

PREA Facility Audit Report: Final

Name of Facility: Working Alternatives Flagstaff

Facility Type: Community Confinement

Date Interim Report Submitted: 02/21/2020

Date Final Report Submitted: 05/22/2020

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: D. Will Weir	Date of Signature: 05/22/2020

AUDITOR INFORMATION	
Auditor name:	Weir, Will
Address:	
Email:	prea.america@gmail.com
Telephone number:	
Start Date of On-Site Audit:	01/08/2020
End Date of On-Site Audit:	01/08/2020

FACILITY INFORMATION	
Facility name:	Working Alternatives Flagstaff
Facility physical address:	1120 W Kaibab Lane, Flagstaff, Arizona - 86001
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Chris Talley
Email Address:	c.talley@workingalternatives.org
Telephone Number:	928.421.2602

Facility Director	
Name:	Chris Talley
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Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Chris Talley
Email Address:	c.talley@workingalternatives.org
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Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	15
Average daily population for the past 12 months:	9
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	18-70
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Working Alternatives, Inc.
Governing authority or parent agency (if applicable):	Federal Bureau of Prisons
Physical Address:	3465 Camino Del Rio South, Suite 240, San Diego, California - 92108
Mailing Address:	
Telephone number:	714-898-6400

Agency Chief Executive Officer Information:	
Name:	Barry Rubin
Email Address:	b.rubin@workingalternatives.org
Telephone Number:	562-810-9414

Agency-Wide PREA Coordinator Information			
Name:	Grant Weiss	Email Address:	g.weiss@workingalternatives.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.

PREA America was retained on April 17, 2019, to audit a new facility for Working Alternatives Inc. in Flagstaff. PREA America's PREA Auditor Will Weir has audited other facilities for Working Alternatives, Inc. The On-Site portion of the audit was delayed, due to delays opening the facility, and was finally re-scheduled for January 8th, 2020. Shortly after the original scheduling, introductory communication with the PREA Coordinator took place to discuss the audit process, audit preparation, the Pre-Audit Questionnaire (PAQ), and supporting documents and elements of the on-site visit. Instructions to print on colored paper and about the proper distribution of the posting were sent along with the Audit Notice Posting. Alternative language posting was also made available. Proof of posting was verified by emailed photos of the various locations in the facility where the postings were placed. In addition to observations of the postings during the physical plant tour, the date of the email was used to verify that the postings were in place at least 6 weeks prior to the On-Site Audit, in accordance with the minimum posting requirements. The facility posted the notices October 29, 2019. The facility opened the next day, on November 1.

During the Pre-Audit Phase, an extensive desk audit of the facility/agency was conducted, and several emails were exchanged to clarify issues. This desk audit included review of the PAQ, policies, and procedures, as well as of supporting documentation. This phase of the audit was used to collaborate with the facility staff on questions and concerns with documenting compliance. The communication with the facility staff was used not only to understand the policies and procedures unique to the facility, but also to understand how PREA was put into practice. Internet research was done on the facility. The Review of the Coordinated Response Plan lead to concerns about local details and clarity of the document. Those things were addressed prior to the On-Site Audit.

During the Pre-Audit work, a problem was identified relating to Standard 115.251 (b) which states: "The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request." The facility and agency were working to comply with this provision, and ultimately provided proof of compliance during the CAP.

All documents received were reviewed, including logs, training files, and curricula. To verify that initial background checks had been completed, files were randomly selected of staff and of contractors. (They have no volunteers.) Because this is a new facility with new staff, they have not had employees long enough to check for compliance with the 5-year recheck requirement. However, policies and procedures are in place, as they are in other agency facilities, for future compliance with this requirement. Residents were randomly selected to verify PREA education and PREA Screenings. Phone calls were made to listed advocates, to verify the advocacy required by the Standards.

The On-Site Audit started with a briefing, which included confirmation of current population, review of agenda and logistics, discussion of mandatory reporting, and clarification of the need to allow any staff or resident who requests an interview to get one. The Audit Team checked to see if there were questions or concerns. (The Audit Team consisted of PREA America Project Manager Tom Kovach and DOJ Certified PREA Auditor Will Weir.)

The Site Review included obtaining and studying the facility diagram of the physical plant. The supervision and movement of staff and residents were observed. Casual conversations were held, to ascertain whether observations made were of "normal" supervision and movement. Random checks were made to assure that doors intended to be secured were locked. Random checks of PREA Hotline phones for functionality were made. All housing units and bathroom facilities were inspected for compliance with regulations about cross-gender supervision. This included a camera review, for those areas with cameras. All areas of the physical plants were observed, with attention to those areas which statistically are high-risk for sexual abuse. PREA Postings in the Visitation area were checked, including those regarding third-party reporting. Confirmation of the availability to staff of First Responder Duties was also a part of the tour. Blind spots were identified, and procedures for checking them were verified. A camera blind spot was identified, and a mirror was suggested to give coverage to the area. It was installed and verified that day. The Visitation area did not have a clear third-party reporting posting. One was put up and verified that day. The ADA dorms for women had an issue with cross-gender supervision. The alignment of the windows & the doors made it impossible to announce before being able to look in. The Agency reviewed options for resolving this issue and implemented changes during the CAP. They added announcement lights with switches outside the entrance area of the dorms. This aids those with hearing disabilities as well. Now (at the writing of this Final Report) a notification of cross-gender supervision is made prior to the staff stepping into the entrance area where they can see into the living quarters.

Interviews were selected in accordance with the guidance of the PREA Auditor Handbook, with random selections of residents to ensure diversity of geographic location (from each housing unit), race, and those with risk factors. Random staff interviews were made to include gender, shift, and posting diversity. Interviews were conducted in a conversational manner, to gain the confidence of those interviewed and to put them at ease, so the Audit Team could better comprehend their understanding of PREA and its practice in the facility.

12 residents out of the total facility population of 25 residents were interviewed. This number includes 4 of the 5 female residents. Due to the current population demographics of this recently opened facility, only 3 interviews can be considered "targeted" interviews according to the definition in the PREA Auditor's Handbook. This is important because auditors should make every effort to interview residents who have risk factors that might increase their statistical likelihood of being victimized while incarcerated. Risk factors represented in interviews include: age; prior abuse; cognitive disability; physical disability; and having prior offenses that are exclusively non-violent.

Interviews were conducted with staff in the following positions: Agency Head, Agency PREA Coordinator, Facility Director, Agency Human Resources, local investigator, SANE Nurse, contractor, staff who perform Screening and Intake, staff who monitor for Retaliation, and Incident Review Team members. An additional seven staff were selected randomly, representing various stations, housing units, shifts, and both genders. A total of 25 unique interviews were conducted, including interviews completed before and after the On-Site audit. The new facility is just beginning to fill up, and staffing was low, with staff fulfilling multiple functions.

The Exit Briefing addressed all aspects of the audit to date. No determination of compliance was given. The recap of the aggregated information obtained and observed was summarized. At the request of the facility staff, to assist in furthering their efforts to prevent and detect sexual abuse and harassment, this summary included a SWOT briefing, reviewing the Strengths, Weaknesses, Opportunities, and Threats.

The issuance of the Interim Report on February 21, 2020, triggered a Corrective Action Period (CAP) not to exceed 180 days. The agency, facility, and auditor developed a Corrective Action Plan (also called a CAP) that addressed the lack of an outside reporting entity as required in Standard 115.251 (Resident reporting) and the accidental unannounced cross-gender supervision that occurs in the dorms for women, as applicable to 115.215 (Limits to cross-gender viewing and searches). Since these issues were resolved quickly, the agency did not require the full 180 days.

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.

There are 9 housing units, in 3 buildings: A, B, and C. Building A is mainly Administration, but it also has a laundry. It has offices, conference rooms, and a staff control area. This Control Room has multiple camera monitors, and it also serves as the point of checking in and out for the residents. Building B is bi-level and is bifurcated between the male and female sides, with ADA quarters on the ground floor. The living quarters have bathrooms with single showers. There is a multiple-bed arrangement, and there are day room areas. Building C is an all-male single floor with multiple living quarters. There are shared bathrooms, but the individual showers are lined up in the main hall, with labels identifying which are available for specific housing units. The buildings and outside areas are all covered by video cameras in all areas other than the living and bathing areas. Cameras can be reviewed for footage from at least two months prior.

AUDIT FINDINGS**Summary of Audit Findings:**

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

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

Standards Exceeded

Number of Standards Exceeded: 0

Standards Met

Number of Standards Met on Interim Report: 39. Number of Standards Met on Final Report: 41.

Standards Not Met

Number of Standards Not Met on Interim Report: 2. Number of Standards Not Met on Final Report: 0

List of Standards Not Met on Interim Report: 115.215 Limits to cross-gender viewing and searches and 115.251 Resident reporting.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 403">As indicated in the Pre-Audit Questionnaire, and verified during interviews at the facility, Flagstaff RRC has a written policy mandating zero tolerance which includes all the required sub-standards of this standard. The agency wide PREA Coordinator is the agency Chief Operation's Officer and answers directly to the Working Alternatives Board. In addition, the Flagstaff RRC Facility Director has been appointed the facility's PREA Liaison to assist the PC.</p> <p data-bbox="229 403 1509 647">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.211, a-1- a-5; Organizational Chart; interviews with the PREA Coordinator; and 7 randomly selected files for training acknowledgements on zero tolerance. The federal Bureau of Prisons' Statement of Work, as well as the Resident and Employee Handbooks, indicate that PREA compliance, and other guidance supportive of sexual safety, have been required at the agency for a number of years. It appears, from interviews conducted, that initial measures have been taken to entrench PREA in the culture of this new facility. This has been done through training, documentation, and the leadership of agency administrators.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A. The agency accepts residents contractually from the Federal Bureau of Prisons but does not contract out for the confinement of its residents.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes an interview with the Agency Contract Administrator, communications with the Agency Head, and other documentation provided relating to relevant issues and Standards. The agency is in compliant with the Standard if there are no violations or conflicting data.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 526">Flagstaff RRC has developed and documented a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. This plan considers the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. At least quarterly (although PREA Standards only require this at least annually), the facility reviews the staffing plan to see whether adjustments are needed in the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan was provided to the Audit Team, as well as policy that guides the plan.</p> <p data-bbox="231 526 1508 748">Analysis: The agency is in compliance with the Standard if a triangulation of evidence verifies compliance. In this case, the Audit Team reviewed the staffing plan and perused the rosters and schedules. A Staffing Plan Review is not yet due since the facility has only been open since 11-01-2019. The team also conducted interviews of staff and supervisors to verify the documentation. The Audit Team also reviewed other documentation, such as the internal federal audit of the agency, camera surveillance maps, the deviation log, and the PAQ. This facility is documenting some deviations from the ideals of their staffing plan due to difficulty they have had recruiting staff.</p>

115.215	<p>Limits to cross-gender viewing and searches</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility does not conduct cross-gender strip searches, nor cross-gender visual body cavity searches, nor even cross-gender pat-downs of residents. If a cross-gender search happens in an emergency, in exigent circumstances, or in any circumstance, it is to be documented and reviewed by Administration. The documentation will be maintained in the resident's file. Interviews indicate that no incidents of cross-gender searches occurred since the facility opened. During the 12 resident interviews conducted, there were no complaints about the searches they receive; rather, residents expressed a view that they are respected during searches. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff have received training on conducting searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. Working Alternatives does not accept any residents under the age of 18, so parts of Standards regarding youthful residents do not apply. The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit; however, one issue regarding this provision was raised. There is a window through which residents housed in the ADA housing units can be viewed prior to entering the housing unit. This allows for accidental cross-gender viewing prior to a verbal cross-gender announcement being made.</p> <p>Corrective Action: Both the female and male ADA rooms now have lights installed with the switches outside the rooms. The lights are clearly visible to residents. When cross-gender staff arrive they turn on the light prior to coming into visual range of the residents. They proceed into the housing unit when cleared to do so. Verbal announcements continue to be made as well. These lights have the added benefit of providing notification to residents with hearing impairments. These improvements have been explained to residents and staff and have generated positive feedback from residents and staff.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.215 a-1 through d-2; interviews with randomly selected staff and residents; observations made during the site review; videos from the PRC for "Guidance on Cross Gender Pat Searches" with other training materials; and the Search Log Template. At the time of the Interim Report, the facility had shown compliance with all provisions of this Standard except for the provision requiring cross-gender announcement. This is because there was an area of the facility where a cross-gender announcement could not be made (due to the placement of a window) prior to the staff visually observing an area where residents might be changing clothing. The facility complied with the CAP and resolved the issue, providing documentation, including pictures, showing compliance. The facility is now fully compliant with the Standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 600">The agency has established procedures to provide disabled residents, and residents with limited English proficiency, equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy forbids Working Alternatives from accepting or keeping a resident if the agency is unable to fully meet the resident's needs. Policy prohibits use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of First Responder duties under §115.264, or the investigation of the resident's allegations. In the past 12 months, there have been no instances where resident interpreters, readers, or other types of resident assistants have been used. The On-Site Audit interviews at Flagstaff RRC confirmed that all residents can participate fully, with no exceptions found. Staff interviewed agreed that residents would not be used as interpreters and that appropriate interpreters can be located readily through interpreter services.</p> <p data-bbox="244 640 1490 734">Analysis: Evidence used to verify compliance with this Standard includes: Agency Policy 115.216 a-1 through c-1; Interpreter contract; resident brochure in English and Spanish; Training Rosters; and resident interviews. These sources provide a triangulation of evidence which indicates compliance with the Standard.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 703">Working Alternative's Policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting 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; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in any of these activities. Any incidents of sexual harassment must be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy also requires that, before it hires any new employees who may have contact with residents, a criminal background record is completed, consistent with federal, state, and local law; and that it makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse. Criminal background record checks are conducted initially, and at least every five years, by the BOP. Material omissions regarding such misconduct, and/or the provision of materially false information, are grounds for termination.</p> <p data-bbox="229 703 1509 884">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.217 a-e; Pre-Employment Applications of 7 randomly selected staff; interview with Human Resources staff; Sample Contractor/Volunteer Screening form; and Employment Clearance forms for 7 randomly selected staff, with corresponding reference checks. The randomly selected proofs of practice, along with written policy, and interviews with HR staff provide a triangulation of evidence that verifies compliance. Also BOP policies and procedures verify the background check process followed for staff.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Flagstaff RRC is a new facility, opening on 11-01-2019.</p> <p>Analysis: Evidence provided to show compliance with this Standard includes Policy 115.2018 a-1; photo of the pat search area; and documentation regarding facility and security camera planning, considering sexual safety. Also important to compliance determination were the Site Review, camera review, and the interviews with the Agency Head and Facility Director.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 453 235">Auditor Discussion</p> <p data-bbox="242 271 1428 398">As stated in Working Alternatives PREA policy, on page 15, they “follow uniform evidence protocol that maximizes the potential for obtaining usable physical evidence”. They “refer all sexual abuse cases to the medical facility capable of performing evidentiary medical examinations” (p. 16). Although the facility is new and has not had any investigations, it appears ready to follow the provisions of this Standard if/when an allegation is received.</p> <p data-bbox="242 439 1497 667">Analysis: Interviews with the PREA Coordinator and other administrators were conducted, along with interviews with randomly selected staff. Efforts to obtain MOU’s were reviewed. They have a Memorandum of Understanding (MOU) with North County HealthCare and Northern Arizona Care and Services After Assault “To provide medical forensic examinations to victims of sexual assault and domestic violence strangulation” The Audit Team has verified that these organizations provide the services agreed to and those required by this Standard. This includes an interview with the SANE provider and an advocate. In addition, Working Alternatives has an MOU with the Flagstaff Police Department, so they will follow appropriate evidence protocol and Standards, as well.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 571">Both BOP and Working Alternatives policies require that all allegations are reported to BOP and are investigated, ensuring 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). The facility is new and there have been no allegations of sexual abuse or sexual harassment, so there were no investigations to review at Flagstaff RRC. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is made publicly available.</p> <p data-bbox="231 571 1508 649">Analysis: The triangulation of evidence used to verify compliance with this Standard includes: Agency Policy 115.222 a-1 -b-1; postings and materials containing policies; interview with Agency Head; and communications with Investigative staff.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Working Alternatives trains all employees initially and at least annually, as verified by training logs and interviews at their other facilities, on all the matters required by PREA, and more. Initial training has been provided for Flagstaff RRC staff as well, but refresher training is not yet due since the facility opened recently. All employees are trained to work with both male and female residents.</p> <p>Analysis: The triangulation of evidence used to determine compliance with this Standard includes: Agency Policy 115.231 a-1 through b-2; staff training outline and PowerPoint from PRC; training acknowledgements for 7 randomly selected staff; First Responder Duties; PREA Presentation, "End the Silence"; NIC LGBTI Training; and interviews with randomly selected staff.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Volunteers, when an agency facility has any, are also trained, as required by the Standard and agency policy.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Vendor PREA Acknowledgement Form; Volunteer Manual; Zero Tolerance Form for Volunteers; Volunteer Acknowledgement Form; Vendor Acknowledgement Forms from the two vendors that service the facility; Volunteer Orientation; and Volunteer Standard of Conduct document. Flagstaff RRC has no volunteers at this time, but one of the vendors was interviewed.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 533">Flagstaff RRC residents receive information at time of intake about the zero-tolerance policy, instructions on how to report incidents or suspicions of sexual abuse or harassment, affirmations of their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and details regarding agency policies and procedures for responding to such incidents. Resident PREA education is available in formats accessible to all residents, including those who are: Limited English proficient, deaf, visually impaired, otherwise disabled, and/or limited in their reading skills. The agency maintains documentation of resident participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p data-bbox="242 573 1485 801">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.233 a-1 through c-5; "What You Need to Know" video facilitator's guide; training logs and materials; interviews with Intake staff and with randomly selected residents; and Resident Acknowledgement Forms for PREA Education from randomly selected residents. During the On-Site Audit, the Audit Team observed the notices and posters, and interviewed randomly selected residents. Also, the staff interviews indicated that the residents have been educated about PREA and know they can report, and that victims of sexual assault and harassment can get help. Staff and residents appear to have been provided information consistent with the minimum requirements of this Standard.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 465">Both Working Alternatives and BOP policies require that Investigators are trained in conducting sexual abuse investigations in confinement settings. The agency maintains documentation showing that investigators have completed the required training. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="229 465 1509 582">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.234; Investigation Curriculum and Certificate from NIC for 2 investigators; and interviews with investigative staff and administrators. These documents and interviews indicate compliance with this Standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1458 331">Working Alternatives has no medical or mental health staff at the facility. No forensic exams are done by staff. All services are off-site.</p> <p data-bbox="244 371 1477 465">Analysis: Evidence used to determine compliance with this Standard includes the interviews with the PREA Coordinator and Facility Director, who state there are no medical staff at the facility, as confirmed by the site review. In addition, services in the community were verified by the audit team.</p>

115.241	<p data-bbox="231 71 1508 1216">Screening for risk of victimization and abusiveness</p> <p data-bbox="231 145 1508 190">Auditor Overall Determination: Meets Standard</p> <p data-bbox="231 212 1508 257">Auditor Discussion</p> <p data-bbox="231 280 1508 1019">Working Alternatives has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other residents to begin prior to any resident's arrival at the facility. The BOP plans admissions/transfers in advance and shares information that is useful to this process. The process is completed within 72 hours of arrival. The initial screening is completed by the Facility Director. Then it is passed on to the Social Services Administrator/RRC PREA Liaison, for another face-to-face interview, within 72 hours of arrival. Any new information is added by case managers, who sign off on the screening within 30 days. High-Risk and At-Risk residents are staffed weekly by professional staff at the Program Review Team meeting. Policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the Intake Screening. The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receiving additional information that bears on the resident's risk of sexual victimization or abusiveness. Policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding whether or not the resident has a mental, physical, or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability. During the Audit, resident and staff interviews indicated that these screenings are conducted, and that the information is used appropriately to protect residents, and that access to confidential, sensitive information is limited to protect privacy. The screening tool was reviewed by the Auditor, and the screening process takes into consideration whether the resident has a mental, physical, or developmental disability; the age of the resident; the physical build of the resident; whether the resident has previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has engaged in sexual violence; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender-nonconforming; whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability.</p> <p data-bbox="231 1041 1508 1216">Analysis: Evidence indicating full compliance with this Standard includes: Agency Policy 115.241 a-1 to h-1; Risk screening template; 5 randomly selected samples of residents' screening and re-screening; and interviews with staff responsible for Screening and with the PREA Coordinator. In addition, residents were asked about the admission and screening process they experienced upon arrival at the facility. The vast majority of these interviews also indicated full compliance with this Standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 636">Information from the risk screening required by § 115.241 is used to inform housing, bed, work, education, and program assignments, with the goal of keeping separate those residents at high-risk of being sexually victimized from those at high-risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. Working Alternatives Flagstaff RCC makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. Transgender or intersex residents' own views with respect to their own safety are given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. Policy also explicitly states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.</p> <p data-bbox="229 636 1509 745">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.242 a-1; randomly selected screening documentation; Bed Roster template and current Bed Roster; and Interviews with PREA Coordinator and with staff responsible for Screening.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1485 566">The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency is required to provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, but at the time of the Interim Report, this reporting method had not been verified. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately or by the end of their shift. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents verbally and in writing. Staff are informed of these procedures.</p> <p data-bbox="242 600 1445 689">Corrective Action: In order to come into compliance with the outside reporting requirement of this Standard, the agency signed an MOU with the Victim Witness Services for Coconimo County. The Audit Team tested the reporting system and interviewed the VWS Executive Director in order to verify compliance.</p> <p data-bbox="242 730 1490 992">Analysis: Evidence used to review compliance with this Standard includes: Agency Policy 115.251 a-1 to d-1; PREA Brochure in Spanish and English; Resident Handbook; interviews with randomly selected staff and residents; and MOU with Flagstaff PD. At the time of the Interim Report, the agency still had not demonstrated compliance with provision b with states: "The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request." During the CAP, in order to come into compliance with this provision, the agency signed an MOU with the Victim Witness Services for Coconimo County. The Audit Team tested the reporting system and interviewed the VWS Executive Director in order to verify compliance.</p>

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1485 734">A resident is allowed to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Residents are not required to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. A resident may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, and it will not be referred to the staff member who is the subject of the complaint. A decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days. No grievances have yet been filed at this facility that alleged sexual abuse. Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Policy requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. An emergency grievance can be filed alleging that a resident is subject to a substantial risk of imminent sexual abuse. Policy for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours and a final decision within 5 days. Policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p data-bbox="242 775 1469 869">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.252 a-1 to f-5; Grievance memo in Spanish and English; Resident Handbook. Statements made during the audit interviews are consistent with policy being trained on and followed. No information was received that indicated lack of compliance with this Standard.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Working Alternatives provides residents with access to outside victim advocates for emotional support services related to sexual abuse through the Coconino Victim Services, (928) 856-7676. They have provided documentation of attempts to establish an MOU with this entity. They have an MOU with North Country Healthcare (2920 N. Fourth Street, Flagstaff, AZ, (928) 522-9460) although that MOU is regarding forensic exams and does not guarantee advocacy. Residents have private, unmonitored access to phones. The phone numbers are posted in prominent places around the facility. Flagstaff RCC informs them of the extent to which communications will be monitored. Residents interviewed indicate no problems being able to participate in such communication freely, without being monitored. They have been told the limits of confidentiality.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.253 a-1 to b-2; resident reporting posters and brochures, in English and Spanish; interviews with residents; and documentation related to the MOUs.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 436">The agency and facility provide a method to receive third-party reports of resident sexual abuse or sexual harassment. Working Alternatives and the Bureau of Prisons publicly distribute information on how to report resident sexual abuse or sexual harassment on behalf of residents. The auditor verified that staff and residents are instructed about third-party reporting, and that the information is available publicly and posted.</p> <p data-bbox="231 436 1508 582">Analysis: Evidence used to determine compliance with this Standard includes Third-Party Reporting Posting and Brochure in English and Spanish in visitation areas. Residents indicated that they know about third-party reporting and that they know how to do it. Staff indicated they can help residents make reports or contact someone on the outside that can report on their behalf.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 571">Working Alternatives at Flagstaff RRC requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It also requires that all staff report immediately any retaliation against residents or staff who reported such an incident. All staff are to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="231 571 1508 714">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.261 a-1 to b -3; and interviews with randomly selected staff, with the Facility Director, and with the PREA Coordinator. All staff interviewed indicate they will report immediately, and the residents interviewed indicate they believe staff will report. Residents, as well as staff, state they have not observed any sexual abuse or harassment at this facility.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 367">Policy and established procedure at Working Alternatives require that, when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. No residents have been determined to be at substantial risk of imminent sexual abuse.</p> <p data-bbox="229 367 1509 582">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.262 a-1; PAQ; and interviews with residents, the Agency Head, the Facility Director, and randomly selected staff. Interviews indicated that both staff and residents believe that Working Alternatives staff will take appropriate and effective immediate steps to protect a resident. No interview indicated there has been a specific need for this kind of protective measure to be used since the facility opened.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1485 533">Working Alternatives has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The facility has not received any allegations that a resident was abused while confined at another facility. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. Facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Information received during the Audit indicates there have been no allegations of sexual abuse the facility received from other facilities.</p> <p data-bbox="244 573 1481 636">Analysis: The triangulation of evidence used to determine compliance with this Standard includes: Agency Policy 115.263 a-1 to d-1; PAQ; interviews with the Agency Head, PREA Coordinator, and with the Facility Director.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a First Responder policy for allegations of sexual abuse which complies with this Standard. Staff interviewed were generally familiar with all the First Responder duties.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.264 a-2 to b-5; posted First Responder Duties; signed acknowledgements of those duties by staff; and interviews with staff. Staff who did not have First Responder duties memorized knew where those duties are posted, and they state that they would refer to the list in the event an incident occurred.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Working Alternatives has developed a written institutional plan to coordinate actions, taken by staff First Responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse.</p> <p>Analysis: Evidence consistent with compliance with this Standard includes: Agency Policy 115.265 a-1; Coordinated Incident Response Checklist; and interviews with Agency Head, PREA Coordinator and Facility Director.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1490 365">The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has neither entered into, nor renewed, any collective bargaining agreement or other agreement since August 20, 2012. The facility has the ability and authority to protect residents from contact with abusers.</p> <p data-bbox="244 405 1485 465">Analysis: Evidence used to determine compliance with this Standard includes: Interview with Agency Head, other interviews, and documentation received. It appears that no collective bargaining has taken place.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1490 566">Working Alternatives has a policy to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. Also, if any other individual who cooperates with an investigation expresses a fear of retaliation, they take measures to protect that individual, as well. The agency designates staff members as responsible for monitoring for possible retaliation. The agency monitors the conduct or treatment of residents or staff who reported sexual abuse, and of residents who were reported to have suffered sexual abuse, to see if there are any changes that may suggest possible retaliation by residents or staff. The agency monitors such conduct and treatment for at least 90 days. The agency acts promptly to remedy any such retaliation. The agency continues such monitoring beyond 90 days, if the initial monitoring indicates a continuing need. There have been no known incidents of retaliation at the new facility.</p> <p data-bbox="240 607 1490 936">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.267 a-1 to c-4; and interviews with the staff responsible for retaliation monitoring, i.e., the Assistant Director, and the Case Manager, the Agency Head, and the Facility Director. (Since there have been no allegations as of this Audit, there was no monitoring documentation.) The HR/Personnel Director and PREA Coordinator, along with the facility directors and supervisors know to employ multiple protection measures, such as housing changes or transfers for resident victims or abusers; removal of alleged staff or resident abusers from contact with victims; and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment and/or for cooperating with investigations. They also know to perform periodic status checks and monitor resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Residents usually reported confidence that staff will honor their confidentiality if they report sexual abuse/harassment.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 837">The agency has a policy related to criminal and administrative agency investigations. When the agency conducts investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency uses appropriately trained investigators. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When outside agencies investigate sexual abuse, the facility cooperates and tries to remain informed about the progress of the investigation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The agency documents fully and retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. All allegations are reported immediately to BOP. If the allegation alleges possible criminal behavior, it is also reported to the Flagstaff Police Department. When the evidence supports prosecution, Working Alternatives will not compel interviews without first consulting with prosecutors. The credibility of a victim, witness, or suspect is assessed on an individual basis, rather than being determined by the person's status as resident or staff. Polygraph examinations are not be used as a condition of proceeding with an investigation. The departure of a victim or abuser from the control of the institution, or from employment, does not provide a basis for terminating an investigation.</p> <p data-bbox="229 837 1509 981">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.271 a-1 to i-1, and interviews with the Investigator and the Facility Director. Since this facility is new, and has not had any investigations yet, there were no facility investigations to review. However, all evidence reviewed, and interviews conducted, indicate the facility is compliant with this Standard.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1410 331">The agency imposes a Standard of a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p data-bbox="244 371 1474 465">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.272 a-1, and an interview with the Investigator. Interviews with the PREA Coordinator and Facility Director also indicate and understanding of, and compliance with, this Standard although no investigations have yet been completed.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 479">As verified by a review of policy and during interviews conducted at Flagstaff RRC, Working Alternatives has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in the facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation, as well as the other details required by this Standard regarding actions against the alleged perpetrator. Policy requires that if an outside entity conducts investigations, the agency requests the relevant information from the investigative entity, in order to inform the resident of the outcome of the investigation.</p> <p data-bbox="229 479 1509 647">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.273 a-1 to e-1, and interviews with the administrators and with the Investigator. There have been no allegations since the facility opened, so there were no notifications for the Auditor to review. Documentation and interviews regarding all provisions of this Standard indicate compliance with this Standard.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 571">Working Alternatives staff are subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. There have been no staff from the facility who allegedly violated agency sexual abuse or sexual harassment policies. The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are to be reported to law enforcement agencies (unless the activity was clearly not criminal), and to any relevant licensing bodies.</p> <p data-bbox="231 571 1508 683">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.2; interviews with administrators and the Investigator; and PAQ documentation received. All related documentation reviewed, and interviews conducted, indicate that the facility is fully compliant with this Standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 190 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 526">Policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal), and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. There have been no contractors or volunteers alleged to have engaged in sexual abuse or harassment of residents, so none have been reported to law enforcement agencies and relevant licensing bodies. The facility is required to take appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="231 526 1508 649">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.276 a-1 to d-1. Since there are no allegations as of this audit, there are no disciplinary records to review. No documentation reviewed, or interviews conducted, indicate any violations of this Standard.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1493 801">Flagstaff residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or a criminal finding of guilt, that a resident engaged in resident-on-resident sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior, when determining what type of sanction, if any, should be imposed. According to the Pre-Audit Questionnaire and interviews conducted at the site, there have been no such findings at this new facility. Residents are referred off-site for any therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents but deems such activity to constitute sexual abuse only if it determines that the activity is coerced. The Executive Director and PREA Coordinator state that a substantiated finding would result in an Incident Report to BOP that could result in a transfer of the offending resident to higher custody or to another facility.</p> <p data-bbox="242 842 1422 936">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.277 a-1 to g-2; PAQ documentation; and interviews with the Agency Head, Faculty Director, and PREA Coordinator. All these sources of information indicate that the facility is compliant with this Standard.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1493 566">Policy requires resident victims of sexual abuse at Working Alternatives Flagstaff RRC to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health staff are to document the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="244 607 1437 734">Analysis: Evidence used to determine compliance with this Standard includes interviews with the Director and PREA Coordinator, who indicate that there are no medical staff employed at the facility. Emergency medical and mental health services are provided in the community and these services are listed in the Coordinated Response Plan and have been verified by the Audit Team. Agency Policy is found in section 115.282 d-1, and summarized in the PREA Brochure.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 636">Working Alternatives and the BOP, according to contractual agreement, offer medical and mental health evaluation in the community, and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and it offers treatment when deemed appropriate by mental health practitioners. Treatment services are provided to the victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="229 636 1509 781">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.283 a-1 to h-1; PAQ documentation; and interviews with administrators who indicate they have no knowledge of any residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. They indicate an understanding of this Standard and have relationships with agencies in the community who can provide these services when called upon so to do.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 636">The facility conducts a sexual abuse Incident Review (within 30 days) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. Since the opening of the facility, there have been no criminal or administrative investigations of alleged sexual abuse. The sexual abuse Incident Review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners, who report their findings, and any recommendations for improvement, to the facility head. The facility will implement the recommendations for improvement, or it will document its reasons for not doing so. The team will consider whether policies or practices need to be changed; whether the incident or allegation was motivated by race, ethnicity, LGBTI status or perceived status, or gang affiliation or other group dynamics at the facility; whether physical barriers in the area where the abuse allegedly occurred might enable abuse; and whether monitoring technology should be augmented or changed.</p> <p data-bbox="229 636 1509 815">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.286 a-1 to c-1; PAQ documentation; and interviews with several members of the Incident Review Team. There were no incidents to review, so there was no documentation to review for this facility, although the auditor has reviewed applicable documentation at other agency facilities when conducting their audits. Policies and practices appear to be consistent across all Working Alternatives' facilities.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 481">Working Alternatives collects accurate, uniform data for every allegation of sexual abuse at facilities under its control, using a standardized instrument and set of definitions. The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually, and they maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse Incident Reviews.</p> <p data-bbox="231 481 1508 649">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.287 a-1; data collection worksheet; annual report draft; interviews with the Agency Head; and the PREA Coordinator; and a Posting to announce access to the Annual Report. Since this facility has only been open a few months, the Annual Report with data related to this facility is not yet due. Agency wide Annual Reports have been reviewed.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 526">Working Alternatives reviews 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 and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an Annual Report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The Annual Report is required to include a comparison of the current year's data and corrective actions with those from prior years. The Annual Report must provide an assessment of the agency's progress in addressing sexual abuse. The agency makes its Annual Reports readily available to the public, once approved by the agency head.</p> <p data-bbox="231 526 1508 616">Analysis: Evidence used to determine compliance with this Standard includes: Agency Policy 115.289 a-1 to c-2; agency Annual Reports; and interviews with the Agency Head and PREA Coordinator.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Working Alternatives securely retains incident-based and aggregate data. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>Analysis: Policy requires, and the Auditor's interviews verified, that aggregated sexual abuse data from facilities under its direct control is made readily available to the public at least annually. Although annual data is not yet due for this facility, agency wide reports are available.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1187 331">According to an FAQ on the PREA Resource Center website, which can be found at: https://www.prearesourcecenter.org/node/3228, the following question is asked and answered:</p> <p data-bbox="240 338 1453 398">“At what stage in the audit process is an audit considered complete for the purposes of meeting the requirement that one-third of an agency’s facilities be completed by the end of each year in the auditing cycle?”</p> <p data-bbox="240 405 1490 499">Answer: “Starting on August 20, 2016, which is the first day of the first year of the second three year audit cycle, for the purpose of the PREA standards, the audit is considered complete upon issuance of the initial audit report or 45 days after the conclusion of the audit’s on-site visit to the facility, whichever one comes first.”</p> <p data-bbox="240 539 1497 763">Analysis: The agency operated two facilities, until this new facility opened in 2019. Their previous PREA Audit Final Reports were completed on 04-15-2016 and 04-17-2016. Working Alternatives was late to come into PREA compliance during the first three-year audit cycle. Both original facilities have been audited for the second time, with their Final Reports both being published 11-13-2018. This new facility has completed its initial audit during the first year of the Third Audit Cycle. The agency shows compliance with this Standard by having all facilities audited during each of the previous completed three-year audit cycles. This current audit represents the first audit to be completed during the current audit cycle. At least one of the other two facilities should be audited prior to August 2021.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility posts signs in public places instructing anyone desiring to see the Audit to request it. The PREA Coordinator then provides the Audit Report to them. These signs were observed during the On-Site Review, and interviews verify the public has access to these reports in practice.

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

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

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

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

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

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

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

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

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	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.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

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

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

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

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

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

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

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