PREA zero tolerance signs posted on the bulletin boards throughout the facility. The auditor interviewed a total of 20 residents, 17 reported they received PREA training and education on the agency's zero tolerance policy through the resident handbook, brochure, or verbally by staff. The residents further stated that they were aware of this information from BOP and that they knew how to report sexual abuse or sexual harassment if needed. The auditor reviewed 10 resident files that demonstrated PREA educational information had been provided to residents within 48-72 hours of their arrival. Intake staff reported that residents are provided with the agency's zero tolerance policy and reporting mechanisms during their orientation which is conducted every Friday and in their one-on-one initial intake process. He also reported that residents sign upon their receipt of such training. The auditor observed PREA information provided in English and Spanish as well as written in formats residents can read and access.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion According to the PAQ and the agency's zero tolerance policy, the agency or facility does not employ investigators to conduct sexual abuse or sexual harassment investigations. Such investigations are conducted by BOP. It is only the agency and facility's responsibility to collect initial information pertaining to the incident of sexual misconduct and immediately forward to BOP. The BOP investigator, PREA Coordinator and Sr. Program Director confirmed that all sexual abuse and sexual harassment investigations are conducted by BOP.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	According to the PAQ, the agency's zero tolerance policy, the Sr. Program Director, the PREA Coordinator, and the auditor's observation and casual conversations with staff, the agency or facility does not employ medical or mental health practitioners to work inside the facility. All medical and mental health services are provided by community service providers outside of the facility.

115.241	Screening for risk of victimization and abusiveness <p data-bbox="228 138 1490 191">Auditor Overall Determination: Meets Standard</p> <p data-bbox="228 201 1490 254">Auditor Discussion</p> <p data-bbox="228 264 1490 1402">According to the PAQ and OM 7-D, within 72 hours of a resident's admission into VOA of Chesapeake's intake unit, staff must conduct an initial assessment of each resident through interviews and reviews of the resident's record to determine whether the resident may be a potential sexual aggressor or a potential sexual assault victim. Within 30 days of the resident's arrival at the facility, staff must reassess the resident's risk of victimization or abusiveness based upon any additional information received by the facility since the intake assessment. A resident's risk level must also be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the risk of sexual victimization or abuse. The screening tool is used to conduct the assessment. The assessment results are confidential and filed in the resident's file. During the onsite audit review, intake staff reported that residents are initially screened for their potential risk of victimization or abusiveness within 72 hours. The auditor reviewed initial and 30-day reassessments of 10 residents and confirmed the facility conducts PREA screenings within 72 hours of the resident's arrival and reassesses the resident within 30 days after arrival. During the interview, intake staff stated that the intake process is broken down into three stages: 1) Security Specialist/Supervisor includes arrival, medication, urinalysis, personal property, visitation list, cell phone acknowledgement, handbook receipt, etc.; 2) Intake and Admissions Coordinator includes PREA screening, handbook acknowledgement, initial treatment schedule, community base program agreement, etc.; and 3) Resident Service Coordinator includes review of intake orientation checklist, sex offender registration, individual program plan, etc. The intake staff stated that PREA initial screenings are conducted within 48 hours of arrival. Also, the intake staff informed the auditor that he asks each resident all questions on the PREA intake screening tool. Such questions include the resident's age, physical build, previous incarceration, criminal history, sexual orientation, history of sexual victimization or abusiveness, etc. He indicated that he asks the same questions each time. The intake staff stated that if the resident is at risk, he documents it on the form 3-A.3 also known as the Residential Reentry Center for Risk of Victimization and Abusiveness. In addition, the intake staff stated that the process for the initial screening is to use the checklist asking yes and no questions. He stated that based on the resident's response, he will probe and ask follow up questions. The intake staff further advised that prior to VOA of Chesapeake receiving a resident, BOP has also screened residents on their risk of victimization and abusiveness. According to the intake staff, he has not experienced a time when a resident refused to answer, but if the resident was to ever refuse, the resident would not be disciplined for not answering the screening questions. He advised that he informs residents that they have a right to not answer, but that answering is encouraged. He reported that security staff does not have access to the residents' screening information. During the case manager's interview, the auditor was informed that risk assessments are conducted by case management staff 30 days after the resident's initial arrival. This assessment is conducted by using the Residential Reentry Center for Risk of Victimization and Abusiveness form. He reported that most residents are placed on home confinement. Out of 20 residents interviewed, 17 reported they received PREA initial screening no later than 2 days after arrival.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion In accordance to OM 1-C Housing Area Requirements, VOA of Chesapeake's residents have access to writing and seating space in a variety of areas, including the dining room, computer lab, and classrooms. The auditor observed this space during the onsite audit review. According to intake staff and the PREA Coordinator, the facility does not have or facilitate programs. All programs are community-based, meaning that the residents are referred to programs within the community where they must report and adhere to the requirements of each approved program. As for bed space or housing, intake staff stated that if a resident indicates prior sexual victimization, the facility staff would have to consult BOP. He also stated that if a resident indicates that he had perpetrated sexual abuse he would refer to case management advising that the resident needs to be referred to a community service provider to address such issues. He reported that he has never experience having to make such referral. The PREA Coordinator stated that if a resident score reflects a risk of victimization or abusiveness, they would immediately contact BOP due to bed space limitations and place the resident in the classroom area pending BOP's arrival. The PREA Coordinator stated that BOP's response is very prompt. According to the intake staff and PREA Coordinator, there were no transgender residents housed at the facility within the past 12 months. The auditor observed and interviewed no residents identifying as lesbian, gay, bisexual, transgender, queer or questioning, or intersex. Also, there was no documentation reviewed indicating that such residents were housed in the facility within the past 12 months.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 205 448 233">Auditor Discussion</p> <p data-bbox="240 268 1479 1165">According to the PAQ and OM 7-D Prison Rape Elimination Act: Risk Screening, the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. Methods such as reporting to any staff or contractor, using the Ethics and Compliance Hotline at 1-800-862-8482, and using the Maryland Coalition Against Sexual Assault (MCASA) Hotline at 410-585-3177 are provided to all residents and posted throughout the facility's bulletin boards. Each resident is issued a BOP cellular phone in which they have access 24 hours a day, seven days a week to report sexual abuse and sexual harassment. Also, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. OM 7-D mandates staff to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are mandated to immediately report incidents of sexual abuse and sexual harassment and document such report. The PAQ and OM 7-C Prison Rape Elimination Act: Staff/Volunteer Training and Education indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Such procedures include the Ethics and Compliance Hotline. Staff is informed of this information in training. During the onsite audit review, the auditor tested the Ethics hotline above and was advised by this service provider that when a VOA of Chesapeake's resident makes a report of sexual abuse or sexual harassment, they collect as much information as possible, then sends the report to the facility's Sr. Program Director. Also, the auditor contacted the MCASA hotline and was advised by the service provider that they receive reports of sexual abuse and sexual harassment for all confinement facilities in the state of Maryland. Then, the auditor called back to conduct a test report. The MCASA hotline allowed the auditor to leave a detailed message along with the auditor's callback number. The auditor received a call back and verified the test report. Random staff were interviewed and articulated different methods a resident may use to report sexual abuse and sexual harassment. Random staff reported that residents may contact the Ethics hotline which is known as the VOACC hotline and BOP's hotline for reporting such incidents. Random staff also confirmed that residents may report sexual abuse and sexual harassment verbally and in writing to any staff or contractor. Random staff reported that residents may report anonymously through the locked grievance box situated near the Control Desk. Random staff also confirmed that residents may use their BOP issued cellular phones to directly contact the Sr. Program Director. In addition, random staff confirmed that residents may report incidents of sexual abuse and sexual harassment to case management staff.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion According to the PAQ and OM 7-D, the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The policy and facility's procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. VOA of Chesapeake's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. OM 7-D and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The policy does not limit the facility's ability to discipline a resident for filing a grievance of sexual abuse in bad faith. The facility reported no grievances of sexual abuse had been received within the past 12 months. The auditor reviewed 10 resident files that did not indicate a grievance of sexual abuse had been submitted. During the onsite audit review, the auditor observed the locked grievance box located near the Control Desk outside of the cafeteria lounge. The escorting staff informed the auditor that only the Sr. Program Director has the key to the locked grievance box and that upon his absence, the access is provided to the Assistant Director to collect grievances. The Sr. Program Director is the only person who processes grievances. However, in his absence, the Assistant Director would process grievances.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-F indicated that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Only six out of 20 residents confidently reported they were aware that the facility provided information on emotional support services as such information is provided on the bulletin boards throughout the facility, while the other 14 residents either reported they didn't remember this information or they do not read the bulletin boards because they "aren't worried about being sexually abused as they would handle the situation on their own." The auditor educated the 14 residents on the facility's community service provider's information and encouraged the residents to pay attention to information that is provided to them in writing and verbally. The auditor reviewed the Maryland Coalition Against Sexual Assault PREA brochure and observed that addresses and phone numbers were provided for the following community service providers: Allegany Family Crisis Resource Center, Anne Arundel Sexual Assault Crisis Center, TurnAround, Inc., Walden-Sierra, Inc., Life Crisis Center, Inc., CASA, Inc., and Sexual Assault Legal Institute (SALI). According to staff, brochures are provided to residents during intake. A Memorandum of Understanding with Turn Around, Inc. (TAI) entered on 8/12/16 describes the agency and TAI's responsibilities for ensuring victims of sexual abuse have access to emotional support counseling. The facility does not monitor the residents' communication as each resident is provided a cellular phone so that they may contact anyone of whom they select. Cellular phones may be used 24 hours a day, seven days a week. Residents also have the freedom to visit such service providers in the community.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-D indicated that third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are 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; and if a third party, files such a report on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agrees to have the report filed on his behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency documents the resident's decision. The auditor observed PREA signages on bulletin boards in English and Spanish throughout the facility informing of third-party reporting. The auditor also observed MCASA PREA brochures in the front lobby of the facility. The auditor recommended the facility to include PREA signages and information in the visitation area to encourage third-party reporting. Random staff reported that third-parties may report sexual abuse on a resident's behalf. A review of resident files verified that there had been no incidents of sexual abuse or sexual harassment reported in the past 12 months.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 191 1494 252">Auditor Discussion</p> <p data-bbox="228 252 1494 848">The PAQ and OM 7-E Prison Rape Elimination Act: Official Response Following a Report indicated that VOA of Chesapeake requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, and for retaliation against residents or staff who reported such incident as well as any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. According to policy, staff must make such reports to the facility director; and apart from reporting to designated supervisors or officials, staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in policy, to make treatment, investigation, and other security and management decisions. The policy also states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse consistent with section (a) of this standard and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. However, there are no medical and mental health practitioners assigned to the facility. In accordance with BOP and VOA's contractual agreement, there are no residents under the age of 18 housed at this facility. During the onsite review and document reviews, the auditor observed no residents under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute housed at VOA of Chesapeake. The Sr. Program Director confirmed that the facility does not house any residents under age 18. He also reported that staff incident reports are made through the chain of command and forwarded to BOP. He explained that the chain of command does not mean if an allegation is made against a staff person within that chain, such staff would handle the incident.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-E indicated that when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, the agency and facility takes immediate action to protect the resident. In the past 12 months, there has been no reports or indication of a resident being subject to a substantial risk of imminent sexual abuse. During a conversation with the PREA Coordinator and intake staff, the auditor was informed that if a resident is determined to be at a substantial risk of sexual abuse, the resident would be immediately placed in the computer room separate from the abuser, a statement would be written along with a report and the Sr. Program Director would contact BOP and submit collected documentation. The PREA Coordinator stated that it doesn't take BOP long to send someone to the facility to follow up on an issue such as sexual abuse and sexual harassment. The PREA Coordinator stated that BOP may remove the abuser, the vulnerable resident, or both from the facility to ensure safety. There has been no residents identified as being in a substantial risk of sexual abuse. The CEO stated that when the agency learns that a resident is subject to a substantial risk of sexual abuse, VOA of Chesapeake and BOP collaborate to ensure the resident's safety by conducting a risk management assessment along with some additional training, if needed. Random staff stated that they would immediately report the incident, separate the victim and place in a secured area to prevent further risk, complete and submit an incident report to their supervisor or the Sr. Program Director.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-E indicated that the agency's policy requires that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the Sr. Program Director notifies the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred and that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Sr. Program Director documents that it has provided such notification. Both PAQ and OM 7-E indicated that agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the requirements of this standard. The facility reported through the PAQ that there were no allegations of sexual abuse received from another confinement facility and that VOA of Chesapeake did not send a notification to any other confinement facility and that the facility director that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The Sr. Program Director stated that if another agency or facility sends a notification indicating a resident was sexually abused in the facility, the facility would send the notification to the BOP. The CEO advised if such notification is received, the PREA Coordinator and Sr. Program Director would notify BOP. Then BOP would initiate the investigation.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion In accordance with the PAQ and OM 7-E, 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 separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and 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. Both PAQ and policy stated 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, PREA Coordinator, and Sr. Program Director indicated that in the past 12 months, there were no allegations that a resident was sexually abused; therefore, there has been no first security staff member to respond to such report. Both security and non-security staff were interviewed and articulated their first responder duties when learning of an incident of sexual abuse, although they confirmed that they had never received a report of sexual abuse.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The facility's policy mirrors the PREA standard requirements. The facility's plan includes separation of the victim and abuser, referring or transporting the victim to Mercy Medical Center, referring the victim to TAI, and immediately reporting the incident to BOP. The facility does not conduct investigations into sexual abuse or sexual harassment. It is the facility's responsibility to consult BOP and follow BOP's instructions in accordance with the contractual agreement between VOA and BOP. The Sr. Program Director stated that staff incident reports are completed and submitted to BOP. A copy of an Investigation Checklist was reviewed by the auditor in which the policy and Sr. Program Director stated would be used to capture key factors of the report.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility has no collective bargaining agreement in accordance with the Sr. Program Director and reviewed documentation. There is nothing on the agency's website or in the agency's policy that indicate the agency or facility has a collective bargaining agreement. Therefore, this standard does not apply.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-E indicated that the agency protects 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 that 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. The Sr. Program Director is responsible for monitoring retaliation at least 90 days after a report of sexual abuse to prohibit such retaliatory actions. The Sr. Program Director confirmed that he is responsible for retaliation monitoring. He also reported that if there is an issue with retaliation against a resident, VOA of Chesapeake would approve the resident for home confinement; and if staff is the perpetrator of the retaliatory actions, staff would be removed from the worksite. The CEO confirmed that residents who may experience retaliation would be placed on home confinement as a protection measure against retaliation. The document reviews showed no indication of a sexual abuse incident occurring at the facility within the past 12 months.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 195 1494 258">Auditor Discussion</p> <p data-bbox="228 258 1494 882">OM 7-F states that internal investigations into allegations of sexual abuse and sexual harassment are prompt, thorough, and objective for all allegations, including third-party and anonymous reports. The policy also states that VOA of Chesapeake does not have the authority to conduct criminal investigations. The PREA Coordinator stated that BOP conducts investigations into sexual abuse and sexual harassment. She explained that once notified of an incident of sexual abuse, the facility collects information, documents in a report, and the Sr. Program Director submits the report to BOP; and then, BOP begins the investigation. The PREA Coordinator stated that BOP only informs the facility as to when the investigation closes. However, the Sr. Program Director stated that the agency is informed of the investigation status by BOP every 30 days until the completion of the investigation. The BOP investigator reported that a checklist is in place to immediately refer to the BOP's Office of Internal Affairs (OIA) and Office of the Inspector General (OIG) of a sexual abuse or sexual harassment incident. He reported that BOP has a policy in place that ensures allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The BOP investigator stated that BOP has a PREA policy that is published on BOP's website at bop.gov. BOP does not use any state entities when conducting criminal investigations of sexual abuse and sexual harassment in community confinement facilities. The Office of Internal Affairs from the BOP is responsible for conducting criminal investigations of sexual abuse and sexual harassment in the community confinement facilities. BOP's policy 5324.06 Sexually Abusive Behavior Prevention and Intervention Program aligns with the requirements of this standard. According to the PAQ, PREA Coordinator, Sr. Program Director, and document reviews, there were no allegations of sexual abuse or sexual harassment reported within the past 12 months.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In accordance with the PAQ, OM 7-F, and BOP's policy 5324.06, the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. The BOP investigator reported that the Office of Internal Affairs and OIG adheres to BOP's policy 5324.06 when investigating PREA related incidents in confinement which imposes no standard higher than the preponderance of evidence. The auditor reviewed no documentation indicative of the agency using any other standard to determine substantiation of sexual abuse or sexual harassment.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-F indicated that VOA of Chesapeake's policy requires that any resident who makes an allegation that he or she suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the agency's investigation. There were no criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months. BOP conducts the agency's investigations of sexual abuse and sexual harassment and provides status information to VOA of Chesapeake every 30 days. The auditor reviewed 10 resident files and interviewed 20 residents and there was no indication of a report of sexual abuse being made by any of the residents.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and OM 7-F indicated that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there has been no facility staff who have violated the agency's zero tolerance policy. Therefore, no staff has been terminated for this cause. The VOA Chesapeake and Carolinas Employee Handbook indicates that the agency uses progressive discipline for staff who violate agency policies and procedures. "Progressive discipline means that the following steps will be taken: verbal warning, written warning, performance development plan and separation of employment. At the discretion of the leadership team, there may be circumstances where one or more progressive discipline steps may be bypassed and an employee may be immediately terminated based upon circumstances." Based on the 10 random staff files reviewed by the auditor, there was no indication of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ and OM 7-F indicated that the agency's policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies; contractors and volunteers who are the named perpetrator of sexual abuse are prohibited from having contact with all residents. According to the PAQ, PREA Coordinator, and the Sr. Program Director, there were no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents within the past 12 months. According to the PAQ and OM 7-F, 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 CEO stated that the contractor or volunteer is informed of the need to remove staff and a request to retrain all staff is made to the contractor and volunteer provider.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 195 1494 258">Auditor Discussion</p> <p data-bbox="228 258 1494 816">In accordance with the PAQ and OM 7-F, residents are subject to disciplinary sanctions relative to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse and following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the facility reported through the PAQ that there were no administrative findings of resident-on-resident sexual abuse that have occurred at the facility and no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility. Both PAQ and policy state that sanctions are 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 CEO stated that BOP transfers resident perpetrators to the BOP Central Disciplinary Center for an eventual return to their previously assigned facility. The facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Such services are rendered by a BOP contracted community provider. According to the PAQ and policy, the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The auditor reviewed 10 resident files and observed no indication of a resident being disciplined for any sexual activity against staff. Also, the PAQ and policy state that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents and deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ and OM 7-F indicated that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PREA Coordinator and Sr. Program Director stated that although the facility has no medical and mental health service providers onsite, resident victims of sexual abuse would receive timely emergency medical and mental health treatment. They reported that victims of sexual abuse are immediately transferred to the Mercy Medical Center in Baltimore, MD where appropriate treatment would be administered at no financial cost to the resident victim. In accordance with the PAQ and OM 7-F, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. There has been no reported incidents of sexual abuse at VOA of Chesapeake.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Medical and mental health services are provided in the community. The facility does not staff medical and mental health clinicians. During the onsite review, the auditor observed no medical or mental health staff and was advised by other facility staff that residents are referred to the local hospital for medical services and mental health services is provided by a BOP contractual service provider. VOA was previously designated to house male and female residents in BOP's custody. However, during the COVID-19 pandemic, BOP removed all females from the facility and replaced them with males. This change took place in 2020. Therefore, during the onsite audit review, the auditor observed only male residents and reviewed files indicative of male residents. Also, there were no files or documentation indicating that a resident had been sexually abused.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="228 195 1494 258">Auditor Discussion</p> <p data-bbox="228 258 1494 1062">The PAQ and OM 7-G Prison Rape Elimination Act: Data Collection, Review and Audits indicated that VOA of Chesapeake conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation that has a substantiated or unsubstantiated finding and that the incident reviews are conducted within 30 days of the conclusion of the investigation. Also, the PAQ and OM 7-G indicated that the review team includes upper-level management officials, with input from line supervisors, case managers, and mental health practitioners. According to the PREA Coordinator, VOA of Chesapeake's review team is inclusive of the Sr. Program Director, Assistant Director, Accountability Manager, Program Manager, and herself. She confirmed that such members would provide input from line supervisors. The Sr. Program Director reported that his team is consisted of the Operations Manager, Case Management Supervisor, PREA Coordinator, Hearing Officer, and himself and that the team meets every Monday between 11:00 a.m. - 12:30 p.m. to discuss incidents that occurred throughout the facility. Such incidents would include sexual abuse and sexual harassment, if they were to occur. He reported that after incidents are discussed and reviewed, reports are provided to BOP for their investigation and walkthrough, if necessary. The auditor was provided a copy of the Sexual Abuse Incident Review form which included the following: case number, facility, victim, abuser, incident date, investigation completion date, investigative findings, incident motivation to include race, religion, gender identity, and gang affiliation, review of location to determine physical barriers, review of staffing levels in the area of the incident, additional monitoring technology, and recommended changes or improvements to policy and practice. Both PREA Coordinator and the Sr. Program Director confirmed that the facility has not received any reports of sexual abuse or sexual harassment; therefore, there were incident reviews conducted for any PREA related incidents. According to OM 7-G, once the facility completes a sexual abuse incident report, the report is submitted to the agency's CEO. Also, the auditor verified the facility had not received any allegations of sexual abuse and sexual harassment through review of resident files and communication with community-based partners.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion According to the PAQ and OM 7-G, the agency collects accurate, uniform data for every allegation of sexual abuse at VOA of Chesapeake using a standardized instrument and set of definitions. The contractual agreement between VOA and BOP states that the facility must comply with all requirements the Community Confinement PREA standards. The above policy states that the agency aggregates the incident-based sexual abuse data on an annual basis. However, there was no incident-based data to report as there were no reported incidents of sexual abuse and sexual harassment during this audit period or during the previous audit according to the PREA Coordinator, Sr. Program Director, and file reviews of 10 residents.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The PAQ and PREA Coordinator indicated that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including which identifies problem areas, considers corrective action, and prepares an annual report of its findings from its data review and any corrective actions for the facility and agency. The PREA Coordinator stated that all incident files are stored in the Sr. Program Director's locked file cabinet in his office. The CEO stated that data is used to determine the need for policy review, updated training for staff and residents, and for notifications to review current practices. The CEO also confirmed that annual reports are submitted and approved by her. According to OM 7-G, collected incident-based data includes the data necessary to answer all questions from the most recent version of the Department of Justice's Survey of Sexual Violence (SSV). The auditor reviewed 10 resident files, 10 staff files, and collected documentation from the facility that showed no indication of a report of sexual abuse or sexual harassment. Also, the auditor reviewed the agency's website where there was no annual report indicating such incidents.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ and OM 7-G indicated that the agency ensures that incident-based and aggregate data are securely retained and that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PAQ and OM 7-G also indicated that sexual abuse data collected pursuant to PREA standards will be maintained at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. OM 7-G further states that PREA related data will be kept in locked offices. The PREA Coordinator confirmed that such data is kept in the Sr. Program Director's locked file cabinet in his office. The agency had no sexual abuse incidents to report during this audit period or previous audit.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion The agency completed its previous PREA audit on 8/16/2019, which was the agency's first audit cycle. The agency and facility ensured that the auditor was provided all documentation (policies, procedures, reports, and accreditations) needed and requested during this audit to determine compliance with the national PREA standards. During the onsite audit, the auditor observed the Audit Notices posted in English and Spanish throughout the facility which allows for staff and residents to privately report any PREA related issues to the auditor during this audit period. The auditor was also provided access to all areas within the facility as well as access to staff and residents for formal and informal interviews. Likewise, the auditor was able to review video surveillance of all requested areas and observed areas during the onsite review. In addition, the auditor communicated with or attempted to communicate with community-based partners such as TAI, the Ethics and Compliance hotline, Maryland Coalition Against Sexual Assault hotline, and Language Line Solutions, Inc. The community-based partners of whom the auditor spoke with confirmed that the facility has not had any allegations of sexual abuse or sexual harassment reported through their systems within this audit period. However, the community-based partners confirmed that if they were ever to receive such report, they would follow the established protocols in which they have in place with VOA of Chesapeake.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor verified that the previous audit's final report (dated 8/16/19) is posted on the agency's website at voachesapeake.org . The agency only has one correctional confinement facility which is VOA of Chesapeake; therefore, the agency undergoes a PREA audit every three years.

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.)	yes
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.)	yes
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.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no
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?	no
	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.)	no
	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.)	na
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.)	na
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.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

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

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	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.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment?	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?	no
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.)	na

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.)	na
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.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there	yes