

# PREA Facility Audit Report: Final

**Name of Facility:** Dismas House of St. Louis

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 10/16/2022

**Date Final Report Submitted:** 04/04/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Lauren Fish	<b>Date of Signature:</b> 04/04/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fish, Lauren
<b>Email:</b>	LaurenFish23@hotmail.com
<b>Start Date of On-Site Audit:</b>	08/15/2022
<b>End Date of On-Site Audit:</b>	08/16/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Dismas House of St. Louis
<b>Facility physical address:</b>	5025 Cote Brilliante Avenue, St. Louis, Missouri - 63113
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Matt Dallavis
<b>Email Address:</b>	mdallavis@dismashouse.net
<b>Telephone Number:</b>	636-626-8599

<b>Facility Director</b>	
<b>Name:</b>	John House
<b>Email Address:</b>	jhouse@dismashouse.net
<b>Telephone Number:</b>	314-361-2802 x102

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	168
<b>Current population of facility:</b>	145
<b>Average daily population for the past 12 months:</b>	109
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	20-65
<b>Facility security levels/resident custody levels:</b>	Standard/Medium/Maximum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	47
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	18

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Dismas House of St. Louis Board of Directors
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5025 Cote Brilliante Avenue, St. Louis, Missouri - 63113
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Matt Dallavas	<b>Email Address:</b>	mdallavis@dismashouse.net

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
41	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-15
2. End date of the onsite portion of the audit:	2022-08-16

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Crime Victim Advocacy Center

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	168
15. Average daily population for the past 12 months:	109
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	139
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	7
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>42</p>

<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.

# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	12
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>If "Other," describe:</b>	Level in the program



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor requested a list be available upon arrival with all clients housed in the facility on the first day of the audit. From this list, auditor randomly selected a random sample of clients ensuring a proportionate number from each of the housing areas.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>8</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>5</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This was determined after review of the information on the PAQ, observations during a facility tour, discussions with staff and other clients.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This was corroborated through review of information obtained through the PAQ, onsite documentation review, observations made during the facility tour, and conversations with staff and other clients.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This was corroborated through conversation with staff and other clients, onsite documentation review, and information obtained from the PAQ.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This was corroborated through review of information obtained through the PAQ, onsite documentation and client file review, observations made during the facility tour, and discussion with staff and other clients.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This was corroborated through review of information obtained through the PAQ, onsite documentation review, observations made during the facility tour, and conversations with staff and other clients.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

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

# Staff, Volunteer, and Contractor Interviews

## Random Staff Interviews

<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.

## Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	14
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<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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



	<input checked="" type="checkbox"/> Intake staff  <input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	This facility does not employ medical or mental health staff. Criminal investigations are conducted by an outside entity.

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

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

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.

**Documentation Sampling**

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

<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

No text provided.

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

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

## **Sexual Abuse and Sexual Harassment Investigation Outcomes**

### **Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## **Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

### **Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

0

**a. Explain why you were unable to review any sexual abuse investigation files:**

There were no sexual abuse investigations in the 12 months preceding the audit.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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**Inmate-on-inmate sexual abuse investigation files**

<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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**Staff-on-inmate sexual abuse investigation files**

<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no sexual harassment investigations in the 12 months preceding the audit.</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

# SUPPORT STAFF INFORMATION

## DOJ-certified PREA Auditors Support Staff

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

Yes

No

## Non-certified Support Staff

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

Yes

No

# AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

## Standards

### 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.

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 211 “Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator” mandates zero tolerance toward of all forms of sexual abuse and sexual harassment. This policy outlines the facility’s approach to prevention, detection, and response to sexual abuse and sexual harassment. It includes definitions of prohibited behavior and sanctions for those found to have participated in such prohibited behavior. The policy requires that all claims of sexual assault be immediately reported to the contracting law enforcement agency, including notification to the agency’s special investigation division.</p> <p>A copy of the policy is given to all staff to review and sign and to clients upon admission to the facility.</p> <p>The facility employs a PREA Coordinator who reports to the Federal Program Director. The PREA Coordinator is tasked with developing, implementing, and overseeing efforts to comply with PREA standards. The PREA Coordinator indicated during an interview that they have sufficient time and authority to carry out responsibilities to become compliant with PREA standards. The PREA Coordinator communicates regularly with the CEO and COO and keeps in regular contact with FBOP officials regarding PREA related issues.</p> <p>Compliance with this standard was based on review of staff training, client education materials, interviews with PREA Coordinator and Facility Director, and an Organizational Chart updated 2022.</p>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The DHSL does not contract with private agencies or other entities for the confinement of residents. The DHSL is a standalone facility with a contractual agreement to provide residential re-entry services to offenders in custody of the Federal Bureau of Prisons. A review of the contract with the FBOP and Statement of Work confirmed this.

<b>115.213</b>	<p data-bbox="280 107 778 147"><b>Supervision and monitoring</b></p> <p data-bbox="280 185 1007 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 338 1469 584">Policy 213 “Supervision and Monitoring” requires the DHSL to develop and maintain a staffing plan to include adequate staffing levels and video monitoring to protect clients against sexual abuse. Policy notes that the physical layout of the facility, composition of client population, prevalence of incidents of sexual abuse, and any other relevant factors are considered when determining adequate staffing levels and the need for video monitoring.</p> <p data-bbox="280 622 1469 902">As a contractor of the BOP, the facility must comply with a staffing pattern outlined in the Statement of Work (SOW). The DHSL staffing plan is predicated on 161 clients. The staffing plan includes one Federal Program Director, seven Case Managers, two Social Services Coordinators, and eleven Facility Monitors. At least two Facility Monitors are on duty on each of three shifts for twenty-four-hour coverage. Normal coverage includes four Facility Monitors on day and evening shift and three on overnight shift when the total client population is over 120.</p> <p data-bbox="280 940 1437 1059">Policy requires that the facility document and justify all deviations from the plan. The PREA Coordinator confirmed there have been no deviations from the staffing plan in the past twelve months.</p> <p data-bbox="280 1097 1477 1377">Policy 213 notes that whenever necessary, but no less than annually, the facility will assess the plan and determine if adjustments are needed to the plan, staffing patterns, deployment of video monitoring systems, or allocation of resources needed to ensure compliance with the staffing plan. The most recent review was conducted within the past twelve months. The review included a consideration of physical layout of the facility, client population, incidents of sexual abuse and any other relevant factors.</p> <p data-bbox="280 1415 1465 1534">Observations during the site review included staffing patterns during each shift and in all areas of the facility, line of sight, level of direct and indirect supervision including camera placement, and housing areas.</p> <p data-bbox="280 1572 1481 1736">Reviewed staffing pattern, Technical Proposal, SOW with the BOP, camera placement and building schematic, annual staffing plan review, meeting minutes where staffing plan was reviewed, interviews with PREA Coordinator and Facility Director, and staffing schedule for the week of the onsite audit.</p>
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 215 “Cross gender viewing and searches” indicates that where strip searches are permitted, staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches absent exigent circumstances. However, policy also says DHSL staff will only conduct pat-down searches. The policy needs to be revised to clarify that cross-gender strip or cross-gender visual body cavity searches of clients by DHSL staff are not permitted. Policy also notes that DHSL shall document all cross-gender strip searches and cross-gender visual body cavity searches.</p> <p>The DHSL houses only male residents. Pat-down searches are conducted in view of camera monitoring.</p> <p>Policy 215 enables clients to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing. Video cameras are restricted to areas where clients are fully clothed. This policy requires staff of the opposite gender to announce their presence when entering a housing area. Housing units are arranged in such a way that clients have the ability to shower, change clothing, and toilet without being viewed by staff of the opposite gender.</p> <p>Staff were observed announcing their presence prior to entering housing areas during the onsite visit. Staff and clients confirmed during interviews that this is standard practice. No cameras or video monitoring in housing dormitories were observed during the facility tour.</p> <p>Policy 215 requires staff be trained in how to conduct searches of transgender and intersex clients in a professional manner and prohibits searching or physically examining a transgender or intersex client for the sole purpose of determining the person’s genital status. There have been no such searches conducted in the past twelve months. All staff interviewed confirmed they had received training in this.</p> <p>Reviewed training logs and training curriculum, interviews and informal conversations with a random sample of staff, interviews and informal conversations with clients, and observations made during the site review of pat searches and camera placement.</p>

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 216 “Clients with Disabilities and Limited English Proficiency” requires that steps be taken to ensure clients with disabilities have equal opportunity to participate in or benefit from the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Procedures are outlined for clients with physical, mental, intellectual, and sensory disabilities as well as non-English speaking. The facility employs tools such as Adobe Acrobat’s “Read Out Loud” and Google Translator as well as behavioral methods such as one-on-one engagement for clients who may have trouble with group settings and the “Three Tell Them” Model of presentation.</p> <p>The DHSL has a “Master Interpreting Service Agreement” with DEAF, Inc. for the provision of licensed and certified sign language interpretation services. There is an active Service Agreement with Certified Languages International for on-demand telephonic interpreting services and/or document translation services. Interpretation services are confidential and free of charge to the client.</p> <p>Reviewed “DHSL Special Needs Clients: Procedures to provide opportunity to participate in or benefit from all aspects and efforts to prevent, detect, and respond to sexual abuse and sexual harassment,” Master Interpreting Service Agreement with DEAF, Inc., Service Agreement with Certified Languages International, interviews and informal conversations with clients with disabilities, interviews with a Random Sample of Staff, and test of interpretation services.</p>



<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 667">DHSL Policy 217 “Hiring and Promotion Decisions” prohibits hiring or promoting anyone who may have contact with clients or enlisting the services of any contractor who may have client contact who has engaged in sexual abuse in a correctional setting, been convicted of engaging or attempting to engage in sexual activity the community or has been civilly or administratively adjudicated to have engaged in such activity. Policy indicates DHSL shall consider any incidents of sexual harassment when determining whether to hire or promote someone or enlist services of any contractor who may have contact with clients.</p> <p data-bbox="280 705 1481 1155">Policy 217 requires a pre-employment criminal background check as well as best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse. Criminal background checks are also required to be completed before enlisting services of a contractor who may have client contact. This policy further requires criminal background checks be completed at least every 5 years for current employees and contractors who have contact with clients. All applicants and employees are asked about previous misconduct in written applications or interviews during the hiring or promotion process. Policy imposes upon employees a continuing affirmative duty to disclose any such misconduct, and material omissions or provision of false information is considered grounds for termination.</p> <p data-bbox="280 1167 1449 1283">DHSL provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon request from an institutional employer where an employee has applied to work, unless prohibited by law.</p> <p data-bbox="280 1319 1453 1478">The facility has not had any contractors or volunteers who have had contact with clients in the building since 2020. There have been contractors who have been doing construction work on an adjacent building, but these individuals do not have client contact.</p> <p data-bbox="280 1516 1449 1675">At the time of new hire, promotion, and annual review, each employee signs an “Affirmation of No Misconduct” form which requires them to disclose if they have engaged in any misconduct, criminal convictions, or adjudication. Employees sign this form, and it becomes part of their personnel file.</p> <p data-bbox="280 1713 1481 1830">In an interview with Human Resources, it was noted that the DHSL conducts criminal background checks using Validity, a third-party source. Applicants for new hire and potential contractors are then screened by the BOP for final approval.</p> <p data-bbox="280 1868 1461 2069">Reviewed documentation of background checks of current employees at five-year intervals, files of persons hired within the past 12 months to ensure proper criminal background checks were conducted, “Affirmations of No Misconduct” for annual reviews and new hires, and interviews with PREA Coordinator and Human Resources.</p>

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 218 “Upgrades to facilities and technologies” requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect clients from sexual abuse will be considered. Policy also requires the DHSL to consider how installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology may enhance the agency’s ability to protect clients from sexual abuse.</p> <p>Since 2020, the DHSL has added 19 cameras. There were modification of 2 bathrooms, a handicap accessible room with a bathroom, and 2 dormitories. Interviews and documented communications confirmed that the PREA Coordinator was consulted to ensure modifications and the addition of technology enhanced the facility’s ability to protect clients against sexual abuse.</p> <p>Reviewed observations during facility tour of areas that were renovated and modified, interviews with PREA Coordinator, Facility Director, and Agency Head, camera schematics, and documented communications about modifications.</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>DHSL Policy 221 “Evidence protocol and forensic medical examinations” requires use of a uniform evidence protocol to be followed for investigations of sexual abuse. The policy notes that DHSL acts primarily as first responder for investigating allegations of sexual abuse and will assist the authority responsible for the investigation, upon request. The St. Louis Metropolitan Police Department has responsibility for conducting both administrative and criminal sexual abuse investigations. The BOP is notified of any and all investigations. Policy requires a protocol that is 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.</p> <p>DHSL offers all residents who experience sexual abuse access to forensic medical examinations without financial cost to the victim. Policy notes that forensic medical examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Such examinations are available at Barnes/Jewish Hospital, although the DHSL does not have a formal agreement with the hospital. In the past twelve months, there have been no forensic medical exams conducted.</p> <p>Policy notes that the DHSL will request that the external investigating agency follow requirements of this standard.</p> <p>Reviewed documentation of the request regarding requirements (a) through (e) of this standard to outside investigating agencies, documented efforts to provide SAFE or SANEs, MOU and documented communication with the Crime Victim Center (CVC) for victim advocate services, interviews with PREA Coordinator and Random Sample of Staff, and uniform evidence protocol.</p>

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 222 “Policies to ensure referrals of allegations for investigation” ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The DHSL conducts administrative investigations, and the local police department and/or the BOP conducts criminal investigations. All allegations are reported to the Residential Reentry Manager and the BOP. The DHSL follows directions from there. This policy regarding the referral of allegations for investigation found to be published on the agency’s website. Policy requires that DHSL documents all referrals of allegations of sexual abuse and sexual harassment for criminal investigation.</p> <p>In the past twelve months, there have been no allegations of sexual abuse or sexual harassment. Therefore, there have been no allegations referred for criminal or administrative investigations.</p> <p>Reviewed interview with Agency Head, confirmation of PREA policy published on the agency’s website</p>

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 231 “Employee training” addresses the requirements of this standard. All DHSL employees who have contact with residents are trained on the zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill responsibilities with prevention, detection, reporting, and response policies and procedures, client’s right to be free from sexual abuse and sexual harassment, right to be free from retaliation for reporting this, dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims, how to detect and respond to signs of threatened and actual abuse, how to avoid inappropriate relationships, how to communicate effectively with clients, including those who are lesbian, gay, bisexual, transgender, intersex or gender nonconforming, and how to comply with relevant laws related to mandatory reporting. The facility uses The Moss Group, Inc. training which comprehensively addresses all training components required in this standard. Each person interviewed in a random sample of staff confirmed they had received such training.</p> <p>Policy 231 notes that training is tailed to the gender of the clients at the facility, and employees receive additional training if they are reassigned from a facility that houses only female residents. Refresher training is conducted every two years, and employees are provided information on current sexual abuse and sexual harassment policies during the alternate years when there is not a refresher training. Documentation of the training is through employee signature or electronic verification to confirm understanding of the material. Employees also a few questions after the training to ensure comprehension of the content.</p> <p>Employees are given a form entitled “Staff, Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment” which reviews the DHSL zero-tolerance policy. Staff sign that they have received this form and are given a copy for their own keeping. They also are given and sign receipt of a list of first responder duties, a document about cross gender viewing and searches, and a copy of the procedures for special needs clients.</p> <p>Reviewed training curriculum, training verification logs, signed training documents for a random sample of staff, and interviews with a random sample of staff.</p>

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 232 “Volunteer and contractor training” ensures all volunteers and contractors who have contact with clients are training on their responsibilities under the DHSL PREA policies and procedures. The level and type of training is based on services they provide and level of contact with clients. All volunteers and contractors who have contact with clients are notified of the zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment. DHSL maintains documentation confirming contractor and volunteer understanding and receipt of such information.</p> <p>The have been no volunteers in the DHSL building since 2020 due to COVID. The only contractors work in an adjacent building and do not have contact with clients. Background checks were completed for construction contractors, and they review and sign the “DHSL Staff, Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment” form even though there is no contact with clients.</p> <p>Reviewed “DHSL Staff, Contractor and Volunteer Notification of Zero Tolerance Sexual Abuse and Harassment,” DHSL “Volunteer and Contracted Staff Orientation and Scope of Duties Agreement,” “DHSL Non-Employee Prevent, Detect, and Report Client Sexual Abuse and Harassment,” training curriculum, signed acknowledgement forms for contractors, and interview with PREA Coordinator.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 233 “Client education” notes that clients receive information during the intake process about the DHSL zero-tolerance policy regarding sexual abuse and sexual harassment, policies and procedures for responding to such incidents, how to report incidents, their right to be free from sexual abuse, sexual harassment and their right to be free from retaliation for reporting such incidents. Policy also requires provision of refresher information when a client is transferred from a different facility.</p> <p>Documentation of participation in education sessions must be maintained, and information must be in a format accessible to all clients, including those with limited English proficiency, impairments, disabilities or limited reading skills. Information must be continuously and readily available and visible.</p> <p>There were 512 clients admitted during the past twelve months who received this information at intake. All clients who were interviewed during the onsite visit confirmed they received this information at intake. There were 40 clients who transferred from a different community confinement facility in the past twelve months.</p> <p>Clients are given a handout titled “DHSL Zero Tolerance Sexual Abuse and Harassment” that reviews the policy, definitions, information on how to make a report, contact information for counseling resources, and facility response procedures. Clients sign and date this form and are given a copy to keep. Clients also participate in a PREA education class. During this, they view the video, “What You Need to Know” and participate in a post-viewing discussion about the subject matter. Clients sign an acknowledgement form to confirm participation in this.</p> <p>A sample of 20 client files were reviewed and found to have intake records corroborating that clients received information at intake.</p> <p>During the onsite visit, the auditor observed an intake with a new client. During the intake, client was given the appropriate information outlined in this standard. Client was given the opportunity to ask questions or seek further clarification about the information provided.</p> <p>Reviewed PREA education materials, observation of an intake, documentation of participation in PREA education sessions, observations during facility tour of PREA information and signage in places visible to all clients, interviews with Intake Staff and Residents, and informal conversations with clients.</p>

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 234 “Specialized training: Investigations” requires documented specialized training for staff investigators which shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement, and criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The DHSL has 6 investigators currently employed. Each has undergone training specific to PREA investigation protocols, and this is documented through a certificate of completion. The DHSL only conducts administrative investigations. Criminal investigations are conducted by an external investigation entity.</p> <p>Reviewed Certificates of Completion for specialized PREA investigation training of all six staff investigators and interviews with Investigative Staff.</p>



<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 235 “Specialized Training: Medical and Mental Health Care” states that the DHSL does not have medical and mental health practitioners regularly employed at the facility. All medical and mental health care is rendered at outside health care organizations.

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1449 622">Policy 241 “Screening for risk of victimization and abusiveness” requires all clients be assessed during an initial intake screening and upon transfer to another facility for risk of being sexually abused by other clients or sexually abusive toward other clients. Screening takes place within 72 hours of arrival to the facility and is conducted using an objective screening instrument. In the past 12 months, there have been 494 clients who entered the facility (whose length of stay was 72 hours or more), and all were screened within the first 72 hours of entry.</p> <p data-bbox="280 665 1481 1196">Screenings are completed by the Case Managers in their office, a setting which affords as much privacy as possible. The assessment is conducted using an objective screening instrument entitled “DSSL RRC PREA Risk Assessment Sexual Victim Potential” and “DSSL RRC PREA Risk Assessment – Sexual Predation Potential.” The screening tool considers all criteria required in this standard to assess residents for risk of sexual victimization and risk of being sexually abusive. A subsequent “score” is calculated upon completion of the risk screening instrument, and a resident who has a score above the established range is identified as a potential victim or potential perpetrator. In addition to the questions asked of the client, the DSSL uses collateral information, such as the Pre-Sentence Investigation, to complete the screening. This initial risk screening considers, when known to the DSSL, prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse.</p> <p data-bbox="280 1238 1481 1478">Policy 241 requires a reassessment of a client’s risk of victimization or abusiveness within a set time period, not to exceed 30 days from the client’s arrival at the facility based upon any additional, relevant information received by the facility since the intake screening. Policy also mandates a client’s risk level be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the client’s risk of sexual victimization or abusiveness.</p> <p data-bbox="280 1520 1465 1803">Clients are not disciplined for refusing to answer, or not disclosing, complete information in response to the questions. Information from the screening is limited to Case Managers, Social Service Coordinators, PREA Coordinator and administrators. Facility Monitors only see the composite score, but not the content of the screening or answers to specific questions. Files are marked as “Confidential Information” and access is restricted to authorized personnel. Hard copies of screenings are kept locked in the Case Manager’s office.</p> <p data-bbox="280 1845 1465 2040">A total of 20 resident files were reviewed and found to have initial screenings completed within 72 hours of intake and again before 30 days. Reassessments are typically done 21 days after intake. Observation of a risk screening during the onsite portion of the audit demonstrated use of the screening instrument with staff asking questions in a manner that fosters comfort and elicits responses.</p> <p data-bbox="280 2083 1406 2116">Reviewed resident files, objective risk screening instrument, observation of risk</p>

	screening, interviews with staff responsible for risk screening and intake staff, PREA Coordinator, interviews with clients confirming they were asked screening questions, and PREA risk screening instrument.
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<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 242 “Use of screening information” requires information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Individualized determinations are made on how to best ensure the safety of each client. Clients who are identified as being at high risk of being sexually victimized would be housed in a separate dorm and on a separate floor from clients who score at high risk of being sexually abusive. Interviews with Staff Responsible for Risk Screening confirmed this is standard practice.</p> <p>DHSL makes housing and program assignments for transgender or intersex clients are made on a case-by-case basis with consideration of whether placement would ensure the client’s health and safety and whether the placement would present management or security problems. Policy requires that a transgender or intersex client’s own views with respect to their own safety be given serious consideration. Policy further requires that a transgender or intersex client be given the opportunity to shower separately from other clients and would be housed in a room with a separate bathroom. The last time the DHSL had an intersex or transgender client was 10 years ago.</p> <p>Policy prohibits placing lesbian, gay, bisexual, transgender, or intersex clients in a dedicated facility, unit, or wing solely on the basis of such identification status.</p> <p>Reviewed housing units where a transgender or intersex client could be housed in order to have the opportunity to shower separately from other clients, interviews with PREA Coordinator, Staff Responsible for Risk Screening, and documentation of risk-based housing and programming assignments.</p>

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 251 “Client reporting” requires multiple internal ways for a client to privately report sexual abuse and sexually harassment, retaliation by others for reporting, and staff neglect or violation of responsibilities that may have contributed to such incidents. DHSL clients can call the national PREA Hotline, report to any staff, contractor, or volunteer, submit a grievance or sick call slip, report to the PREA Coordinator, or have a third-party report on their behalf. Staff may also contact the BOP and the St. Louis Police Department.</p> <p>The DHSL has a Memorandum of Understanding (MOU) with the Crime Victim Advocacy Center, an entity that is not part of the DHSL, to receive client reports of sexual abuse and sexual harassment, allowing the client to remain anonymous upon request. Clients may also contact Safe Connections, a community organization with a 24-hour crisis helpline.</p> <p>Signage is posted throughout the facility with information on the various methods of reporting. Printed signage is readable and accessible and consistent throughout the facility. It is located by each of the housing units and common areas. Clients also receive this information in a packet at intake. Nearly all clients have cell phones and can utilize those to make a report. There are also phones throughout the facility.</p> <p>Policy 251 requires staff to accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports. Reports must be completed and filed prior to the end of the staff’s shift on the day the allegation is received. This requirement is reviewed upon hire, annually in training, and staff are given a copy of their reporting duties in the “DHSL Staff, Contractor, and Volunteer Notification of Zero Tolerance of Sexual Abuse and Harassment.” Staff can privately report sexual abuse and sexual harassment of clients. Interviews with a random sample of staff demonstrated their understanding of this and reporting procedures. Staff also appeared to understand their responsibility in accepting reports, documenting these, and notifying the appropriate leader.</p> <p>Reviewed interviews with a random sample of staff and clients, MOU with the Crime Victim Advocacy Center, client handouts and educational materials, observations throughout the facility tour of signage with reporting methods, testing of internal methods for reporting.</p>

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 252 “Exhaustion of administrative remedies” notes that the DHSL does not have administrative procedures to address resident grievances regarding sexual abuse. The policy states, “The Bureau of Prisons' Program Statement 1330 is the governing document for grievances and administrative remedies. The responsibility for responding to client grievances rests with the Bureau. Dismas House is exempt from this standard. Clients wishing to file a grievance are directed to the Program Director or designee. The Program Director will provide the client with proper forms and a stamped, addressed envelope to Residential Reentry Manager's office, located in St. Louis, MO. This office is located in a one-day zone, so mailings will be delivered the next business day.”</p> <p>However, the Statement of Work (SOW) with the BOP requires the contractor to establish a written grievance procedure and make it available to all clients. Further, in the "DHSL Zero Tolerance Sexual Abuse and Harassment" information that is given to clients, it notes that clients can report sexual abuse or harassment through a grievance form.</p> <p>If the agency does not, in fact, have a grievance process or any other administrative remedy process and is exempt from this standard, the agency must provide notice to clients that grievances related to sexual abuse or allegations of sexual abuse are immediately converted to investigations that are outside of the agency's administrative remedies process and are not considered by the agency to be grievances.</p> <p>Corrective action:</p> <p>The agency came into compliance with this standard by informing clients that the DHSL does not handle PREA grievances. All grievances are managed by the BOP. If clients are not in agreement with the outcome of a PREA complaint, they may request a BP-9 appeal form from the PREA Coordinator or the Federal Program Director. The DHSL provides a stamp and envelope to mail this form to the Residential Reentry Management office.</p> <p>Reviewed revised policy 252 and updated client materials.</p>

115.253	Resident access to outside confidential support services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 253 “Client access to outside confidential support services” addresses this standard. The DHSL provides clients with access to outside victim advocates for emotional support services related to sexual abuse. Such services are provided by the Crime Victims Advocacy Center (CVC), and the DHSL has established a Memorandum of Understanding with the CVC for provision of services. The clients are informed of these services and provided mailing address and telephone number during intake and in client handouts. Information is also posted throughout the facility. Services are confidential upon request from the client.</p> <p>DHSL informs clients, prior to giving them access, of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p>Reviewed Interviews with Residents, MOU with CVC, client intake materials, observation of signage posted throughout the facility, and informal conversations with staff and residents.</p>

115.254	Third party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 254 “Third-party reporting” notes that third-party reports of sexual abuse and sexual harassment may be received through written correspondence, the DHSL website, and via phone call. Reports can be made by friends, family, colleagues, associates, and advocates through the PREA Hotline, the BOP, the St. Louis Police Department, through the DHSL website, or via phone call.</p> <p>Clients are informed that a third-party may report sexual abuse or sexual harassment on their behalf. This is reviewed at intake, included in client handouts, and posted on signage throughout the facility. The facility website includes information on third-party reports and has directions on how to report an allegation of sexual abuse or sexual harassment.</p> <p>Reviewed client education materials, signage throughout the facility, interviews with clients, confirmation of reporting information on the facility website, and testing of third-party reporting.</p>



<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 261 “Staff and agency reporting duties” requires all staff to immediately report 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. Policy requires staff to report retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>In a random sample of staff, it was evident that staff were aware of their reporting duties and the methods for doing so. Staff were able to walk through the staff reporting method provided by the facility.</p> <p>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. Allegations of sexual abuse and sexual harassment are reported up to the Facility Director and designated investigators (BOP and law enforcement). This information is given to staff and reviewed during training.</p> <p>In the past 12 months, there were no allegations of sexual abuse or sexual harassment.</p> <p>Reviewed interviews with the PREA Coordinator, Facility Director, Random Sample of Staff, and reporting duties outlined on the “DHSL Staff Notification of Zero Tolerance of Sexual Abuse and Harassment”</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 262 “Agency protection duties” requires that upon learning that a client is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the client. In the past 12 months, there have been no instances where the DHSL determined that a client was subject to substantial risk of imminent sexual abuse.</p> <p>In a situation where a client is subject to such imminent risk, the client victim is separated from the perpetrator. The Residential Re-entry Management (RRM) Office is notified. The DHSL can get a verbal approval from the RRM Office for home confinement in an emergency situation if it is safer to remove the victim from the facility altogether.</p> <p>Reviewed interviews with the Agency Head, Facility Director, a Random Sample of Staff, staff PREA training curriculum, and “DHSL First Responder Duties.”</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 263 “Reporting to other confinement facilities” requires that, upon receiving an allegation that a client was sexually abused while confined at another facility, the Program Director or designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Policy requires this notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and it requires that the DHSL maintains documentation of all notifications. Policy requires that allegations received from other facilities and agencies are investigated in accordance with PREA standards.</p> <p>In the past 12 months, there have been no allegations received by the facility that a resident was abused while confined at another facility. There have been no allegations of sexual abuse received from other facilities. In interviews with the Agency Head and Facility Director, both confirmed that the Residential Re-entry Management Office and Contract Oversight Specialist would be notified of all such allegations.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 264 “Staff first responder duties” outlines the staff first responder duties upon learning of an allegation that a client was sexually abused. Per policy, staff is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect evidence, request that the alleged victim not take any actions that could destroy physical evidence, and ensure the alleged abuser does not take any actions that could destroy physical evidence.</p> <p>Staff are required to ensure that the local Residential Re-entry Manager or duty officer, proper investigative agency and relevant DHSL staff are contacted as soon as possible. Staff are informed to be prepared to provide complete details of the event and collect client statements.</p> <p>All staff members, regardless of title or position, are considered security staff members. All staff members, therefore, are considered first responders. Interviews with staff confirmed that they understood their responsibilities as a first responder and the importance of separating the victim and perpetrator, preserving evidence, and contacting the appropriate authorities and leadership.</p> <p>Staff are informed of and trained on their duties as a first responder. Each staff signs and is given a copy of the “DHSL First Responder Duties” which outlines responsibilities as a first responder when learning of allegations of sexual abuse and sexual harassment.</p> <p>In the past 12 months, there have been no allegations that a client was sexually abused.</p> <p>Reviewed “DHSL First Responder Duties,” “DHSL First Responder Duties Micro Training,” staff training curriculum, interviews with Security Staff and Non-Security Staff First Responders.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 265 “Coordinated response” notes that all claims of sexual abuse shall be immediately reported to the Program Director, Associate Director or PREA Coordinator. The appropriate investigative agency is notified. Medical and mental health treatment and victim advocacy services are offered.</p> <p>Reviewed staff training curriculum, institutional plan, and interviews with the PREA Coordinator and Facility Director.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	There have been no collective bargaining agreements or other agreements entered into since the last PREA audit that would limit the ability of the facility to remove alleged staff sexual abusers from contact with any residents pending an investigation or determination of whether and to what extent discipline is warranted. This was confirmed in an interview with the Agency Head.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 267 “Protection against retaliation” protects all clients and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other clients and staff. The Program Director is charged with monitoring for possible retaliation. A designee would be appointed to monitor retaliation should the Program Director be involved in the allegation of sexual abuse or sexual harassment. In current practice, the PREA Coordinator is designated as the retaliation monitor.</p> <p>Policy requires multiple protection measures be employed, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Retaliation monitoring continues for at least 90 days following a report of sexual abuse, and these efforts are documented. Incidents of retaliation are documented in a report and sent to the Program Director or Agency Head and/or the BOP. Policy requires the facility to act promptly to remedy any such retaliation. The DHSL monitors client disciplinary reports, housing or program changes, negative performance reviews or reassignments by staff. The monitoring of clients includes periodic status checks. Monitoring is extended beyond 90 days if a continuing need is indicated in the initial monitoring.</p> <p>There have been no incidents of retaliation in the past 12 months.</p> <p>Reviewed interviews with the Facility Director, Designated Staff Member Charged with Monitoring Retaliation (PREA Coordinator), and Agency Head.</p>

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 271 “Criminal and administrative agency investigations” addresses this standard. The DHSL conducts administrative investigations into all allegations of sexual abuse and sexual harassment. Investigations are conducted promptly, thoroughly, and objectively. Criminal investigations are conducted by outside agencies at the direction of the BOP. DHSL notifies the St. Louis Policy Department in emergency situations where evidence preservation or life safety issues may be compromised due to delayed response.</p> <p>According to policy, staff conducting administrative investigations of allegations where sexual abuse is alleged will have received special training in sexual abuse investigations pursuant to the current PREA Community Confinement Standards. Interviews with Investigative Staff and documented completion certificates confirmed they had received this training.</p> <p>Policy requires investigators to gather and preserve direct and circumstantial evidence, including video from the camera monitoring, interviews of relevant persons, staff personnel files and attendance, and information in client files (including prior complaints and reports of abuse of suspects), as well as information stored in software-based programming tools. Policy also notes that DHSL will take necessary steps to preserve physical and DNA evidence for the criminal investigators of sexual abuse allegations.</p> <p>Credibility of an alleged victim, suspect, or witnessed is assessed on an individual basis and not determined by their status as client or staff. Policy prohibits a client from being subjected to a polygraph or other truth-telling device.</p> <p>Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports. All written reports are retained for as long as the alleged abuser is in the facility or employed by the facility plus 5 years. Departure of the alleged abuser or victim does not provide a basis for terminating the investigation.</p> <p>Criminal investigations are referred to outside agencies, either the BOP or the St. Louis Police Department. When an outside agency conducts the investigation, the DHSL cooperates and attempts to remain informed about the progress of the investigation.</p> <p>There have been no allegations of sexual abuse or sexual harassment in the past 12 months and no investigations or investigative reports.</p> <p>Reviewed interviews with Investigative Staff, HR, PREA Coordinator, and Facility Director.</p>



<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 272 “Evidentiary standard for administrative investigations” requires that DHSL not use a standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The DHSL does not conduct criminal investigations.

<b>115.273</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1453 501">Policy 273 “Reporting to clients” requires that DHSL and/or the contracting agency inform the client as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Program Director requests relevant information if an external agency completes the investigation.</p> <p data-bbox="280 542 1469 739">After a resident’s allegation that a staff member committed sexual abuse against the resident, the DHSL informs the resident (unless the allegation is unfounded) whenever the staff is no longer employed at the facility, the staff member has been indicted on a charge related to the sexual abuse, or if it is learned that the staff member has been convicted on a charge related to sexual abuse in the facility.</p> <p data-bbox="280 779 1453 936">Following a client’s allegation that he has been sexually abused by another client, the DHSL informs the alleged victim when it learns the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. Policy requires that notifications are documented.</p> <p data-bbox="280 976 1477 1133">There have been no criminal and/or administrative investigations of alleged sexual abuse in the past 12 months. There were no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.</p> <p data-bbox="280 1173 1374 1245">Reviewed interviews with Facility Director and PREA Coordinator and the BOP Statement of Work.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 276 “Disciplinary sanctions for staff” notes that staff are subject to disciplinary sanctions up to and including termination for violating the DHSL sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. All terminations for violations of sexual abuse or sexual harassment policies are reported to law enforcement agencies, unless the activity was non-criminal, as well as to any relevant licensing body.</p> <p>In the past 12 months, there have been no staff who have been terminated (or resigned prior to termination) for violating the facility sexual abuse or sexual harassment policies.</p> <p>Reviewed BOP Statement of Work, training curriculum, and “DHSL Staff Zero Tolerance Sexual Abuse and Harassment.”</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 277 “Corrective action for contractors and volunteers” notes that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with clients and shall be reported to law enforcement agencies and relevant licensing authorities. The facility take appropriate remedial measures, including revocation of the ability to work with clients, notification to the BOP, contacting law enforcement when needed, and severing the relationship with the organization, contractor, or volunteer.</p> <p>Over the past 12 months, there have been no contractors or volunteers who have engaged in sexual abuse, and therefore, no contractors or volunteers have been reported to law enforcement and relevant licensing bodies. This was confirmed through interviews with the PREA Coordinator and Facility Director.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 278 “Disciplinary sanctions for clients” indicates that clients are subject to disciplinary sanctions pursuant to the formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse or following a criminal finding of guilt for client-on-client sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the client’s disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar offenses. The client’s mental disabilities or illnesses, if any, are also considered when determining sanctions. Disciplinary actions are prohibited for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation finds the allegation to be unsubstantiated.</p> <p>Clients are informed of disciplinary procedures and notified of the requirement to comply with the “House Rules” and the BOP Prohibited Acts. All residents receive a copy of both of these. DHSL clients progress through program levels, with increasing privileges at each level. Clients’ levels can be lowered as a sanction or for a serious violation.</p> <p>Reviewed BOP Statement of Work, “DHSL House Rules,” pre-entry information, BOP Prohibited Acts, and interview with Facility Director.</p>

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 282 “Access to emergency medical and mental health services” offers client victims of sexual abuse 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 judgement.</p> <p>Policy requires clients be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care, where medically appropriate. Treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates in an investigation.</p> <p>The DHSL does not employ any medical or mental health practitioners, so staff are considered first responders and trained to immediately take preliminary steps to protect the victim. Emergency medical care is provided at the Barnes Jewish Hospital, where there are staff trained to provide emergency care to victims of sexual abuse. The facility has a working partnership with this hospital. Mental health services are offered through the Crime Victims Advocacy Center (CVC).</p> <p>Reviewed MOU with CVC, communications with Barnes Jewish Hospital, interviews with Security and Non-Security Staff First Responders, and staff PREA training curriculum.</p>

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="280 237 1007 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 315 580 349"><b>Auditor Discussion</b></p> <p data-bbox="280 394 1469 1048">Policy 283 “Ongoing medical and mental health care for sexual abuse victims and abusers” notes that the DHSL offers medical and mental health evaluation and treatment (as appropriate) to all clients victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Treatment services are provided to the victim without financial cost. Evaluation and treatment services for victims include follow-up services, treatment plans, and when necessary, referral for continued care following their transfer to a different facility or release from custody. Services must be consistent with a community level of medical and mental health care. Policy notes that client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and access to all lawful pregnancy-related medical services; however, the facility does not house female clients. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates in the investigation. Policy indicates that DHSL attempts to conduct, or have conducted, a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p data-bbox="280 1093 1469 1290">The facility does not employ mental health or medical staff. Services are provided by community agencies that the DHSL partners with. Medical treatment outlined in this standard is provided at Barnes Jewish Hospital, and mental health services are rendered by the Center for Victim Advocacy. Clients are informed they may also call the National Sexual Assault Center or Safe Connections for counseling services.</p> <p data-bbox="280 1335 1469 1487">There have been no known clients who have been victimized by sexual abuse in the past 12 months. There have been no incidents requiring tests for sexually transmitted infections. There have been no known client-on-client abusers in the past 12 months</p> <p data-bbox="280 1532 1469 1644">Reviewed client education materials, MOU with the CVC, communications with Barnes Jewish Hospital, interviews with PREA Coordinator and Random Sample of Staff.</p>

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 286 “Sexual abuse incident reviews” requires the DSHL to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review ordinarily occurs within 30 days of the conclusion of the investigation, and the review team includes upper-level management officials, with input from line supervisors, investigators, and third-party medical or mental health practitioners. The review team includes the PREA Coordinator, Federal Program Director, Programs Manager, and Human Resources.</p> <p>Policy requires the review team to consider necessary changes to policy or practice to better prevent, detect or respond to sexual abuse. The team considers 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 any other group dynamics at the facility. The review team examines the area in the facility where the incident was alleged to have occurred and identify any physical barriers in the area that may enable abuse. Staffing levels and monitoring technology are also assessed during the review. The team prepares a report of its findings and any recommendations for improvement. It is then submitted to the PREA Coordinator, Program Director, and the Executive Director.</p> <p>The facility implements recommendations for improvements or documents reasons for not doing so.</p> <p>In the past 12 months, there were no criminal and/or administrative investigations of alleged sexual abuse in the facility.</p> <p>Interviews with members of the review team confirmed that any reports of findings from sexual abuse incident reviews would be taken seriously and recommendations implemented as appropriate.</p> <p>Reviewed interviews with Facility Director, PREA Coordinator, and members of the Incident Review Team.</p>



<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 287 “Data collection” requires the collection of accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Incident-based sexual abuse data is aggregated at least annually and includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The collected data is reviewed and maintained as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. Upon request, the DHSL provides all data from the previous calendar year to the Department of Justice. The DOJ has not requested agency data for the previous calendar year as of the date of the onsite portion of the PREA audit.</p> <p>Reviewed 2021 DHSL Annual PREA Report.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 342 1445 456">Policy 288 “Data review for corrective action” requires the PREA Coordinator to review aggregated data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p data-bbox="280 468 1477 831">This includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions. The report includes a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the DHSL’s progress in addressing sexual abuse. The report shall be approved by the Program Director and made readily available to the public through its website. DHSL may redact specific material from the report when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted.</p> <p data-bbox="280 875 1445 990">The PREA Auditor confirmed the 2021 annual report was published to the DHSL website. The report was found to contain all requirements of this standard and as outlined in the facility’s policy.</p> <p data-bbox="280 1034 1382 1102">Reviewed 2021 DHSL Annual Report, interviews with Agency Head and PREA Coordinator.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 289 “Data storage, publication, and destruction” requires the DHSL to ensure that data collected are securely retained. The DHSL makes all aggregated sexual abuse data available to the public at least annually through its website. All personal identifiers are removed before making aggregated dated publicly available. The facility must maintain sexual abuse data for substantiated cases for at least 10 years after the date of initial collection, unless prohibited by Federal, State, or local law.</p> <p>Collected data is maintained in a separate building, and any printed documents are destroyed after use. An in-house reporting system allows for the ability to pull aggregated data which is accessible only to certain staff. A review of aggregated data found that all personal identifiers had been removed.</p> <p>Reviewed website to confirm aggregated sexual abuse data is publicly available and identifiers have been removed, a sample of historical sexual abuse data, and interview with PREA Coordinator.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The last PREA audit was conducted in July 2019. The DHSL is a single facility which contracts with the Bureau of Prisons to provide residential re-entry services for offenders in BOP custody.</p> <p>The auditor was granted access to and observed all areas of the audited facility. All requests for copies of relevant documentation (including electronically stored information) was permitted. The auditor was permitted to conduct private interviews with residents during the onsite portion of the audit. Residents were provided a P.O. Box to send confidential information or correspondence to the auditor. The auditor observed audit notices posted throughout the facility during the facility tour.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The PREA auditor confirmed that the Final Report from the 2019 PREA Audit was made publicly available on the facility's website.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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



<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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

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

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

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

<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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



<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.231 (a)</b>	<b>Employee training</b>	
	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

<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes



<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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

<b>115.251 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

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



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

<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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



<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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

<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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



<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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