

PREA Facility Audit Report: Final

Name of Facility: Craine House

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/13/2020

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: Bridgette M. Collins	Date of Signature: 01/13/2020

AUDITOR INFORMATION	
Auditor name:	Collins, Bridgette
Address:	
Email:	confinementsafety@gmail.com
Telephone number:	
Start Date of On-Site Audit:	12/02/2019
End Date of On-Site Audit:	12/03/2019

FACILITY INFORMATION	
Facility name:	Craine House
Facility physical address:	6130 N. Michigan Road, Indianapolis, Indiana - 46228
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Michelle Allen
Email Address:	Michelle@crainehouse.org
Telephone Number:	3179252833

Facility Director	
Name:	Suzy Pierce
Email Address:	Suzy@crainehouse.org
Telephone Number:	3179252833

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

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	38
Average daily population for the past 12 months:	37
Has the facility been over capacity at any point in the past 12 months?	Yes
Which population(s) does the facility hold?	
Age range of population:	20-63
Facility security levels/resident custody levels:	Level 1
Number of staff currently employed at the facility who may have contact with residents:	11
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION	
Name of agency:	John P. Craine House, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	6130 N. Michigan Road, Indianapolis, Indiana - 46228
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Michelle Allen	Email Address:	michelle@crainehouse.org

AUDIT FINDINGS

Narrative:

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

Communication between the Executive Director and the PREA Auditor for the Craine House audit began on 2/28/19. The initial correspondence was to provide the contract/invoice and to set the dates for the onsite portion of the audit. Once approved and the definitive date of the onsite audit was made for 12/2/19, no further contact was made until 9/23/19. Instructions for how to initiate an audit in the PREA Online Audit System (OAS) was discussed and the flyer notification of the impending audit was provided to the PREA Coordinator. Once the flyer was posted in the common areas and on the facility website, the Auditor was notified by email along with documentation of the date which was 10/11/19. The online audit system initiation took place on 10/23/19 and was completed on 11/23/19. The facilities website, required online documentation and verification of content were reviewed prior to, during and after the onsite audit.

The onsite portion of the audit was completed for 2 days from 12/2/19-12/3/19. The auditor was onsite 9 hours each day staggering the times so that evening and midnight staff and residents could be interviewed. Day one consisted of touring the facility, reviewing literature in the common areas, discussing changes to the program and overall information gathering. The Auditor was given access to every part of the facility and allowed to see any and all paperwork requested, including confidential staff files and electronic equipment. The facility also provided an updated organizational chart as their had been some changes to the staffing plan since the launch of the OAS system.

All staff interviews were conducted in a private room that was monitored by camera from Central Control. Thirteen staff were interviewed with 5 random and 6 specialized Craine House staff including both full and part-time employees and 2 contract staff for Modern Day Therapy. The only staff that were not interviewed were either not present on both days of the onsite audit or were vacant positions waiting to be filled. All interviewees were willing participants who were very knowledgeable about PREA and the expectations per the standards. Interviews were conducted on custodial staff and supervisors, treatment staff, kitchen staff, contractors, the accountant, Executive Assistant, Executive Director and the PREA Coordinator.

There was one unsubstantiated report of sexual harassment within the last 12 months. The staff that was disciplined for her actions stemming from the investigation was interviewed. Initially the interviewee was guarded but once reaffirmed that it was a safe space, she was more open and engaging. In the end, she was able to get answers to questions that she hadn't asked previously and better understood how decisions were made and furthermore how to be proactive in the future to avoid subsequent allegations. Because of this interview, it was suggested to the PREA Auditor and the Executive Director that the actual PREA standards and audit final report be discussed in the upcoming PREA Committee and/or Sexual Abuse Response Team (SART) meetings so that staff understand the "why" behind all of the policies and procedures.

Because the facility is small, many of the staff "wear different hats" so there is much crossover in duties

as assigned. Staff felt comfortable asking "what if" questions to be sure that future instances that may pose concern are addressed properly. It was apparent from the interviews that the employees trust the administrative staff to follow the protocols as written and keep everyone protected from sexual abuse and sexual harassment. It should also be noted that the culture and "sense of responsibility" to and for the residents was upheld by everyone interviewed.

The Auditor was provided a roster for the day that included the demographic information of all the residents in custody. Because it is a work release facility, the residents are not always accessible during normal business hours. For that reason the auditor ensured scheduling to include late evening and early morning interview hours. The auditor interviewed all residents that were available during those hours onsite with no one declining to talk. There were 33 women serving a sentence and 14 interviewed.

The audit instrument used to conduct the resident interviews is broken down into 4 sections. Regular resident interviews, disabled or limited English proficient residents, LBGTOI residents and residents who reported sexual abuse. Nine of the interviews were regular resident interviews as they did not meet the criteria for the specialized questionnaires. Of the 5 who did meet the criteria to be specialized interviews, 2 identified as being lesbians and 3 were survivors of sexual abuse. The women who identified as being a part of the LBGTOI community had no concerns for their safety nor did they feel that they were singled out or treated differently by the staff of the Craine House. The 3 survivors of sexual abuse reported the trauma being from childhood or prior to being incarcerated in any institution due to the lifestyle they were living at the time. All 14 women felt safe in the facility, felt comfortable simply reporting concerns verbally to any staff and believed that if they were victimized while in custody that the employees of the Craine House would follow the policies and procedures as written.

The PREA Coordinator provided hard-copies of all of the PREA standards with the corresponding policies and procedures showing compliance, including documentation from sexual harassment investigations. In between interviews, the Auditor was able to review all of the files and ask for more supporting documentation or further clarification if needed. Most of the recommendations from the auditor, as explained in detail for each applicable standard, were completed immediately or prior to this report with the finished product being forwarded for final review.

The period following the onsite audit was reviewing the uploaded documentation along with newly acquired documentation and the completion of the compliance tool for the final report. As of this report, the Auditor has not received any correspondence regarding the facility or its practices.

AUDIT FINDINGS

Facility Characteristics:

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

The Mission of the Craine House is to promote a culture of self-sufficiency and self-confidence by providing an alternative to traditional incarceration in which women, whose preschool children may reside with them while they serve their sentences, learn and practice life skills essential to breaking the generational cycle of criminal behaviors thus assuring brighter futures for themselves and their children. The goal of Craine House is to break these cycles of abuse, poverty and crime.

In 1978, the facility began as transitional housing for women. In 1993, the mission changed to a work release for mothers and their preschool age children. The current property was purchased in 2013 and was originally a 9-bed assisted living facility. Through two expansions, the bed capacity increased to 25 and then to a total of 40 individualized female rooms.

Craine House has an added layer of protection which most adult facilities do not due to housing children. Because they are a vulnerable population, the staff are well acquainted with the Mandatory Reporter laws including visits and regular communication with the Department of Child Services (DCS).

Craine House is located in Northwest Indianapolis, Indiana. The residents are ordered to serve a sentence through two different organizations, the Indiana Department of Correction (IDOC) and Marion County Community Correction (MCCC). Children ages 5 and under are allowed to reside with their mother in the facility. The contract for IDOC is for 15 beds to be used for women w/children and 10 beds for women w/o children who have 1 year or less to serve. Classifications from MCCC require 90 days or more left to serve with a 15 bed availability.

The women are housed in one of three hallways based on their classification as IDOC, MCCC and women with children. They are not allowed to co-mingle in the dining room or to be in each other's rooms. The only authorized gathering space is the monitored common areas throughout the facility.

There are both rooms with individualized restrooms as well as those who use communal restrooms/shower areas. The communal showers have individual stalls for privacy and bathtubs for bathing children. Residents are only allowed to enter the areas specific to their classification assignment on a rotating basis.

There is a kitchen with dining hall, multiple play areas, group rooms, a library, computer room and a chapel. A staff lounge and individual offices for administrative staff are also present. There are 34 cameras throughout the facility in specific areas for additional technological monitoring by the staff posted in Central Control. Areas without cameras, have added supervision requirements to ensure the safety of everyone in the space. Meals are served on a schedule based on classification hallways. There is an outdoor enclosure in the middle of the facility with seating and a play area for the women and their children during warmer weather as recreation.

The facility was clean and well maintained with operable equipment as reviewed by the auditor. Through funding from outside sources, the Craine House has an ICAN dog that is used as an emotional support animal. He lives with the case manager but is brought onsite daily to be used during group and individual sessions as needed. His presence is an added bonus for both the residents and the staff.

The current staffing plan has 17 approved positions including both full and part time, with 3 vacancies at the time of the audit. These positions are administrative, custodial and culinary. Custody employment is a 24/7 operation with scheduled 8 hour rotations of 7a-3p, 3p-11p and 11p-7a. Administrative staff work normal business hours Monday-Friday (excluding Holidays).

Recently the position of Child Care Specialist was vacated and the decision not to fill the position was made due to the low number of children housed in the facility currently. In the past, this position provided one on one parenting, parenting classes and acted as a daycare liaison for the children. Those duties have been delegated among staff for completion.

There are two Modern Day Therapy employees onsite daily. Modern Day Therapy is a privately owned treatment program operated by a licensed therapist. It provides In-patient treatment, substance abuse counseling, case management, life skills, dual diagnosis mental health counseling and aftercare for survivors of sexual abuse. Treatment is provided as both individual, group or play therapy (when applicable). Modern Day Therapy is included in all policy and procedure expectations as are the staff of the Craine House.

Although the auditor wasn't able to interview any of the 4 substance abuse volunteers, proof of their compliance per PREA standards was provided in writing.

Documentation was provided by the PREA Coordinator reflecting training, and acknowledgement thereof from each person employed or associated with the Craine House. All persons available the days of the onsite audit were interviewed and displayed subject matter knowledge and policy application expectations.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	5
Number of standards met:	36
Number of standards not met:	0

Craine House is a very well organized and operated facility that takes the initiative to do what is best for those being supervised whether it is a mandate of a standard or not. There are 41 standards for community confinement facilities of which, Craine House met 36 and exceeded 5. The Craine House did not have to go into a corrective action period and were able to receive the final report within 45 days of the onsite portion of the audit.

The 5 exceeding standards were 115.231, 115.234, 115.241, 115.265, and 115.267. In each of these, the auditors review of the standard provides evidence of how the facility went above and beyond the minimal requirements as presented by the audit instrument.

The 36 standards that were met encompasses all standards not listed above. Standard 115.212 was not-applicable but because that is not an option a determination of compliance was made. There were a few standards that because of having multiple caveats, a portion of the standard may not apply but likewise a portion did, therefore the standard was met.

During the onsite portion of the audit, the PREA Coordinator provided the auditor with actual PREA standard files with all supporting evidence and protocols as a hard-copy to what was uploaded into the Online Audit System, using the same numerical system as the compliance tool. This allowed the auditor to use it as a reference guide during the interviews and for the auditor to ask for additional documentation that may not have been uploaded electronically. The presence of paper files increased the dialogue between the auditor and the facility staff/residents.

There were few suggestions from the Auditor that were acted upon immediately and put into place prior to the completion of this report. Suggestions including adding signature lines, updating existing forms, creating forms for future use and increasing the details found in policy that were active standard operating procedures understood by all staff and contractors interviewed. The Auditor also suggested that any camera footage that could be secured following an allegation, whether substantiated or not, be recorded and cataloged for future review and evidence collection.

At no point did the auditor receive correspondence from anyone at the PO BOX address provided for confidential contact. The auditor continued to check for correspondence until the point of submitting the final report with no findings.

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
	<p>John P. Craine House has a Policy and Administrative Procedure 115.211 entitled Prison Rape Elimination Act (PREA) and it can be found on the facilities website as well as in hard copy form within the agency. The Policy states that its purpose is to maintain the expectation of a zero tolerance for sexual abuse and/or sexual harassment in regard to residents and staff, in order to promote safety and security for everyone involved.</p> <p>The PREA Policy has multiple different sections including definitions of prohibited behaviors, employment hiring/promotion/termination, responsibilities of staff and non-staff, training, resident assessment and education, mandatory reporting, prevention/intervention/awareness, reporting methods, aftercare services, investigations, disciplinary sanctions, incident review, retaliation and data collection. Each of these sections provides details specific to the Agency and its zero-tolerance expectations.</p> <p>The PREA Coordinator's position is described in detail in Policy 115.211 PREA, including job duties as well as the expected hierarchy on the organizational chart. It is stated that the PREA Coordinator is a designated upper-level, agency-wide position with sufficient time and authority to develop, implement, and oversee efforts to comply with the PREA standards. This position is a hybrid of Office Administrator, PREA Coordinator and Job Readiness Personnel. All Correctional Family Officers (CFOs) are direct reports to the PREA Coordinator.</p> <p>The PREA Coordinator reports to the Executive Director. During the onsite portion of the audit, the Coordinator was present for all conversations and was the person responsible for making minor adjustments as suggested by the PREA Auditor. Interviews with all staff confirmed that the organizational chart is a true representation of the hierarchy.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>John P. Craine House is not a public agency and does not contract for the confinement of its residents with private agencies or other entities. There have been no new contracts or contract renewals since August 20, 2012. Therefore this standard is non-applicable.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>On 6/5/19 and 11/14/19, the facility staffing plan was reviewed due to having low residential or staffing numbers. It states that administrative staff are on site Monday-Friday between 7am-4pm and are cross trained to assist the Correctional Family Officers (CFOs) with basic office duties. In the review, it looks at staffing ratios in emergent situations, programming that may be affected by residents and their children, video monitoring practices and security protocols, limits to cross-gender viewing/searches and meeting the same-gender staffing requirements and activity levels of the residents during periods of slumber versus awake. Craine House sets the standard of 8 residents: 1 staff during hours of activity and a ratio of 17:1 during periods of slumber. Residents are not allowed to be outside of their rooms unless it is an emergency during the designated sleeping hours. Therefore a staff may have little to no contact during the overnight shift except to conduct counts per policy.</p> <p>Policy 115.213 for PREA is a three page document that covers prevention planning. It outlines the expected practice for staffing requirements based on the physical layout of each facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors. The policy states that the staffing plan will be reviewed no less than annually.</p> <p>The original 2019 organizational chart had a position, that once vacated, was decided not to be filled. It was the role of the Child Care Specialist. This position is specific to the John P. Craine House because the residents are allowed to have their children, ages 5 and under, reside with them while serving their sentence. The Child Care Specialist was a primary point of contact for the residents in this classification; however, due to the low number of children on site, the need for a full time position was no longer necessary. Instead, the duties were delegated to other staff with the proper credentials to address the needs of the Moms and their children.</p> <p>The only time the facility has not been in compliance with the staffing plan is during intermittent vacancy periods from staff resignations or terminations. However those positions are intended to be filled once the appropriate applicant has been interviewed and hired. Staff are expected to schedule adjust to ensure coverage is adequate to maintain the safety and security of the facility and its inhabitants.</p> <p>Since the last PREA Audit in December of 2016, the facility has purchased and installed more video monitoring equipment in areas that were previously not monitored electronically.</p>

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1481 405">John P. Craine House is a 40 female bed facility staffed by all female employees. Because the facility has less than a 50 resident capacity, some portions of this standard are non-applicable.</p> <p data-bbox="252 456 1473 745">The Standard Operating Procedures provide expectations on how searches are to be conducted. This includes pat-searches, frisk-searches, strip searches, body cavity searches, property searches as well as room searches. Cross-gender strip searches and visual body cavity searches are not to be conducted except in exigent circumstances or when performed by medical practitioners per policy. It also states that there must be documented authorization from the Executive Director. There have been no cross-gender strip or visual body cavity searches in the past 12 months.</p> <p data-bbox="252 797 1453 958">Staff are trained to conduct searches of transgender and intersex residents as well as cross-gender pat down searches in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. In the past 12 months, there have been no male, transgender or intersex residents housed in the facility.</p> <p data-bbox="252 1010 1437 1128">Female residents' access to regularly available programming or other outside opportunities are not restricted in any circumstance. This was confirmed by every resident that was interviewed.</p> <p data-bbox="252 1180 1469 1429">Staff of opposite gender must announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothing per policy to avoid viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (including viewing via video camera). Because currently all of the staff are female as are the residents, this is not applicable at this time.</p> <p data-bbox="252 1480 1477 1688">It is also the expectation that staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the residents genital status. If the genital status of the resident is unknown, it is to be determined during conversations with the resident by reviewing medical records or by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p data-bbox="252 1740 1485 1904">The auditor suggested that the PREA Coordinator create a Transgender, Intersex, Questioning questionnaire to help structure the interview to find out more information regarding a residents genital status. The form was created and in place prior the completion of the onsite portion of the audit.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Per the standard, the facility is expected to take appropriate steps to ensure that residents with disabilities (ex. deaf/hard of hearing, blind/low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program or activity or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>John P. Craine House will utilize professional interpreters in the community to assist with resident communication, wherein use of the English language verbally or written is not an option. There shall be no reliance 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 the first-response duties or the investigation of the resident's allegations.</p> <p>There is a documented and verified Memorandum of Understanding with Luna Language Interpreter Services. This organization can provide services for up to 91 languages including American Sign Language and braille. Luna Language also has the ability to translate documentation into languages as requested by the agency based on need. Interpreters are available 24/7 with the understanding that there is a wait time of up to an hour for a request not previously scheduled.</p> <p>Residents are provided written documentation for educational purposes in a language to which they understand at intake regarding PREA. Residents are given all information orally and in writing; this includes residents receiving a brochure regarding the PREA policy. The auditor suggested the use of the PREA video made available through YouTube that is broadcast in both English and Spanish and has the ability to use closed caption. Since that suggestion, the facility has obtained a laptop computer and incorporated this into the intake education process.</p> <p>If the services to accommodate the resident's disability cannot be found, the courts shall be notified in writing and a hearing request to review if placement is appropriate shall be filed.</p> <p>There is a form completed by each resident upon completion of intake called the "Resident Education Program". This document is a statement acknowledging that information regarding the zero tolerance policy of sexual abuse and sexual harassment has been presented and that all of their questions have been answered. It also acknowledges that residents have the right to be free from sexual abuse and sexual harassment and that they have been made aware of various reporting methods available to them. On the bottom of the form, there is a staff only box that documents if they have a recognized disability and what accommodations were provided.</p>

In a memo dated 11/19/19, from the Executive Director, there has been no need to engage the services of any interpreters or other professionals to ensure effective communication with residents of limited English proficiency, disabilities or residents in need of other types of assistance.

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>John P. Craine House shall not hire anyone who may have contact with resident who have engaged in sexual abuse in prison/jail/lockup/community confinement/juvenile or any other institution. Persons who have been convicted of engaging or attempting to engage in sexual activity by force/overt/implicit threats of force, coercion (if victim is unable to consent or refused), shall not be a candidate for hire. Any incidents of sexual harassment shall be considered in determining whether to hire/promote or enlist services of any contractor who may have contact with the residents. Persons who have been civilly or administratively adjudicated to have engaged in the activities above are also prohibited from being hired, promoted or contracted.</p> <p>Background checks are conducted on all staff prior to hiring and at least every 5 years thereafter unless there is a change to employment status (promotion, resignation etc). Per policy, material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Craine House uses the Indiana Sex and Violent Offenders Registry as a resource for verification as well.</p> <p>Craine House shall provide information on substantiated allegations of sexual abuse/harassment on a former employee upon request from an institutional employer for whom such employee has applied to work. In the same regard, Craine House will request information that information for applicants who were previously employed by a correctional facility.</p> <p>Per the zero tolerance policy, termination is the response to a conviction or loss of civil suit for PREA related incidents for any current employee.</p> <p>Documentation was provided wherein an applicant had previous correctional experience and that facility was contacted to inquire if they had any PREA related allegations substantiated or if they resigned in the midst of an investigation. In this particular file, the applicant had resigned from a previous employer while a PREA investigation was being conducted. Subsequently, the decision not to hire was made.</p> <p>During the interview process for new hires as well as promotions, a questionnaire is given that specifically asks about sexual related abuse/harassment/misconduct in previous employment or civilly. Questions in regard to being adjudicated administratively or civilly in a previous correctional facility are posed as well. Prospects are asked verbally about any sexual misconduct.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>There have been no acquisition of a new facility or any substantial expansions or modifications to the existing facility since the last PREA Audit in December 2016, therefore this portion of the standard is not applicable.</p> <p>Four cameras have been installed in the library, main hall, dining room and kitchen since the last PREA audit. This decision was made based on increased awareness at the last audit, the availability of funding and conversations amongst key stakeholders.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Craine House conducts administrative investigations on sexual harassment. Sexual abuse allegations are only investigated by Craine House staff to the degree necessary to fact find and determine the need for law enforcement. All staff have been trained to secure the scene and any biological evidence of the crime from both the alleged perpetrator and victim if it occurred within the facility.</p> <p>Because Craine House has minors who are allowed to live with their mothers while they are serving a sentence, if one of the children were to be the alleged victim of abuse, Child Protective Services along with law enforcement would be called immediately.</p> <p>The agency shall offer all victims of sexual abuse access to forensic medical examinations outside the facility without financial cost where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). St' Vincent's Hospital verified that they employ SAFEs/SANEs and that their services are available to anyone in the public through the Emergency Room. It was also verified that if a victim arrived and there wasn't a SAFE/SANE available, staff would be called in to conduct the examination. Residents have the option of choosing where they are to receive medical care, therefore if they chose a hospital other than St. Vincent's, it would be verified that they could provide the necessary examinations for potential prosecution.</p> <p>Both Indianapolis Metropolitan Police Department and the Marion County Sheriff's Office can respond to allegations of sexual abuse. It is the responsibility of both law enforcement agencies to ensure that the sex crimes detectives assigned to the case have had the proper trainings necessary to conduct a thorough investigation. This training shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the US Department of Justice's Office on Violence Against Women publication.</p> <p>A victim advocate from a rape crisis center would be made available to the victim if requested. If an advocate was not available, a qualified staff member from a community-based organization or a qualified agency staff member would be sought. If the victim requests accompaniment through the forensic medical examination process and investigatory interviews, it shall be provided along with emotional support, crisis intervention, information and referrals. There is an active Memorandum of Understanding with Prevail INC to provide aftercare services and victim advocates in the event of a PREA related event. They provide a 24 hours crisis line and have the ability to provide services to anyone regardless of whether they are in custody or not. The facility also has a contract in place with Modern Day Therapy. They provide counseling within the Craine House on a daily basis and are available to provide these services if not readily accessible through Prevail.</p>

There have been no forensic medical exams conducted in the past 12 months.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). Policy dictates that allegations of sexual abuse or sexual harassment are referred for investigation by law enforcement unless the allegation does not involve potentially criminal behavior. This can be verified by reviewing the PREA Policy as made available on the facility website.</p> <p>Because any criminal investigations will be conducted by law enforcement, staff of the Craine House, the PREA Coordinator specifically is responsible for providing any information needed to reach a conclusion on the case. They are also responsible for keeping in contact with law enforcement on the progression of the investigation for the purpose of keeping the resident informed.</p> <p>In the past 12 months, there have been no referrals for criminal investigations. There have been 3 allegations requiring an administrative investigation of sexual harassment. Of those three, 2 were determined not to be PREA related circumstances. The third allegation was unsubstantiated and resulted in a policy change and staff having a one day suspension due to being addressed for similar behaviors previously.</p>

115.231	Employee training
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 786">Craine House has a PREA presentation used for training all employees, contractors and volunteers and anyone else who may have contact with the residents. The content incorporated in the training includes the agencies zero-tolerance policy for sexual abuse and sexual harassment, fulfilling responsibilities with prevention, detection, reporting and response policies and procedures. The residents' rights to be free from sexual abuse and sexual harassment as well as retaliation for reporting are part of the curriculum as well. The dynamics, common reactions and detection and response to signs of threatened and actual sexual abuse are included. Staff are also taught how to avoid inappropriate relationships, how to communicate effectively with residents of the LBGTI (lesbian, bis-sexual, gay, transgender and intersex) community and compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p data-bbox="252 842 1445 958">Because the facility is an all female institution, all of the training is specific to their needs. All staff are trained based on the same presentation whether they have previous corrections experience or not. This includes both full and part time staff.</p> <p data-bbox="252 1014 1477 1346">Formal training is provided upon hire and every year thereafter as a refresher. The PREA refresher information on current sexual abuse and sexual harassment policies can be found in Central Control and the Staff Lounge monthly for staffs review. Staff are also trained on LGBTQIA (lesbian, gay, bi-sexual, transgender, queer/questioning, intersex and asexual) Education under the title of Fast Track-Safety Zone Training. This training's objective is to learn or become familiar with basic terminology, create an inclusionary space for LGBTQ+ persons and strengthen relationships with the community and existing resources. It also provides information on cultural competence, cultural humility and cultural comprehension.</p> <p data-bbox="252 1402 1469 1559">A copy of the facilities Standard Operating Procedures provides the condensed version of the obligations per PREA policy and the responsibilities of staff once made aware of allegations. Because Craine House can have children ages 5 and under inhabiting the facility, staff are trained as mandatory reporters and are trained on child protection safety.</p> <p data-bbox="252 1615 1469 1861">Staff are required to sign an acknowledgement of the expectations regarding PREA training and that they have been provided the information and understand what has been communicated. This document is signed and dated by both the employee and the PREA Coordinator. Copies of all current employees training acknowledgement forms were uploaded in the Online Audit System. Two new part-time employees began the day of the onsite audit, therefore their paperwork was given to the auditor in person.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA requires that both volunteers and contractors who have contact with residents be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.</p> <p>Documentation was presented for volunteers, interns and previous employees for the current year as well as years passed. Currently there are 4 Alcoholics Anonymous volunteers who supervise and lead in-house meetings for the residents weekly for an hour on Thursday nights who have been properly trained. There has been one intern in the past 12 months who worked for 3 hours, one day a week, assisting the Administrative staff with entering passes, supervising the computer lab, filing and assistance with the Central Control post that has been trained. There is a contract in place for mental health counseling through Modern Day Therapy. They are responsible for all onsite therapy provided to the residents as sentenced and are trained as well.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="252 248 523 277">Auditor Discussion</p> <p data-bbox="252 327 1465 528">Residents receive information at intake within 72 hours of arrival on the facilities zero-tolerance policy regarding PREA and their rights to be free from sexual abuse or harassment as well as their right to report free of retaliation. They are provided feedback on the available reporting methods, how to access them and who can make a report on their behalf. They are also notified of the facilities responsibilities if they are the victim of sexual abuse.</p> <p data-bbox="252 584 1473 871">Craine House receives residents from two sources, Marion County Community Corrections or Indiana Department of Corrections, both of whom provide some level of PREA education. It is the policy of the Craine House to educate all new residents as though they have no prior knowledge of PREA to ensure that everyone gets the same information every time. A resident education form is signed and dated upon completion of PREA education by both the resident and staff. This form also has a box that asks if the resident required a modification for understanding and to specifically spell out what was needed.</p> <p data-bbox="252 927 1477 1128">The agency provides the education in writing as well as orally so that if a resident has either a hearing or visual impairment, they are able to receive the information equally. Resources are readily available in Spanish. If the language of the resident is different from English or Spanish, Luna Language can provide the necessary resources in over 91 languages including American Sign Language and Braille.</p> <p data-bbox="252 1184 1425 1301">There is PREA signage all over the facility in different formats. Posters were available in common areas, entrances/exits, online and intake packets. The reader is notified of when, where, how and why to report allegations of sexual abuse and sexual harassment.</p> <p data-bbox="252 1357 1473 1603">There have been a total of 138 residents admitted to the facility in the past 12 months. On the day of the audit, the facility count was a total of 33 and all of the 14 residents interviewed confirmed that they were educated upon arrival within 72 hours and in most cases it was immediate to their arrival and completed within the first few hours. Copies of the resident education forms for everyone who is currently being supervised was provided through the Online Audit System.</p> <p data-bbox="252 1659 1473 1906">The Auditor made a few suggestions while on-site and they were put into policy and made the procedural expectation immediately. There is a PREA video in both English and Spanish that has closed caption capabilities on YouTube that are approximately 16 minutes long. Making this a part of the intake education will aid in the same information being relayed every time without fail. This also provides more of an opportunity to ask questions or get clarification if needed.</p> <p data-bbox="252 1962 1473 2163">The secondary suggestion was to update the PREA policy to explain how services would be relayed for residents who have disabilities. From interviews with both staff and residents, the practices are there and understood however the policy was not as detailed as the daily practices. The PREA Coordinator and Executive Director immediately transformed the current policy to match the actions of the staff.</p>



115.234	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>This standard specifically addresses specialized investigation training provided for relevant staff. It is not the practice of Craine House to conduct criminal sexual abuse investigations. However, they must conduct an administrative investigation to the degree necessary to fact find and determine if law enforcement needs to be involved.</p> <p>Once an allegation of sexual abuse, criminal in nature is reported, law enforcement is contacted to take over. It is the responsibility of the specified law enforcement agency to ensure that the detective on the case has been properly trained on conducting investigations in a confinement setting, proper use of Miranda and Garrity warnings, evidence collection, interviewing techniques for sexual abuse victims and the criteria and evidence required to substantiate a case for prosecution referral. Both Indianapolis Metropolitan Police Department and the Marion County Sheriff's Office have specially trained sex crimes detectives with the required trainings.</p> <p>Despite the fact that investigations of sexual abuse are not the responsibility of the facility, Craine House has exceeded the expectation by having staff trained for the purpose of being knowledgeable. The PREA Coordinator has completed a total of 6 hours of online training through the National Institute of Corrections for both Introduction to Sexual Abuse Investigations in a confinement setting as well as the Advanced training.</p> <p>The PREA Coordinator, a case manager and a custodial supervisor have all completed 8 hours of Sexual Assault Response Team Training. A copy of the curriculum was provided to the Auditor wherein the objective was to reduce the long-term effects of trauma, eliminate sexual abuse and harassment, ensure compliance with PREA standards, encourage victim healing and well being and strengthen investigations.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Craine House does not employ medical or mental health care practitioners, however there is a contract in place for Modern Day Therapy to provide mental health services on a full-time basis to the residents. The two agencies function as one and therefore any training expectations for Craine House employees are paralleled for Modern Day Therapy employees.</p> <p>All medical services are provided by a third party community partner, most likely St' Vincent's Hospital. It has been verified through the Auditor that Sexual Assault Nurse Examiners (SANE)/Sexual Assault Forensic Examiners (SAFE) are readily available through the Emergency Room. If by chance, medical staff with specialized training is not working, they are on-call and will be made to report to avoid mistakes or errors that could impede successful prosecutions.</p> <p>Modern Day Therapy employees have been trained on detection and signs of abuse, preservation of physical evidence, effective and professional responses to victims and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Training curriculum and dated documentation was provided to the auditor for Modern Day Therapy employees. Interviews confirmed that training had been provided and that they understood their role once reports of abuse are made.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 443">The PREA policy states that all residents shall be assessed during intake or within 72 hours of arrival for their risk of being sexually abused by other residents or sexually abusive toward other residents.</p> <p data-bbox="252 499 1481 741">Craine House has an objective screening instrument that follows criteria for a residents mental, physical and developmental disabilities as well as prior institutional violence or sexual abuse history exists, age, physical build and previous incarceration history. Prior convictions of sex/violent offenses against adults/children, whether their criminal history is exclusively nonviolent, perceived as part of the LBGTOI community, previous experiences of sexual victimization and the resident's own perception of victimization are also taken into account.</p> <p data-bbox="252 797 1474 1003">Statistics provided support that this policy is adhered to 94% of the time. The 6% wherein it took longer than 72 hours were due to schedule conflicts. The residents work/treatment/program schedules make them unavailable during regular business hours. Because the PREA Coordinator is the only staff authorized to conduct the assessment, it must be completed during her workday.</p> <p data-bbox="252 1059 1398 1216">The PREA Auditor suggested that there be a secondary person trained to conduct the screening of risk of victimization and abusiveness to help during those times of schedule conflicts but also in the event there is an unexpected leave of absence, that this practice doesn't get neglected.</p> <p data-bbox="252 1272 1481 1473">Within 30 days of arrival, all residents are reassessed for risk of victimization or abusiveness based on additional information received, referral, request or incident of sexual abuse. Interviews with residents confirmed that they are reassessed often and not just at intake or the 30 days thereafter. They reported being reminded frequently of PREA, how to protect themselves and that they have support available in the event of a victimization.</p> <p data-bbox="252 1529 1481 1646">Residents are not disciplined for refusing to answer questions or not disclosing complete information associated with the risk assessment. Because this information is highly sensitive, it is only disseminated on a "need to know" basis.</p> <p data-bbox="252 1702 1481 1944">Interviews with Modern Day Therapy and the PREA Coordinator confirmed that there has been an instance wherein a resident was not completely honest during intake about previous abuse (believed to be due to a lack of trust as a new resident). Once that resident trusted and felt comfortable, she provided information to her mental health provider who respected their privacy but notified Craine House that she needed to be "flagged" differently for her safety due to new information received.</p>

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The information obtained from the completion of the risk screening tool is used for housing, bed, work, education and program assignments. All decisions are based on the physical plant capabilities and attempting to keep residents deemed high risk for victimization from those deemed high risk of being sexually abusive.</p> <p>Because the Craine House was originally an assisted living facility, its physical plant doesn't resemble most correctional facilities. The majority of the residents have their own room and restroom, allowing for the ability to shower separately from other residents. The other rooms use a communal shower/restroom with privacy curtains and restroom doors that allow disrobing out of view. Currently there are 3 different classifications that dictate how housing is decided. There is a hallway dedicated to women sentenced from Community Corrections and one for women serving a sentence through the Indiana Department of Correction. The 3rd hallway is for women who have children ages 5 and under housed with them. Craine House staff will pick the hallway based on classification type and then separate potential victims from potential aggressors.</p> <p>There is no separation of residents based on their identification as being a part of the lesbian, bi-sexual, gay, transgender, questioning or intersex (LBGTQI) community. Two of the 14 residents that were interviewed identified as being lesbian. They had no complaints about their housing assignment, didn't feel that they were treated differently due to their sexual orientation and felt that they were safe and trusted that the facility would investigate any allegations of abuse that were reported.</p> <p>As of 12/3/19, the facility had not yet had a transgender or intersex resident placed in their organization but the facility had operating practices in place to ensure their safety when and if they arrive.</p> <p>The auditor suggested that the PREA policy be updated to state how it plans to specifically address the needs of someone who identifies as transgender or intersex. They were also advised to create a form that would provide documentation proof that information gathering was for identification purposes and that the resident's own views with respect to their own safety would be given serious consideration in writing. Both of these suggestions were immediately acted upon and in place prior to completion of the final report.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Craine House offers multiple reporting methods for residents, staff and the community for allegations of sexual abuse/harassment and retaliation. Also included is the ability to report if staff's negligence or a violation of responsibility may have contributed to such incidents. The most recognized methods for reporting from both staff and resident interviews are the ability to inform verbally to any and all staff (contractors included), in writing, anonymously and through the black suggestion/grievance boxes found in 2 common areas within the facility. All interviewees confirmed that 3rd party allegations would launch an investigation just the same as a direct report.</p> <p>Another option is an email that is monitored by the PREA Coordinator. This method is printed on materials disseminated to the residents but because they feel so confident in the facilities safety processes, all of them stated that they would simply "tell staff" if they were victimized. While on-site, the auditor sent an email to the address provided and it was responded to by the PREA Coordinator confirming it as a viable reporting method. Staff, residents and 3rd party reporters have the option of calling 911 for law enforcement. The auditor confirmed through police non-emergency that if they received a report of allegations from Craine House that police would be dispatched, a report taken and an investigation completed.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has a grievance policy in place that allows residents to anonymously report allegations of sexual abuse or sexual harassment that is different from grievances for other facility business. The grievance black boxes are secured and located outside of the Executive Directors office and the medication window on camera 24/7.</p> <p>There are some slight differences between the policy for regular grievances and ones that are PREA related. The imposition of time limits doesn't exist, residents don't have to attempt to resolve with staff or use any informal grievance process. Residents are able to file a grievance without submitting it to a staff member who may be the subject of the complaint.</p> <p>Within 90 days of the initial filing of the grievance, not including time consumed by residents preparing any administrative appeal, the agency shall issue a final decision on the merits of any portion of the the grievance alleging sexual abuse. Craine House may claim an extension of time to respond, of up to 70 days, if the normal time period for a response is insufficient to make an appropriate decision. Per policy, the agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. It is the expectation that at any level of the administrative process, including the final level, if the resident doesn't receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p>Third parties, including fellow residents, staff members, family members, attorneys and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may do so on behalf of the resident upon request. If a third party files such a request on behalf of a resident, the facility may require the alleged victim agree to have the request filed on their behalf and may require personal pursuant of any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on their behalf, the agency shall document the resident's decision.</p> <p>The auditor suggested that the facility create a 3rd party declination of investigation report to have readily accessible if and when this situation presents itself. This form was created prior to the completion of the final report.</p> <p>Procedures for filing of an emergency grievance alleging a resident is at risk of imminent sexual abuse have been created. The expectation is that within 48hours of the grievance being reported, there shall be an initial response with a final agency decision within 5 calendar days. Both the initial and final agency response documents the agency's determination as to whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>The overwhelming response from the residents was that their most likely reporting method choice would be to tell staff verbally and not necessarily through the grievance process. Staff all confirmed that if a resident reported being at risk of imminent danger, that they would</p>

immediately notify the PREA Coordinator and that options for how to maintain that residents safety would be the priority.

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. It is also understood per policy that no parts of this standard shall restrict the agency's ability to defend against a lawsuit filed by a resident on the grounds that the applicable statute of limitation has expired.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by providing mailing addresses, telephone numbers (including toll-free hotlines), local, state or national victim advocacy or rape crisis organizations. The PREA flyers, facility website and resident intake packets provide written contact information.</p> <p>Reasonable communication between the residents and these organizations are as confidential a manner as possible. Residents are informed, prior to giving 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. All staff understood their role as mandatory reporters and residents understood what that meant for the staff supervising them. Residents leave daily and have access to cell phones, go on home passes and work; therefore, it is possible to make anonymous calls with little to no effort. They do have access to pay phones within the facility, however they are in the hallway and not in a private area.</p> <p>The agency has a memorandum of understanding with PREVAIL a community service provider that is able to provide residents with confidential, emotional support services related to sexual abuse. Copies of the agreement were presented to the auditor and is renewed every three years.</p> <p>There is also a memorandum of understanding with Modern Day Therapy, the onsite mental health provider. While their primary purpose is not to be the victim advocate for sexual abuse, they are willing and able to do so. Ultimately the residents can choose where they would like to receive aftercare services so if they prefer one agency over another, it is at their discretion.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Posters in the entrances/exits of the facility, resident brochures and online instructions provide information to community members on how to file a PREA report for someone in custody.</p> <p>Third-party reports of sexual abuse and sexual harassment can be made through multiple methods. Persons may call the facility directly and speak to any staff, contractors included, they may utilize the PREA email, they can mail correspondence or contact law enforcement outright. Other residents who would like to file on behalf of a peer, have access to the black grievance boxes, can notify staff verbally or in writing and all of it can be done anonymously.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Craine House has a PREA Policy as well as standard operating procedures that provide expectations of staff for reporting purposes. It is understood that all employees, including contractors and volunteers are Mandatory Reporters for staff, residents and their children (when applicable). Anyone with access to the residents in the facility complete a PREA training wherein this is part of the curriculum and methods for reporting are shared in detail.</p> <p>It is required that all staff report immediately any information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is a part of the the agency. Staff must report retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Beyond reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation and other security and management decisions.</p> <p>Because there are no medical staff employed by the Craine House, this portion of the standard doesn't apply. However, mental health practitioners (contract) are required to report sexual abuse and to inform residents of their duty to report, and the limitations of confidentiality at the initiation of services.</p> <p>Because the Craine House does allow children ages 5 and under to reside with their mothers during the incarceration period, if the alleged victim is under the age of 18, Child Protective Services would be contacted immediately under the applicable mandatory reporting laws. Adult Protective Services would be contacted if the alleged victim is considered a vulnerable adult and has made allegations of abuse.</p> <p>All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, will be referred to the facility's designated investigator for preliminary fact finding and the decision of whether to involve law enforcement or not.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Craine House has standard operating procedures that address substantial risk of imminent sexual abuse. It is the requirement that staff are to immediately contact the PREA Coordinator and take action to protect the resident.</p> <p>Interviews of staff confirmed that they understood the requirements if made aware of substantial risk of imminent sexual abuse. They were able to provide ways in which they could successfully protect the resident depending on who the alleged perpetrator was and their location at the time of the report.</p> <p>Interviews with residents suggested that they would feel comfortable reporting to staff if they felt they were at risk of imminent sexual abuse and would be protected.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The standard operating procedures require that when a resident makes allegations of victimization from another facility, staff shall notify the contractual liaison of Marion County Community Corrections or the Indiana Department of Correction depending on the residents classification source. This notification would be made in writing within 72 hours of being made aware. It is the expectation that the facility head or agency officer that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>In the past 12 months, there have been no reports stemming from Craine House however there has been communication with an IDOC facility trying to gather factual information on a resident who had been housed at Craine House prior to arrival to their institution. The Executive Director provided all the requested information that was available so that a proper investigation could be conducted if deemed necessary.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The training, policy and standard operating procedures give written instruction on the duties of the first responder upon notification of an alleged sexual abuse report. They are to separate the alleged victim and abuser but keep them on camera. If the facility is the scene of the crime, they are to preserve and protect the space and collect any evidence in paper bags using gloves. They will not allow anyone beyond law enforcement to enter the space. Both the victim and perpetrator (if applicable) will be refused the ability to wash, brush their teeth, change clothing, urinate, defecate, smoke, drink or eat to avoid destroying physical evidence. The victim is to be immediately taken to St' Vincent for an examination to be conducted by a SANE/SAFE Employee. Staff or a community victim advocate can accompany the resident for the sexual abuse examination if requested.</p> <p>If the first reponder is not custodial staff, contractors, volunteers and administrative staff are trained to immediately notify the Shift Supervisor as well as the PREA Coordinator and follow the steps involved as applicable.</p> <p>There have been no allegations of sexual abuse in the past 12 months, however there has been one allegation of sexual harassment. A resident reported to a custody staff feeling harassed and uncomfortable with a different custody staff member and it was immediately reported to the PREA Coordinator thereby launching an investigation. Interviews were conducted, camera footage was reviewed and written statements were collected. At the conclusion of the investigation, the allegations were unsubstantiated, however that staff member was disciplined according to Craine House policy based on being previously addressed for similar behaviors. The resident was notified of the outcome of the investigation and was released as scheduled with no further incidents or reports of retaliation. All of this documentation was provided to the Auditor for review.</p>

115.265	Coordinated response
	<p data-bbox="252 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1453 450">There is a written institutional plan to coordinate the actions taken in response to an incident of sexual abuse, among staff first responders, mental health practitioners, investigators and facility leadership.</p> <p data-bbox="252 495 1469 831">Craine House has a PREA Committee comprised of upper-level management, PREA Coordinator and mental health practitioners. The PREA Committee meets on a monthly basis as scheduled by the PREA Coordinator. Residents with PREA aggressor or victim flags are reviewed. If there has been a substantiated incident of sexual behavior, this committee would review the investigation to assess efforts and recommend ways to improve prevention/response efforts. For 90 days/3 consecutive PREA committee meetings, the committee shall monitor and document the conduct and treatment of residents/staff who have reported sexual abuse to see if there are signs of retaliation.</p> <p data-bbox="252 887 1485 1223">There is also a Sexual Assault Response Team (SART) whose purpose is to provide a coordinated, efficient and supportive response to victims of sexual assault. Persons assigned to SART have specialized training in providing services to victims of sexual assault. The goals include: meeting victims needs with crisis intervention and support services; ensure a comprehensive forensic exam for victims; provide a joint, efficient, sensitive approach to victims; document and preserve forensic evidence for prosecution and conduct investigations from notification through prosecution. It is the requirement that at least 1 on-duty staff member shall be trained as a first responder.</p> <p data-bbox="252 1267 1477 1469">The number of allegations are not a factor in the meeting schedule, as they are scheduled and held as prevention and education purposes. Interviews with the PREA Coordinator, Executive Director, Custody Supervisor and contract Mental Health Practitioners confirmed that these meetings are a scheduled expectation and not just held when there is an incident in question.</p> <p data-bbox="252 1525 1477 1603">The facility has plans to reach out to its community mental health partners to invite them to the meetings and strengthen the relationships.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="252 1805 895 1839">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1883 523 1917">Auditor Discussion</p> <p data-bbox="252 1962 1461 2119">There is currently no bargaining agreement in place for the Craine House, however there are no limitations as to 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.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The PREA policy protects all staff and residents who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff. Some of the signs of retaliation for residents can include but are not limited to: excessive disciplinary actions; room changes; restriction in privileges without cause; decrease in employment hours; expressing concern for safety; home pass suspensions, and behavioral changes (regression, unusually quiet, timid etc). Signs of retaliation for staff can include but are not limited to: undo shift changes; rejection of vacation days; excessive disciplinary actions; unfair post assignment rotations; absence of overtime offering; excessive call-ins; requests to work different shift due to being uncomfortable; expressing concern for safety and behavioral changes (demeanor changes, timid etc).</p> <p>Some of the protection measures in place to counteract retaliation include housing changes (when applicable), transfers to other criminal justice agency's, removal of alleged staff or resident abusers from contact with victims, and emotional support services for those in fear. Policy states that if retaliation is confirmed, it will be promptly addressed using the progressive discipline model already in place.</p> <p>For a period of at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of both staff and residents who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff. It is the expectation that the facility shall monitor beyond the 90 days if there is indication for a continuing need. This also includes conducting periodic status checks. Including in these protections, are also, any individuals who cooperate with an investigation expressing fear of retaliation. The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>The PREA Coordinator is ultimately the person responsible for monitoring of retaliation, however it is discussed as a group with the PREA Committee. This allows input from multiple sources and ensures that biases are not preventing one staff from overlooking retaliation in indirect forms.</p>

115.271	Criminal and administrative agency investigations
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 528">There are portions of this standard that do not apply to the Craine House as their investigatory obligations only extend to sexual harassment or fact finding in the allegations of sexual abuse to the extent necessary to contact law enforcement to conduct a thorough investigation. All allegations are to be investigated promptly, thoroughly and objectively including third-party and anonymous reports.</p> <p data-bbox="252 584 1485 913">Staff on the Sexual Assault Response Team (SART) have been trained to conduct investigations of sexual abuse, however, if the allegation appears criminal in nature, it would be referred to the Indianapolis Metropolitan Police Department of the Marion County Sheriff's Department for investigation. The sex crimes detectives assigned the case would be trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. They will interview alleged victims, suspected perpetrators and witnesses. They shall also review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="252 969 1477 1346">When the quality of the evidence appears to support criminal prosecution, law enforcement will follow the criteria set by the prosecution as to who should or should not be interviewed. The credibility of the alleged victim, suspect or witness shall be assessed on an individual basis and not determined by the person's status as resident or staff. Craine House shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation per policy. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. When law enforcement conducts the investigation, Craine House shall cooperate and shall endeavor to remain informed about the progress of the investigation.</p> <p data-bbox="252 1402 1425 1514">Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and has attachments of all documentary evidence where feasible.</p> <p data-bbox="252 1570 1473 1727">For administrative investigations, an effort to determine whether staff actions or failures to act contributed to the abuse shall be reviewed. There shall also be documentation in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.</p> <p data-bbox="252 1783 1473 1939">Craine House shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Craine House shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Craine House policy states that the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If the investigation was conducted by law enforcement, the Craine House will keep the victim notified of any occurrences as the case unfolds.</p> <p>Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless unfounded) whenever: the staff member is no longer posted within resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following a resident's allegation of sexual abuse by another resident, the agency shall 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>It is the expectation that all notifications or attempted notifications shall be documented. The obligation to report under this standard shall terminate if the resident is released from the agency's custody per policy.</p> <p>There was an incident of voyeurism with a custodial staff and a resident that was found to be unsubstantiated. However because the staff had been addressed regarding this behavior previously, she was sanctioned a one day suspension as a disciplinary measure. There was a final report with all the required information per the standards provided for the Auditor to review. The victim was made aware that the allegations were unsubstantiated but also that the staff was disciplined. She was then monitored for retaliation until her release less than 30 days later.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 571">It is understood that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="252 616 1460 828">Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.</p> <p data-bbox="252 873 1484 1041">Interviews with all staff confirmed that they understood the PREA policy and how the agency would proceed if staff were to be found in violation. The culture of the organization is such that they trust the process as well as the staff who are responsible for carrying out the duties as outlined.</p>

115.277	Corrective action for contractors and volunteers
	<p data-bbox="252 1247 901 1281">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1326 526 1359">Auditor Discussion</p> <p data-bbox="252 1404 1476 1606">Contact with residents shall be prohibited for any contractors or volunteers who have engaged in sexual abuse. Law Enforcement and relevant licensing bodies shall be contacted as well, unless the activity was clearly not criminal. The appropriate measures shall be taken to consider whether to further prohibit contact with residents for any other violation of facility sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="252 1650 1460 1740">In the past 12 months, there have been no reports of sexual abuse or sexual harassment by facility contractors or volunteers.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Subjection to disciplinary sanctions for residents are pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. The sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed. Modern Day Therapy, PREVAIL or other community partners would be able to provide therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. It is at the discretion of the Craine House as to whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p>Discipline for sexual contact with staff by a resident shall only occur upon a finding that the staff member did not consent to such contact.</p> <p>A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Craine House was able to provide documentation wherein two reports of PREA sexual harassment, were unfounded and not considered PREA upon conclusion of the investigation, but no parties were disciplined.</p> <p>At its discretion, Craine House has chosen to prohibit all sexual activity between residents and may discipline for such.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>It is the policy of Craine House that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services with the understanding that the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If no qualified medical or mental health practitioners are on duty at the time of a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 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.</p> <p>Medical care is provided through a community partnership with St' Vincent's Hospital. The same level of care that would be provided for a person not in custody is extended to those who are serving a sentence. Access to care, medication and any necessary procedures per the prognosis of the medical professional shall be conducted at no cost to the victim.</p> <p>PREVAIL and Modern Day Therapy would be available to provide mental health guidance as needed depending on the circumstance. Both agencies would make victim advocates available or personally accompany a resident if requested to receive medical care from a third party.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Victimization of residents from prison, jail, lockup, or juvenile facilities will initiate the offering of a mental health evaluation and as appropriate treatment by the Craine House per policy. Follow-up services, treatment plans and referrals for continued care in the event of separation from custody shall be a part of the evaluation and treatment options. Medical and mental health services shall be consistent with the community level of care and offered free of charge while in custody, regardless of whether the abuser is named or the victim cooperates with any investigation arising out of the incident.</p> <p>Pregnancy tests shall be offered for resident victims of sexually abusive vaginal penetration while incarcerated. If pregnancy occurs as a result of sexual abuse, the victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services through St' Vincent's Hospital or a community partner of their choice. Testing for sexually transmitted infections as medically appropriate shall also be offered.</p> <p>Although the likelihood of a resident-on-resident abuser being classified to the Craine House is unlikely, policy states that they shall attempt to conduct a mental health evaluation within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA standard states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review shall occur within 30 days of the conclusion of the investigation.</p> <p>The purpose of the review is to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. It should also consider whether the incident or allegation was motivated by race; ethnicity; gender identity, LBGTQI identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. A review of the staffing plan and facility location where the incident allegedly occurred, shall be a discussion to assess whether physical barriers in the area may enable abuse. Finally, it should be assessed as to whether monitoring technology should be deployed or augmented to supplement supervision by staff. Preparation of the report findings and any recommendations for improvement should be documented and submitted to the facility head or PREA Coordinator. Documentation in response to the recommendations for improvement implementation or reasons for not doing so should be readily available.</p> <p>There have been no allegations of sexual abuse in the past 12 months however, there has been one unsubstantiated investigation of sexual harassment. The report of allegations for voyeurism were made on 6/15/19 and the investigation was concluded by 6/24/19. There was a PREA Committee Meeting on 6/25/19, with attendance from the Executive Director, Assistant Director, PREA Coordinator, Executive Assistant and Modern Day Therapy staff. As a result of the findings of the investigation, there was a change to policy and vulnerabilities in the current standard operating procedures were discussed and updated.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Craine House collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. At a minimum, the data collected should include all the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. This data shall be aggregated annually at the very least and be available upon request to the Department of Justice for the previous calendar year no later than June 30.</p> <p>The auditor was able to review the facility specific website prior to, during and after the on-site portion of the audit and locate the PREA policy as well as the 2018 Survey of Sexual Victimization Report, using the template of the Department of Justice.</p> <p>A portion of this standard is not applicable because the Craine House doesn't have a contract with any private facilities for the confinement of its residents.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>It is the expectation that the data collection and aggregation is done to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the agency as a whole. The report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. It must be approved by the agency head and made readily available to the public through its website or other means. A redaction of specific material from the report prior to publication that would present a clear and specific threat to the safety and security of the facility should occur, however it must indicate the nature of the material redacted.</p> <p>The auditor was able to access the facility specific website before, during and after the on-site portion of the audit and review the 2018 PREA Report. This document provides comparison data of incidents of sexual abuse and sexual harassment for calendar year 2017 and 2018 as well as feedback on the change in personnel for the PREA Coordinator's position. The report provided information on future training opportunities and expectations for the staff of Craine House.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Data collected must be retained securely for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise. All aggregated sexual abuse data must be made available to the public at least annually through its website or other means if it doesn't have a website. Prior to making accessible to the public, the agency shall remove all personal identifiers.</p> <p>The auditor was able to access the facilities website, before, during and after the onsite portion of the audit and locate the aggregated reports of incidents of sexual abuse and sexual harassment. There were no personal identifiers provided and followed the template as set by the Department of Justice.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Craine House was last audited in December of 2016 with the final report being submitted in February of 2017. Because the audits are based on a three-year cycle, this is considered the first year of the current cycle, thereby making them compliant with auditing deadlines. The auditor was able to access any and all documentation, files, areas of the facility, staff, residents and policies. Any information that was not uploaded into the PREA Online Auditing System was printed and given to the auditor in person or emailed electronically. The auditor was given a private area (on camera) to interview residents and staff.</p> <p>At least 6 weeks prior to the onsite portion of the audit, flyers were hung throughout the facility with the auditors contact information for anonymous or confidential reporting purposes. This same information was made available online prior to the onsite portion of the audit through the facility specific website. This was verified by both email as well as photos showing the date they were advertised. Resident interviews confirmed that contact information had been available for some time prior to the auditors physical arrival at the facility. As of this report, no communication has been received by the auditor through the PO BOX address provided.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Craine House has the final audit report from February of 2017, available online within the PREA hyperlink on the home page of their website. The PREA Coordinator understands that the final audit report from January of 2020, once received, is to replace the 2017 report and remain available to the public.</p>

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

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

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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 less than 50 residents)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	na

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

115.215 (d)	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	yes

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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
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115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

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

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

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

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

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

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

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

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

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

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

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

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

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

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

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

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

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

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

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

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

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

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

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

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

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

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

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

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

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

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

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

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

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

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

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

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

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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

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

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

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

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

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

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

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

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

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

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

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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

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

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

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

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

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

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

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

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

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

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 and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

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

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

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

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

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

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

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

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

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

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

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

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

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

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

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

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

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

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes

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

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