PREA AUDIT: PRE-AUDIT QUESTIONNAIRE Facility: Community Confinement

Completed by:	
Date of Final Submission	

AGENCY INFORMATION		
Name of agency:		
Date of last agency PF applicable):	REA audit(if	
Telephone:		
Governing authority o applicable):	r parent agency (if	
Physical Address:		
Mailing Address:		
The Agency is:	Federal: Bureau of Prisons Federal: Military State U.S. Territory County or Multi-County Regional Authority City or Municipal Judicial District Private Other	
Agency Mission (attac document if necessary		
Upload Attachment (o	ptional):	
Agency Chief Execu	utive Officer Inform	ation:
Name:		Title:
Email address:		Telephone number:
Agency-Wide PREA Coordinator Information:		
Name:		Email:
PREA coordinator repo	orts to:	

Number of compliance report to PREA coordi	=	
Agency website with PREA information:		
Is the agency accredit organization?	ed by any other	Yes No
FACILITY INFORMA	TION	
Facility name:		
Facility physical address:		
Facility mailing address:		
Facility website w	vith PREA Information:	□ N/A
Has the facility been accredited within the past 3 years?		Yes No
If the facility has been accredited within the past 3 years, select the accrediting organization(s): Select all that apply (N/A if the facility has not been accredited within the past 3 years):		ACA NCCHC CALEA Other(please name or describe): N/A
If your facility has completed any internal or external audits other than those that resulted in accreditation, please describe:		□ N/A
Upload any relevant accreditation, internal, or external audit reports (referenced above):		□ N/A
Primary Contact		
Name:		
Email Address:		
Telephone Number:		

Facility Director		
Name:		
Email Address:		
Telephone Number:		
Facility PREA Comp	oliance Manager	
Name:		
Email Address:		
Telephone Number:		
Facility Health Ser	vice Administrator (On-Site
Name:		
Email Address:		
Telephone Number:		
Facility Characteris	stics	
Desi	gned facility capacity:	
Current	population of facility:	
Average daily pop	ulation for the past 12 months:	
_	n over capacity at any n the past 12 months?	Yes No
What is th	ne facility's population designation?	
has the facility held (Nonbinary describe not identify exclusive girl/woman. Some ped	s, which population(s) I? Select all that apply les a person who does wely as a boy/man or a lipple also use this term lender expression. For	Male Female Intersex Transgender Nonbinary

definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	
Average length of stay or time under supervision:	
Facility security levels/resident custody levels:	
Number of residents admitted to facility during the past 12 months:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	Yes No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies)	Federal Bureau of Prisons US Marshals Service U.S. Immigration and Customs Enforcement Bureau of Indian Affairs U.S. Military branch State or Territorial correctional agency County correctional or detention agency Judicial district correctional or detention facility City or municipal correctional or detention facility (e.g. police lockup or city jail) Private corrections or detention provider Other(please name or describe): N/A
Number of staff currently employed at the facility who may have contact with residents:	

Number of staff hired by the facility during the past 12 months who may have contact with residents:	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	
Number of housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors,	

etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing oneway glass. Both the architectural design and functional use of these multiple pods	
indicate that they are managed as distinct housing units.	
Number of single resident cells, rooms, or other enclosures:	
Number of multiple occupancy cells, rooms, or other enclosures:	
Number of open bay/dorm housing units:	
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	Yes No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	Yes No
Medical and Mental Health Services a	nd Forensic Medical Exams
Are medical services provided on-site?	Yes No

Are mental health services provided on- site?	Yes No
Where are sexual assault forensic medical exams provided? Select all that apply	On-site Local hospital/clinic Rape Crisis Center Other(please name or describe):
Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply	□ Facility investigators□ Agency investigators□ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	Local police department Local sheriff's department State police A U.S. Department of Justice component Other(please name or describe): N/A
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment:	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	Facility investigators Agency investigators An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	Local police department Local sheriff's department State police A U.S. Department of Justice component Other(please name or describe):

		□ N/A	
Facility Lists			
Upload staff ro	sters and lists of contractors and volunteers	□ N/A	
Upload roste	rs of persons confined in the facility	□ N/A	
-	s of sexual abuse and sexual egations (including how they were investigated)	□ N/A	
grievances an	oad other list(s) (e.g., lists of d/or incident reports related buse and sexual harassment)	□ N/A	
PREVENTION	PLANNING		
§115.211 - 7	Zero tolerance of sexual a coord		sment; PREA
115.211 (a) - 1	The agency has a written polic toward all forms of sexual abust facilities it operates directly or • Upload/select zero tole	se and sexual harassment in under contract.	□Yes □No
115.211 (a) - 2	The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. • Upload/select policy outlining implementation plan		
115.211 (a) - 3	The policy includes definitions regarding sexual abuse and se		□Yes □No
115.211 (a) - 4	The policy includes sanctions f participated in prohibited beha		□Yes □No

115.211 (a) - 5	The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.	□Yes	□No
115.211 (b) - 1	The agency employs or designates an upper-level, agency-wide PREA Coordinator. • Upload/select agency organizational chart	□Yes	□No
115.211 (b) - 2	The PREA Coordinator has 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	□No
115.211 (b) - 3	The position of the PREA Coordinator in the agency's organizational structure:		
§115.212 - Co	ontracting with other entities for the confineme	nt of r	esidents
115.212 (a) - 1	The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. If "No", skip to 115.213.	□Yes	□No
	 Upload/select contracts for the confinement of residents entered into (or renewed) after August 20, 2012, or since the last PREA audit 		
115.212 (a) - 2	All of the above contracts require contractors to adopt and comply with PREA standards.	□Yes	□No

115.212 (a) - 3	The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later:	
115.212 (a) - 4	The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards:	
115.212 (b) - 1	All of the above contracts require the agency to monitor the contractor's compliance with PREA standards. • If applicable, select contracts and indicate relevant page/section.	□Yes □No
115.212 (b) - 2	The number of contracts referenced in 115.212 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards:	
115.212 (c) - 1	Since August 20, 2012, the agency has entered into one or more contracts with a private agency or other entity that failed to comply with the PREA standards. If "No", skip to 115.213(a).	□Yes □No
115.212 (c) - 2	If YES, these contracts were a result of emergency circumstances. If "Yes", please describe.	□Yes □No
115.212 (c) - 3	The agency documents unsuccessful attempts to find an entity in compliance with the standards.	□Yes □No

	Upload/select documentation of unsuccessful attempts to find an entity in compliance with the standards	
	§115.213 - Supervision and monitoring	
115.213 (a) - 1	For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse.	□Yes □No
	 Upload/select: Documentation of staffing plan development process Staffing plan 	
115.213 (a) - 2	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents:	
115.213 (a) - 3	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated:	
115.213 (b) - 1	Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if no deviations from plan.	□Yes □No □NA
	 Upload/select documentation of deviations from staffing plans and written justifications for all such deviations 	
115.213 (b) - 2	If documented, the six most common reasons for deviating from the staffing plan in the last 12 months:	

115.213 (c) - 1	At least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. • Upload/select documentation of annual reviews	□Yes □No
§11	.5.215 - Limits to cross-gender viewing and sear	ches
115.215 (a) - 1	The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.	□Yes □No
	Upload/select policy on searches	
115.215 (a) - 2	In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents:	
115.215 (b) - 1	The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 residents).	□Yes □No
	If applicable, select policy on searches and indicate relevant page/section.	
115.215 (b) - 2	The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.	□Yes □No
	If applicable, select policy on searches and indicate	

	relevant page/section.		
115.215 (b) - 3	The number of pat-down searches of female residents that were conducted by male staff:		
115.215 (b) - 4	The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s):		
115.215 (c) - 1	Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.	□Yes	□No
	 If applicable, select policy on searches and indicate relevant page/section. 		
115.215 (c) - 2	Facility policy requires that all cross-gender pat-down searches of female residents be documented. Check N/A if the facility does not house female residents.	□Yes □NA	□No
	 If applicable, select policy on searches and indicate relevant page/section. 		
115.215 (d) - 1	The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).	□Yes	□No
	 Upload/select: Policy on cross-gender viewing Logs of exigent circumstances that may 		

	require deviance from the standard	
115.215 (d) - 2	Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.	□Yes □No
115.215 (e) - 1	The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. • Upload/select policy on transgender or intersex residents	□Yes □No
	residents	
115.215 (e) - 2	Such searches (described in 115.215(e)-1) occurred in the past 12 months.	□Yes □No
115.215 (f) - 1	The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: (The percentage does not necessarily indicate compliance or non-compliance with the Standard.)	
	 Upload/select: Training curricula Training logs 	
§115.216 - Re	sidents with disabilities and residents who are	limited English
	proficient	
115.216 (a) - 1	The agency has established procedures to provide disabled residents 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	□Yes □No

	• Upload/select: • Policy/documentation of procedures • Contracts with interpreters or other professionals hired to ensure effective communication with residents with disabilities • Written materials used for effective communication about PREA with residents with disabilities • Documentation of staff training on PREA - compliant practices for residents with disabilities	
115.216 (b) -	The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. • Upload/select: • Policy/documentation of procedures • Contracts with interpreters or other professionals hired to ensure effective communication with residents with limited English proficiency • Written materials used for effective communication about PREA with residents with limited English proficiency • Documentation of staff training on PREA compliant practices for residents with limited English proficiency	□Yes □No
115.216 (c) - 1	Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations.	□Yes □No

	 Upload/select policy on resident interpreters, readers, or assistants 		
115.216 (c) - 2	If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (Absence of such documentation does not result in noncompliance with the standard.)	□Yes □N	O
115.216 (c) - 3	In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations:		
	§115.217 - Hiring and promotion decisions		
115.217 (a) -	Agency policy prohibits hiring or promoting anyone who	□Yes □N	0
1	may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.		

	 promote anyone, or to enlist the services of any contractor, who may have contact with residents. If applicable, select policy on hiring and promotions and indicate relevant page/section. 	
115.217 (c) - 1	Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.	□Yes □No
	 If applicable, select policy on hiring and promotions and indicate relevant page/section. 	
115.217 (c) - 2	In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks:	
115.217 (d) - 1	Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.	□Yes □No
	 If applicable, select policy on hiring and promotions and indicate relevant page/section. 	
115.217 (d) - 2	In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents:	
115.217 (e) -	Agency policy requires that either criminal background	□Yes □No

1	record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. • Upload/select policy on background checks of	
	current employees/contractors	
115.217 (g) - 1	Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.	□Yes □No
	 If applicable, select policy on hiring and promotions and/or policy on background checks and indicate relevant page(s)/section(s). 	
	§115.218 - Upgrades to facilities and technolog	у
115.218 (a) - 1	The agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.	□Yes □No
115.218 (b) - 1	The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.	□Yes □No
RESPONSIVE	PLANNING	
§115.22	21 - Evidence protocol and forensic medical exam	ninations
115.221 (a) - 1	The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	□Yes □No

115.221 (a) - 2	The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	□Yes	□No
115.221 (a) - 3	If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, skip to 115.221(c)-1):		
115.221 (a) - 4	When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.	□Yes	□No
	Upload/select uniform evidence protocol		
115.221 (b) - 1	The protocol is developmentally appropriate for youth.	□Yes □NA	□No
	 If applicable, select uniform evidence protocol and indicate relevant page/section. 		
115.221 (b) - 2	The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. If "No", indicate the source used to develop the protocol in the comments section.	□Yes	□No
115.221 (c) -	The facility offers all residents who experience sexual abuse access to forensic medical examinations. If no, skip	□Yes	□No

	to 115.221 (d)-1.	
115.221 (c) -	Forensic medical examinations are offered without financial cost to the victim.	□Yes □No
	 Upload/select documentation that forensic medical exams are offered for free 	
115.221 (c) - 3	Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section.	□Yes □No □Sometimes
115.221 (c) - 4	When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.	□Yes □No
115.221 (c) - 5	The facility documents efforts to provide SANEs or SAFEs.	□Yes □No □Sometimes
	Upload/select documentation of efforts to provide SANEs/SAFEs	
115.221 (c) - 6	The number of forensic medical exams conducted during the past 12 months:	
115.221 (c) - 7	The number of exams performed by SANEs/SAFEs during the past 12 months:	

115.221 (c) - 8	The number of exams performed by a qualified medical practitioner during the past 12 months:		
115.221 (d) - 1	The facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means.	□Yes □	lNo
115.221 (d) - 2	Upload/select documentation of agreement(s) with rape crisis center for services or documentation of efforts	□Yes □	lNo
115.221 (d) - 3	If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. • Upload/select documentation of staff member's qualifications if agency staff member used	□Yes □	lNo
115.221 (e) - 1	If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. • Upload/select any relevant documentation	□Yes □	lNo
115.221 (f) - 1	If the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.	□Yes □	INo

	Check N/A if the agency/facility is responsible for administrative and criminal investigations.	
	 Upload/select agreements/MOUs with responsible agency 	
§115.222 -	Policies to ensure referrals of allegations for in	vestigations
115.222 (a) - 1	The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct).	□Yes □No
	 Upload/select policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment 	
115.222 (a) - 2	In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received:	
115.222 (a) - 3	In the past 12 months, the number of allegations resulting in an administrative investigation:	
115.222 (a) - 4	In the past 12 months, the number of allegations referred for criminal investigation:	
115.222 (a) - 5	Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed. If "NO", please explain in the comments section.	□Yes □No
115.222 (b) -	The agency has a policy that requires that allegations of	□Yes □No

1	sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.		
	Upload/select investigative policy		
115.222 (b) - 2	The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means.	□Yes □No	
115.222 (b) - 3	The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.	□Yes □No	
TRAINING AND	DEDUCATION		
IKAINING AN	D EDUCATION		
TRAINING AN	§115.231 - Employee training		
115.231 (a) - 1		□Yes □No	
115.231 (a) -	§115.231 - Employee training The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for	□Yes □No	
115.231 (a) -	§115.231 - Employee training The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. • Upload/select: • Training policy and/or procedures	□Yes □No	

	indicate relevant page/section.		
115.231 (a) - 3	The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.	□Yes	□No
	 If applicable, select training curriculum and indicate relevant page/section. 		
115.231 (a) - 4	The agency trains 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	□No
	 If applicable, select training curriculum and indicate relevant page/section. 		
115.231 (a) - 5	The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.	□Yes	□No
	 If applicable, select training curriculum and indicate relevant page/section. 		
115.231 (a) - 6	The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.	□Yes	□No
	 If applicable, select training curriculum and indicate relevant page/section. 		
115.231 (a) - 7	The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.	□Yes	□No

	If applicable, select training curriculum and	
	indicate relevant page/section.	
115.231 (a) - 8	The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.	□Yes □No
	 If applicable, select training curriculum and indicate relevant page/section. 	
115.231 (a) - 9	The agency trains 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 □No
	 If applicable, select training curriculum and indicate relevant page/section. 	
115.231 (a) - 10	The agency trains 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 □No
	 If applicable, select training curriculum and indicate relevant page/section. 	
115.231 (b) - 1	Training is tailored to the gender of the residents at the facility.	□Yes □No
	 If applicable, select training policy, procedures, or training curriculum and indicate relevant page/ section. 	
115.231 (b) - 2	Employees who are reassigned from facilities housing the opposite gender are given additional training.	□Yes □No

	 If applicable, select training policy, procedures, or training curriculum and indicate relevant page/ section. 	
115.231 (c) - 2	Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. If "YES", please describe in the comments section.	□Yes □No
	 If applicable, select training curriculum and indicate relevant page/section. 	
115.231 (c) - 3	The frequency with which employees who may have contact with residents receive refresher training on PREA requirements:	
115.231 (d) - 1	The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.	□Yes □No
	§115.232 - Volunteer and contractor training	
115.232 (a) - 1	All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.	□Yes □No
	Upload/select training curriculum for volunteers and contractors	
115.232 (a) - 2	The number of volunteers and individual contractors who have contact with residents who have been trained in	

	agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:	
115.232 (b) - 1	The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.	□Yes □No
	 If applicable, select volunteer/contractor training curriculum and indicate relevant page/section. 	
115.232 (b) - 2	All volunteers and contractors who have contact with residents have been notified of the agency's zerotolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.	□Yes □No
115.232 (c) - 1	The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.	□Yes □No
	§115.233 - Resident education	
115.233 (a) - 1	Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.	□Yes □No
	 Upload/select agency/facility policy governing PREA education of residents 	
115.233 (a) - 2	The number of residents admitted during past 12 months who were given this information at intake:	

115.233 (b) - 1	The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1.	□Yes □No	
	Indicate page/section in applicable uploaded documentation		
115.233 (b) - 2	The number of residents transferred from a different community confinement facility during the past 12 months:		
115.233 (b) - 3	The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information:		
115.233 (c) - 1	Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.	□Yes □No	
	 If applicable, select policy on PREA education of residents and indicate relevant page/section. 		
115.233 (c) - 2	Resident PREA education is available in formats accessible to all residents, including those who are deaf.	□Yes □No	
	If applicable, select policy on PREA education of residents and indicate relevant page/section.		
115.233 (c) - 3	Resident PREA education is available in formats accessible to all residents, including those who are visually impaired.	□Yes □No	

	 If applicable, select policy on PREA education of residents and indicate relevant page/section. 		
115.233 (c) - 4	Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.	□Yes	□No
	 If applicable, select policy on PREA education of residents and indicate relevant page/section. 		
115.233 (c) - 5	Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.	□Yes	□No
	 If applicable, select policy on PREA education of residents and indicate relevant page/section. 		
115.233 (d) - 1	The agency maintains documentation of resident participation in PREA education sessions.	□Yes	□No
115.233 (e) - 1	The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.	□Yes	□No
	§115.234 - Specialized training: Investigations		
115.234 (a) - 1	Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check N/A if the agency does not conduct administrative or criminal sexual abuse investigations and skip to 115.235(a)-1.	□Yes □NA	□No

	 Upload/select: Training policy Training curriculum for investigators 	
115.234 (c) - 1	The agency maintains documentation showing that investigators have completed the required training.	□Yes □No
	 Upload/select documentation that investigators have completed training 	
115.234 (c) - 2	The number of investigators currently employed who have completed the required training:	
§115.23	35 - Specialized training: Medical and mental he	alth care
115.235 (a) - 1	The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities.	□Yes □No □NA
	 Upload/select agency policy related to training of medical and mental health care practitioners 	
115.235 (a) - 2	The number of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy:	
115.235 (a) - 3	The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy:	
115.235 (b) - 1	Agency medical staff at this facility conduct forensic medical exams.	□Yes □No

115.235 (c) - 1	The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities.	□Yes □No □NA
	Upload/select documentation of training	
	OR RISK OF SEXUAL VICTIMIZATION AND ABUSIN	
§115.2	41 - Screening for risk of victimization and abus	siveness
115.241 (a) - 1	The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.	□Yes □No
	Upload/select screening policy	
115.241 (b) - 1	The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.	□Yes □No
	 If applicable, select screening policy and indicate relevant page/section. 	
115.241 (b) - 2	The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility:	
115.241 (c) -	Risk assessment is conducted using an objective screening instrument.	□Yes □No

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115 241 (4) 1	Upload/select screening instrument The policy requires that the facility reassess each.	□Yes □No
115.241 (f) - 1	The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.	ше з шио
	 If applicable, select screening policy and indicate relevant page/section. 	
115.241 (f) - 2	The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake:	
115.241 (g) - 1	The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. • If applicable, select screening policy and indicate relevant page/section.	□Yes □No
115.241 (h) - 1	The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d)	□Yes □No

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	the resident's own perception of vulnerability.	
	 If applicable, select screening policy and indicate relevant page/section. 	
	§115.242 - Use of screening information	
115.242 (a) - 1	The agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.	□Yes □No
	 Upload/select documentation of use of screening information for these purposes documentation of how decisions are made pursuant to the standard 	
115.242 (b) - 1	The agency/facility makes individualized determinations about how to ensure the safety of each resident. If "No", please explain in the comments section.	□Yes □No
	Upload/select any relevant policies	
115.242 (c) - 1	In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety. Check N/A if this is a facility level audit tied to an agency audit.	□Yes □No □NA
	Upload/select any relevant policies	
115.242 (c) - 2	In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.	□Yes □No □NA

	Check N/A if this is an agency level audit.	
	Upload/select any relevant policies	
REPORTING		
	§115.251 - Resident reporting	
115.251 (a) - 1	The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.	□Yes □No
	 Upload/select resident reporting policy(ies) other relevant documentation on resident reporting (e.g. resident handbooks) 	
115.251 (b) - 1	The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.	□Yes □No
	 Upload/select documentation of agreement with outside public or private entity responsible for taking reports If applicable, also select resident reporting policy and indicate relevant page/section 	
115.251 (c) - 1	The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.	□Yes □No
	 If applicable, select resident reporting policy and other relevant documentation on resident reporting (e.g. resident handbooks) and indicate relevant page(s)/section(s) 	

115.251 (c) - 2	Staff are required to document verbal reports. If "Yes", please provide the timeframe required to document the reports in the comments section. If "No", please explain in the comments section.	□Yes □No
	 Upload/select documentation made of verbal reports 	
115.251 (d) - 1	The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. If "Yes", please describe the procedures in the comments. If "No", please explain in the comments section.	□Yes □No
	Upload/select staff reporting policies or procedures	
115.251 (d) - 2	Staff are informed of these procedures in the following ways:	
	Upload/select any relevant documentation, such as staff handbooks	
	§115.252 - Exhaustion of administrative remedie	es
115.252 (a) - 1	The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. If "No", skip to 115.253(a)-1.	□Yes □No
	Upload/select policy/procedure regarding resident grievances of sexual abuse	
115.252 (b) - 1	Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. If "No", please provide time limit for a resident to submit a grievance regarding an allegation of sexual abuse in the comments.	□Yes □No

	 If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section 	
115.252 (b) - 2	Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.	□Yes □No
	 If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section 	
115.252 (c) - 1	The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.	□Yes □No
	 Upload/select policy/procedure regarding resident grievances of sexual abuse 	
115.252 (c) - 2	The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.	□Yes □No
	 Upload/select policy/procedure regarding resident grievances of sexual abuse 	
115.252 (d) - 1	Agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.	□Yes □No
	Upload/select policy/procedure regarding resident grievances of sexual abuse	
115.252 (d) - 2	In the past 12 months, the number of grievances filed that alleged sexual abuse:	

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115.252 (d) - 3	In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed:	
115.252 (d) - 4	In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days:	
	 Upload/select supporting logs/records that involved an extension 	
115.252 (d) - 5	In cases where the agency requested an extension of the 90-day period to respond to a grievance and had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. If "No", skip to 115.252(d)-7.	□Yes □No
115.252 (d) - 6	If YES, the number of grievances that took longer than a 70-day extension period to resolve:	
115.252 (d) - 7	The agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.	□Yes □No
	Upload/select documentation of written notifications of extensions	
115.252 (e) - 1	Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies	□Yes □No

	relating to allegations of sexual abuse and to file such requests on behalf of residents.	
	If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	
115.252 (e) - 2	Agency policy and procedure requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.	□Yes □No
	 If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section 	
115.252 (e) - 3	The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline:	
115.252 (f) - 1	The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.	□Yes □No
	Upload/select policy/procedure for emergency grievances	
115.252 (f) - 2	Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.	□Yes □No
	 If applicable, select policy/procedure for emergency grievances and indicate relevant page/ section 	

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115.252 (f) - 3	The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months:		
115.252 (f) - 4	The number of those grievances in 115.252 (e)-3 that had an initial response within 48 hours:		
115.252 (f) - 5	The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.	□Yes	□No
	 If applicable, select policy/procedure for emergency grievances and indicate relevant page/ section 		
115.252 (f) - 6	The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days:		
115.252 (g) - 1	The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.	□Yes	□No
	 Upload/select policy on resident disciplinary sanctions (specific to filing a grievance in bad faith) 		
115.252 (g) - 2	In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith:		

§115.253	- Resident access to outside confidential suppo	rt services
115.253 (a) - 1	The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. If "No", skip to 115.254(a)-1.	□Yes □No
	 Upload/select policy/procedure regarding residents' access to outside victim advocates 	
115.253 (a) - 2	The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.	□Yes □No
	 Upload/select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services 	
115.253 (a) - 3	The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.	□Yes □No
	 Upload/select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services and indicate relevant page/section 	
115.253 (b) - 1	The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.	□Yes □No
	 If applicable, select policy/procedure regarding residents' access to outside victim advocates and indicate relevant page/section 	

115.253 (b) - 2	The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. • If applicable, select policy/procedure regarding residents' access to outside victim advocates and indicate relevant page/section	□Yes □No
115.253 (c) - 1	The agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. If "No", skip to 115.253 (c)-3.	□Yes □No
115.253 (c) - 2	If YES to 115.253 (c)-1, the agency or facility maintains copies of those agreements. Skip to 115.254. • Upload/select agreements/MOUs	□Yes □No
115.253 (c) - 3	If NO to 115.253 (c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. If "Yes", please explain why these attempts have not been successful in the comments section. If "No", skip to 115.254.	□Yes □No
115.253 (c) - 4	If YES to 115.253 (c)-3, the agency maintains documentation of attempts to enter into such agreements.	□Yes □No
	 Upload/select documentation of attempts to enter into agreements 	

	§115.254 - Third party reporting			
115.254 (a) - 1	The agency or facility provides a method to receive third- party reports of resident sexual abuse or sexual harassment. If "Yes", please describe the method in the comments section.	□Yes	□No	
115.254 (a) - 2	The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. If "Yes", please describe in the comments section. • Upload/select publicly distributed information	□Yes	□No	
OFFICIAL RES	PONSE FOLLOWING A RESIDENT REPORT			
	§115.261 - Staff and agency reporting duties			
115.261 (a) - 1	The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.	□Yes	□No	
	 Upload/select policy on staff and agency reporting duties 			
115.261 (a) - 2	The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.	□Yes	□No	
	 If applicable, select policy on staff and agency reporting duties and indicate relevant page/section 			
115.261 (a) - 3	The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.	□Yes	□No	

115.261 (b) - 1	 If applicable, select policy on staff and agency reporting duties and indicate relevant page/section Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. If applicable, select policy on staff and agency reporting duties and indicate relevant page/section 	□Yes □No
	§115.262 - Agency protection duties	
115.262 (a) - 1	When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). • Upload/select policy on agency/facility protection duties	□Yes □No
115.262 (a) - 2	In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse:	
115.262 (a) - 3	If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: • Upload/select any relevant documentation	
115.262 (a) - 4	The longest amount of time (in hours or days) elapsed before taking actionif not "immediate" (i.e., without	

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	unreasonable delay). If not immediate, please explain in the comments section.	
	Upload/select any relevant documentation	
§:	115.263 - Reporting to other confinement facilit	ies
115.263 (a) - 1	The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.	□Yes □No
	 Upload/select policy on agency reporting to other confinement facilities 	
115.263 (a) - 2	During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility:	
115.263 (a) - 3	Please describe your facility's response to these allegations:	
115.263 (b) - 1	Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. • If applicable, select policy on agency reporting to	□Yes □No
	other confinement facilities and indicate relevant page/section	
115.263 (c) - 1	The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.	□Yes □No

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	Upload/select documentation of notifications	
115.263 (d) - 1	The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.	□Yes □No
	Upload/select policy	
115.263 (d) - 2	In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:	
	§115.264 - Staff first responder duties	
115.264 (a) - 1	The agency has a first responder policy for allegations of sexual abuse. If "No", skip to 115.264(a)-6.	□Yes □No
	Upload/select policy on first responder duties	
115.264 (a) - 2	The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.	□Yes □No
	 If applicable, select policy on first responder duties and indicate relevant page/section 	
115.264 (a) - 3	The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.	□Yes □No
	If applicable, select policy on first responder duties	

	and indicate relevant page/section	
115.264 (a) -	The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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 applicable, select policy on first responder duties and indicate relevant page/section	□Yes □No
115.264 (a) - 5	The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.	□Yes □No
	 If applicable, select policy on first responder duties and indicate relevant page/section 	
115.264 (a) - 6	In the past 12 months, the number of allegations that a resident was sexually abused:	
115.264 (a) - 7	Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:	
115.264 (a) -	In the past 12 months, the number of allegations where	

8	staff were notified within a time period that still allowed for the collection of physical evidence:	
115.264 (a) - 9	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:	
115.264 (a) - 10	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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:	
115.264 (a) - 11	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating:	
115.264 (b) - 1	Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.	□Yes □No
	If applicable, select policy on first responder duties	

	and indicate relevant page/section	
115.264 (b) - 2	Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.	□Yes □No
	 If applicable, select policy on first responder duties and indicate relevant page/section 	
115.264 (b) - 3	Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder:	
115.264 (b) - 4	Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence:	
115.264 (b) - 5	Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff:	
	§115.265 - Coordinated response	
115.265 (a) - 1	The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.	□Yes □No
	Upload/select facility's institutional plan	
§115.266 - Preservation of ability to protect residents from contact with		

abusers

115.266 (a) - 1	The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. • Upload/select all agreements entered into since August 20, 2012 or since the last PREA audit	□Yes □No
	§115.267 - Agency protection against retaliatio	n
115.267 (a) - 1	The agency has 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 □No
	 Upload/select policy protecting residents against retaliation 	
115.267 (a) - 2	The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If "YES", provide staff name(s), title(s), and department(s) in the comments section.	□Yes □No
115.267 (c) - 1	The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. • If applicable, select policy on protecting residents against retaliation and indicate relevant page/ section	□Yes □No
115.267 (c) - 2	If YES, the length of time that the agency/facility monitors the conduct or treatment:	

115.267 (c) - 3	The agency/facility acts promptly to remedy any such retaliation.	□Yes □No
	 If applicable, select policy on protecting residents against retaliation and indicate relevant page/ section 	
115.267 (c) -	The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.	□Yes □No
	 If applicable, select policy on protecting residents against retaliation and indicate relevant page/ section 	
115.267 (c) - 5	The number of times an incident of retaliation occurred in the past 12 months:	
INVESTIGATION	DNS	
§115.2	271 - Criminal and administrative agency invest	gations
115.271 (a) - 1	The agency/facility has a policy related to criminal and administrative agency investigations.	□Yes □No
	Upload/select policy related to criminal and administrative agency investigations	
115.271 (h) - 1	Substantiated allegations of conduct that appear to be criminal are referred for prosecution.	□Yes □No
115.271 (h) - 2	The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later:	

115.271 (i) - 1	The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.	□Yes □No
	 If applicable, select policy on criminal and administrative agency investigations and indicate relevant page/section 	
§115.27	2 - Evidentiary standard for administrative inves	stigations
115.272 (a) - 1	The agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.	□Yes □No
	Upload/select policy on standards for administrative investigations	
	§115.273 - Reporting to residents	
115.273 (a) - 1	The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.	□Yes □No
	 Upload/select: policy on resident notification requirements sample of alleged sexual abuse investigations completed by the agency 	
115.273 (a) - 2	The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months:	

115.273 (a) - 3	Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation:	
115.273 (b) - 1	If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Check N/A if the agency/facility is responsible for conducting administrative and criminal investigations and skip to 115.273(c)-1.	□Yes □No □NA
	investigations completed by outside agency	
115.273 (b) - 2	The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months:	
115.273 (b) - 3	Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation:	
115.273 (c) - 1	Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/ facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to	□Yes □No

	sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.	
	 If applicable, select policy on resident notification requirements and indicate relevant page/section 	
115.273 (c) - 2	There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.	□Yes □No
	 Upload/select sample documentation of substantiated or unsubstantiated complaints 	
115.273 (c) - 3	If YES, in each case the agency subsequently informed the resident whenever: (a) the staff member was no longer posted within the resident's unit; (b) the staff member was no longer employed at the facility; (c) the agency learned that the staff member was indicted on a charge related to sexual abuse within the facility; or (d) the agency learned that the staff member was convicted on a charge related to sexual abuse within the facility.	□Yes □No
	 Upload/select sample documentation of notifications 	
115.273 (d) - 1	Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.	□Yes □No
	 Upload/select sample documentation of notifications 	

	 If applicable, also select policy on resident notification requirements and indicate relevant page/section 	
115.273 (e) - 1	The agency has a policy that all notifications to residents described under this standard are documented.	□Yes □No
	 Upload/select: policy on documentation of notifications sample documentation of notifications 	
115.273 (e) - 2	In the past 12 months, the number of notifications to residents that were provided pursuant to this standard:	
115.273 (e) - 3	Of those notifications made in the past 12 months, the number that were documented:	
DISCIPLINE		
	§115.276 - Disciplinary sanctions for staff	
115.276 (a) - 1	Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.	□Yes □No
	Upload/select policy on staff disciplinary sanctions	
115.276 (b) - 1	In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies:	
	 Upload/select sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policy 	

 If applicable, also select policy on staff disciplinary sanctions and indicate relevant page/section 	
In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:	
The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.	□Yes □No
 If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section 	
In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):	
All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. • If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section	□Yes □No
In the past 12 months, the number of staff from the facility	
	In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. • If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. • If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section

	boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies:	
§115	.277 - Corrective action for contractors and volu	nteers
115.277 (a) - 1	Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.	□Yes □No
	Upload/select policy on corrective actions for contractors and volunteers	
115.277 (a) - 2	Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.	□Yes □No
	 If applicable, select policy on corrective actions for contractors and volunteers and indicate relevant page/section 	
115.277 (a) - 3	In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.	□Yes □No
	Upload/select reports of sexual abuse of residents by contractors or volunteers	
115.277 (a) - 4	In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents:	
115.277 (b) -	The facility takes appropriate remedial measures and considers whether to prohibit further contact with	□Yes □No

	residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.	
	Upload/select documentation of remedial measures that have been enforced	
	§115.278 - Disciplinary sanctions for residents	
115.278 (a) - 1	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.	□Yes □No
	Upload/select policy on resident disciplinary sanctions	
115.278 (a) - 2	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.	□Yes □No
	 If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section 	
115.278 (a) - 3	In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility:	
115.278 (a) - 4	In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility:	
115.278 (d) - 1	The facility offers therapy, counseling, or other interventions designed to address and correct the	□Yes □No

	underlying reasons or motivations for abuse. If "NO," skip to 115.278 (e)-1.	
115.278 (d) - 2	If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.	□Yes □No
115.278 (e) - 1	The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.	□Yes □No
	 Upload/select sample of records of disciplinary actions against residents for sexual conduct with staff If applicable, also select policy on resident disciplinary sanctions and indicate relevant page/section 	
115.278 (f) - 1	The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.	□Yes □No
	 If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section 	
115.278 (g) - 1	The agency prohibits all sexual activity between residents.	□Yes □No
	 If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section 	

115.278 (g) - 2	If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Check N/A if the agency does not prohibit all sexual activity between residents. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	□Yes □No □NA
MEDICAL AND	MENTAL CARE	
§115.282	- Access to emergency medical and mental heal	th services
115.282 (a) - 1	Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.	□Yes □No
115.282 (a) - 2	The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.	□Yes □No
115.282 (a) -	Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard, but may be helpful to review during the audit.) • Upload/select sample medical/mental health secondary forms/logs regarding residents' access to services	□Yes □No

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115.282 (c) - 1	Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	□Yes □No
115.282 (d) - 1	Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.	□Yes □No
	 Upload/select policy on medical/mental health treatment for sexual abuse 	
§115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers		
115.283 (a) - 1	The facility offers 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 □No
	 Upload/select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers 	
115.283 (d) - 1	Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check N/A if an all-male facility.	□Yes □No □NA
	 If applicable, select policy on ongoing medical/ mental health treatment for sexual abuse victims and abusers and indicate relevant page/section 	
115.283 (e) - 1	If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check N/A if an all-male facility.	□Yes □No □NA

	If applicable, select policy on ongoing medical/ mental health treatment for sexual abuse victims and abusers and indicate relevant page/section			
115.283 (f) - 1	Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.	□Yes □No		
	 If applicable, select policy on ongoing medical/ mental health treatment for sexual abuse victims and abusers and indicate relevant page/section 			
115.283 (h) - 1	The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.	□Yes □No		
	 If applicable, select policy on ongoing medical/ mental health treatment for sexual abuse victims and abusers and indicate relevant page/section 			
DATA COLLECTION AND REVIEW				
	§115.286 - Sexual abuse incident reviews			
115.286 (a) - 1	The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.	□Yes □No		
	 Upload/select: policy on conducting sexual abuse incident reviews documentation of sexual abuse incident reviews sample documentation of completed criminal or administrative investigations of 			

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	sexual abuse (if incident review documents contained therein)	
115.286 (a) - 2	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents:	
115.286 (b) - 1	The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.	□Yes □No
	 If applicable, select documentation of sexual abuse incident reviews and sample documentation of completed criminal or administrative (if incident review documents contained therein) and indicate relevant page/section 	
115.286 (b) - 2	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents:	
115.286 (c) - 1	The sexual abuse incident review team includes upper- level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.	□Yes □No
	 If applicable, select policy on sexual abuse incident reviews and indicate relevant page/section 	
115.286 (d) - 1	The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for	□Yes □No

	improvement, and submits such report to the facility head and PREA Coordinator.		
	 Upload/select reports of findings from sexual abuse incident reviews If applicable, select documentation of sexual abuse incident reviews and indicate relevant page/ section 		
115.286 (e) - 1	The facility implements the recommendations for improvement or documents its reasons for not doing so.	□Yes	□No
	 Upload/select: documentation supporting implementation of recommendations documentation of reasons for not implementing recommendations 		
	§115.287 - Data collection		
115.287 (a) - 1	The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.	□Yes	□No
	allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of	□Yes	□No
	allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. • Upload/select: • policy on sexual abuse data collection; upload/select set of definitions	□Yes	□No

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	 If applicable, select policy on sexual abuse data collection and data collection instrument and indicate relevant page(s)/section(s) 		
115.287 (d) - 1	The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.	□Yes	□No
	 If applicable, select policy on sexual abuse data collection and indicate relevant page/section 		
115.287 (e) - 1	The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Check N/A if agency does not contract for the confinement of its residents and skip to 115.287 (f).	□Yes □NA	□No
	 If applicable, select policy on sexual abuse data collection and indicate relevant page/section 		
115.287 (e) - 2	The data from private facilities complies with SSV reporting regarding content.	□Yes	□No
115.287 (f) - 1	The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Check N/A if DOJ has not requested agency data.	□Yes □NA	□No
§115.288 - Data review for corrective action			
115.288 (a) - 1	The agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing	□Yes	□No

	basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.	
	 Upload/select: documentation of corrective action plans annual report of findings from data reviews/corrective actions 	
115.288 (b) - 1	The annual report includes a comparison of the current year's data and corrective actions with those from prior years.	□Yes □No
	 If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section 	
115.288 (b) - 2	The annual report provides an assessment of the agency's progress in addressing sexual abuse.	□Yes □No
	 If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section 	
115.288 (c) - 1	The agency makes its annual report readily available to the public at least annually through its website.	□Yes □No
	 Provide link to website where annual report is available. 	
115.288 (c) - 2	If NO, the agency makes it available through other means.	□Yes □No
115.288 (c) - 3	The annual reports are approved by the agency head.	□Yes □No

115.288 (d) - 1	When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	□Yes	□No
115.288 (d) - 2	The agency indicates the nature of material redacted.	□Yes	□No
	 If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section 		
§1	15.289 - Data storage, publication, and destruc	tion	
115.289 (a) - 1	The agency ensures that incident-based and aggregate data are securely retained. • Upload/select policy on data storage	□Yes	□No
115.289 (b) - 1	Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. • Upload/select policy on data availability	□Yes	□No
115.289 (b) - 2	If NO, the agency makes it available through other means.	□Yes	□No
115.289 (c) - 1	Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.	□Yes	□No

115.28	39 (c) -	The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.	□Yes	□No	
		 If Federal, State, or local law requires otherwise, upload/select copy of the applicable law 			