

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

**PREA COMPLIANCE AUDIT TOOL
CHECKLIST OF POLICIES/PROCEDURES AND OTHER DOCUMENTS**

Juvenile Facilities

April 18, 2014

Policies/Procedures/Other Documents

| | | Pre-Audit | During Audit |
|-------------------------------|--------------------------|--|--|
| BACKGROUND INFORMATION | <input type="checkbox"/> | Agency mission. | <input type="checkbox"/> |
| | <input type="checkbox"/> | Any relevant reports related to internal or external audits of and/or accreditations for the facility. | <input type="checkbox"/> |
| | <input type="checkbox"/> | Daily population report for the 1ST, 10TH, and 20th day of the month for the past 12 months. | <input type="checkbox"/> |
| | <input type="checkbox"/> | Schematic (layout) of facility. | <input type="checkbox"/> |
| | | | List of staff (who have contact with residents) in the facility (by shift, housing unit, assignment/role) for selection of staff for interviews. |
| | | | List of residents by housing unit for selection of residents for interviews. |

| Standard | | Policies/Procedures/Other Documents | |
|----------------------------|--|---|---|
| | | Pre-Audit | During Audit |
| PREVENTION PLANNING | §115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | <ul style="list-style-type: none"> <input type="checkbox"/> Agency policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities operated directly or under contract. <input type="checkbox"/> Implementation plan: Facility policy outlining how facility will implement the agency's zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. <input type="checkbox"/> Agency organizational chart. | NA |
| | §115.312 - Contracting with other entities for the confinement of residents | <ul style="list-style-type: none"> <input type="checkbox"/> Contracts for the confinement of residents entered into (or renewed) after August 20, 2012 or since the last PREA audit. | NA |
| | §115.313 – Supervision and Monitoring | <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of staffing plan development process. <input type="checkbox"/> Staffing plan. <input type="checkbox"/> Documentation of deviations from the staffing plan and written justifications for all such deviations. <input type="checkbox"/> Documentation of annual reviews (after first year audit). <input type="checkbox"/> Policy requiring that intermediate-level and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. <input type="checkbox"/> Documentation that unannounced rounds were conducted and that those rounds covered all shifts (e.g., housing unit logs, etc.). | <ul style="list-style-type: none"> <input type="checkbox"/> Additional annual reviews. <input type="checkbox"/> Additional documentation of unannounced rounds and evidence that such rounds cover all shifts. <input type="checkbox"/> Video demonstrating unannounced rounds when available (to spot check). |
| | §115.315 – Limits to Cross-Gender Viewing and Searches | <ul style="list-style-type: none"> <input type="checkbox"/> Policies and procedures governing: 1) pat-down searches of residents and 2) strip search and visual body cavity searches. <input type="checkbox"/> Policy governing cross-gender viewing. <input type="checkbox"/> Logs of exigent circumstances, if any, that required deviance from §115.315(d) (i.e., cross-gender viewing). <input type="checkbox"/> Policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. <input type="checkbox"/> Training curricula regarding cross-gender pat-down searches and searches of transgender and intersex residents. <input type="checkbox"/> Staff training logs. | <ul style="list-style-type: none"> <input type="checkbox"/> Logs of cross-gender strip searches and cross-gender visual body cavity searches in the last 12 months. <input type="checkbox"/> Logs of cross-gender strip and/or body cavity searches conducted in the last 12 months that were not conducted by medical staff or were not conducted during exigent circumstances, documented in the log. <input type="checkbox"/> Documentation when medical staff conducted such searches. <input type="checkbox"/> Documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of residents. <input type="checkbox"/> Documentation of exigent circumstances where cross-gender pat-down searches were conducted. <input type="checkbox"/> Logs of exigent circumstances that might require deviance from the standard. |

| | | |
|---|---|---|
| <p>§115.316 – Residents with Disabilities and Residents who are Limited English Proficient</p> | <ul style="list-style-type: none"> ❑ Policies/procedures regarding equal opportunity of disabled residents to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ❑ Policies/procedures regarding equal opportunity of residents with limited English proficiency to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ❑ Policy prohibiting use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. ❑ Contracts with interpreters or other professionals hired to ensure effective communication with residents. ❑ Written materials used for effective communication about PREA with residents with disabilities or limited reading skills ❑ Documentation of staff training on PREA compliant practices for residents with disabilities. | <ul style="list-style-type: none"> ❑ Documentation demonstrating that taking alternative action would have resulted in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens. ❑ Documentation of circumstances when resident interpreters, readers, and other resident assistants were used. |
| <p>§115.317 – Hiring and Promotion Decisions</p> | <ul style="list-style-type: none"> ❑ Policy on promotions and hiring of employees and contractors including policies governing criminal background checks and checks of child abuse registries. ❑ Policy governing criminal background records checks of current employees and contractors who may have contact with residents. | <ul style="list-style-type: none"> ❑ Files of persons hired or promoted in the last 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. ❑ Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.317(c). ❑ Records of background checks of contractors who might have contact with residents. ❑ Documentation of background records checks of current employees at five-year intervals when applicable. |
| <p>§115.318 – Upgrades to Facilities and Technology</p> | <p>NA</p> | <ul style="list-style-type: none"> ❑ Documentation on facility design, or renovation, modification or expansion. ❑ Minutes from meetings referencing installing or updating monitoring technology. |

| Standard | | Policies/Procedures/Other Documents | |
|----------------------------|--|--|--|
| | | Pre-Audit | During Audit |
| RESPONSIVE PLANNING | §115.321 – Evidence Protocol and Forensic Medical Examinations | <ul style="list-style-type: none"> □ Uniform evidence protocol governing obtaining usable physical evidence in allegations of sexual abuse. □ If alternative source (from DOJ’s “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”) was used to develop protocol, provide alternative source. □ Documentation of efforts to provide SAFEs or SANEs. □ Documentation that forensic medical exams are offered for free. □ Documentation of agreement(s) with rape crisis center(s) for services or documentation of efforts to secure services from rape crisis center(s). □ Documentation of staff member’s qualifications if agency staff member is used to provide victim advocate services. □ Any relevant documentation that a qualified agency staff member or qualified community-based organization staff member accompanied and supported the victim per standard 115.321(e), if requested by the victim. □ If the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, MOUs/agreements with the responsible agency. | <ul style="list-style-type: none"> □ Documentation to corroborate that all victims of sexual abuse have access to forensic medical examinations. □ Any available documentation that delineates responsibilities of outside medical and mental health practitioners. □ Documentation of the request regarding requirements of 115.321(a) through (e) with outside investigating agency. |
| | §115.322 – Policies to Ensure Referrals of Allegations for Investigations | <ul style="list-style-type: none"> □ Policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment. □ Investigative policy. | <ul style="list-style-type: none"> □ Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative report(s) with findings. □ Documentation of referrals of allegations of sexual abuse and sexual harassment. □ Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. |

| Standard | | Policies/Procedures/Other Documents | |
|---------------------------------|--|--|--|
| | | Pre-Audit | During Audit |
| TRAINING & EDUCATION | §115.331 – Employee Training | <ul style="list-style-type: none"> <input type="checkbox"/> Training policy and/or procedures. <input type="checkbox"/> Staff training curriculum. | <ul style="list-style-type: none"> <input type="checkbox"/> Sample of training records for compliance with standard. <input type="checkbox"/> Documentation of employee signatures or electronic verification signifying comprehension of the training. |
| | §115.332– Volunteer and Contractor Training | <ul style="list-style-type: none"> <input type="checkbox"/> Training curriculum for volunteers and contractors who have contact with residents. | <ul style="list-style-type: none"> <input type="checkbox"/> Sample of training records for volunteers and contractors who have contact with residents. <input type="checkbox"/> Relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors). |
| | §115.333 – Resident Education | <ul style="list-style-type: none"> <input type="checkbox"/> Agency policy governing PREA education of residents. | <ul style="list-style-type: none"> <input type="checkbox"/> Intake records of inmates entering the facility in past 12 months (spot check). <input type="checkbox"/> Log or other record corroborating that those residents received information at intake (e.g., resident signatures). <input type="checkbox"/> Any relevant education materials (e.g., resident handbook) to ensure that relevant information is covered and material is presented in an age appropriate fashion. <input type="checkbox"/> Resident educational materials in formats accessible to residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. <input type="checkbox"/> Log or other record corroborating that those inmates received comprehensive age appropriate PREA education within 10 days of intake (e.g., resident signatures). <input type="checkbox"/> Log or other record corroborating that current residents received comprehensive PREA education within one year of the effective date of the PREA standards (e.g., resident signatures). <input type="checkbox"/> Sample documentation of resident participation in education sessions. <input type="checkbox"/> Education and informational materials (posters, resident handbook, etc.) in compliance with the standard. |
| | §115.334 – Specialized Training: Investigations | <ul style="list-style-type: none"> <input type="checkbox"/> Agency training policy for investigative staff. <input type="checkbox"/> Investigator training curriculum. <input type="checkbox"/> Documentation that agency investigators have completed required training. | <ul style="list-style-type: none"> <input type="checkbox"/> Training records/logs of investigative staff. |

| | | | |
|--|---|---|---|
| | <p>§115.335 – Specialized Training: Medical and Mental Health Care</p> | <ul style="list-style-type: none"> □ Policy governing training of medical and mental health care practitioners around sexual abuse and sexual harassment. □ Documentation showing that medical and mental health care practitioners have completed the required training. | <ul style="list-style-type: none"> □ Training records and personnel records to verify that regular practitioners have been trained (“regular” does not include practitioners who are engaged infrequently). □ Exam logs (spot check). □ List of all medical staff at facility and a sample of training logs and forensic exam training curriculum. □ If applicable, list of all contract medical staff at facility and documentation of training. □ Training logs of medical and mental health care practitioners to ensure they received the training for employees and contractors/volunteers (depending on their status) in the referenced standards. |
|--|---|---|---|

| Standard | | Policies/Procedures/Other Documents | |
|--|---|---|--|
| | | Pre-Audit | During Audit |
| SCREENING FOR RISK OF SEXUAL VICTIMIZATION & ABUSIVENESS | §115.341 – Screening for Risk of Victimization and Abusiveness | <ul style="list-style-type: none"> □ Agency policy governing screening of residents (upon admission to a facility or transfer to another facility and reassessments). □ Screening instrument used to determine risk of victimization or abusiveness. | <ul style="list-style-type: none"> □ Records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. |
| | §115.342 – Use of Screening Information | <ul style="list-style-type: none"> □ Documentation of use of screening information to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. □ Documentation of how decisions are made. □ Facility policy governing isolation of residents. □ Facility policies prohibiting placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status, and prohibiting considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive □ Documentation of 30 day reviews for compliance with the standard. | <ul style="list-style-type: none"> □ Documentation of risk-based housing decisions. □ Case files of residents held in isolation during the past 12 months. □ Records for length of placement of residents in isolation during the past 12 months. □ For residents at risk of sexual victimization who were placed in isolation, documentation of resident access to large muscle exercise, legally required education, special education services, and other programs and work opportunities. □ Documentation that residents at risk of sexual victimization who were placed in isolation received daily visits from a medical or mental health care clinician. □ Documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard. □ Documentation of reassessment of programming assignments for each transgender or intersex residents for compliance with the standard. □ Documentation of 30 day reviews. |

| Standard | Policies/Procedures/Other Documents | |
|--|--|--|
| | Pre-Audit | During Audit |
| REPORTING §115.351 – Resident Reporting | <ul style="list-style-type: none"> <input type="checkbox"/> Resident reporting policy(ies), <input type="checkbox"/> Other relevant documentation on resident reporting (e.g., resident handbooks) <input type="checkbox"/> Documentation of agreement with outside public or private entity responsible for taking reports. <input type="checkbox"/> Resident reporting policy(ies) relevant to reporting to outside public or private entity <input type="checkbox"/> Policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security <input type="checkbox"/> Policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. <input type="checkbox"/> Documentation of verbal reports of sexual abuse and sexual harassment. <input type="checkbox"/> Policy and documentation (e.g., staff handbooks) outlining procedures for staff to privately report sexual abuse and sexual harassment of residents. | <ul style="list-style-type: none"> <input type="checkbox"/> Information provided to residents detained solely for civil immigration purposes. <input type="checkbox"/> Tools necessary to make a written report. |
| | §115.352 – Exhaustion of Administrative Remedies | <ul style="list-style-type: none"> <input type="checkbox"/> Policy or procedure in regards to resident grievances of sexual abuse. <input type="checkbox"/> Supporting logs/records of cases, in the past 12 months, alleging sexual abuse that involved an extension because final decision was not reached within 90 days. <input type="checkbox"/> Documentation of written notifications of extensions. <input type="checkbox"/> Policy and procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. <input type="checkbox"/> Policy limiting the agency’s ability to discipline a resident for filing a grievance related to alleged sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. |

| | | | |
|--|---|--|-----------|
| | <p>§115.353 – Resident Access to Outside Confidential Support Services</p> | <ul style="list-style-type: none"> ❑ Policies and/or procedures governing resident access to outside victim advocates for emotional support services related to sexual abuse. ❑ Resident handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services. ❑ MOUs or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. ❑ Documentation of attempts to enter into agreements. ❑ Policies governing resident access to their attorneys, other legal representation, and parents or legal guardians. | <p>NA</p> |
| | <p>§115.354 – Third-Party Reporting</p> | <ul style="list-style-type: none"> ❑ Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents. | <p>NA</p> |

| Standard | | Policies/Procedures/Other Documents | |
|---|--|--|---|
| | | Pre-Audit | During Audit |
| OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT | §115.361 – Staff and Agency Reporting Duties | <ul style="list-style-type: none"> <input type="checkbox"/> Relevant policy(ies) governing the reporting by staff regarding incidents of sexual abuse or sexual harassment. <input type="checkbox"/> Policy requiring all staff to comply with any applicable mandatory child abuse reporting laws. | Documentation that medical and mental health practitioners report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section reports, to the facility’s designated investigators. |
| | §115.362 – Agency Protection Duties | <ul style="list-style-type: none"> <input type="checkbox"/> Relevant policy(ies) governing the agency’s protection duties when residents are subject to a substantial risk of imminent sexual abuse. <input type="checkbox"/> Relevant documentation related to the determination of residents’ substantial risk of imminent sexual abuse and agency response. | NA |
| | §115.363 – Reporting to Other Confinement Facilities | <ul style="list-style-type: none"> <input type="checkbox"/> Agency policy regarding reporting of allegations of sexual abuse of residents while confined at another facility. <input type="checkbox"/> Agency policy requiring that allegations of sexual abuse of residents received from other agencies or facilities are investigated in accordance with the PREA standards. <input type="checkbox"/> Documentation of notifications (to facility where abuse occurred and to the appropriate investigative agency) of abuse while confined at another facility within 72 hours of receiving the allegation. | <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of allegations that a resident was abused while confined at another facility. <input type="checkbox"/> Additional documentation of notifications, to verify they occurred within 72 hours of receiving allegation. <input type="checkbox"/> Documentation of allegations from other facilities and documentation of response (i.e., evidence that allegation has been investigated in accordance with the standard). |
| | §115.364 – Staff First Responder Duties | <ul style="list-style-type: none"> <input type="checkbox"/> Agency policy governing staff first responder duties. | <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of response to allegations by first responders. |
| | §115.365 – Coordinated Response | <ul style="list-style-type: none"> <input type="checkbox"/> Facility’s 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. | NA |
| | §115.366 – Preservation of Ability to Protect Residents from Contact with Abusers | <ul style="list-style-type: none"> <input type="checkbox"/> All collective bargaining agreements or other agreements entered into or renewed since August 20, 2012, or since the last PREA audit, whichever is later. | NA |

| | | |
|--|--|--|
| <p>§115.367 – Agency Protection Against Retaliation</p> | <ul style="list-style-type: none"> □ Agency policy protecting 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, including policies on the monitoring of residents/staff following a report and agency response to suspected retaliation. | <ul style="list-style-type: none"> □ Documentation of any protective measures taken. □ Documentation of any monitoring efforts. □ Documentation of reports of retaliation and agency response. □ Documentation of monitoring in case of residents. |
| <p>§115.368 – Post-Allegation Protective Custody</p> | <ul style="list-style-type: none"> □ Facility policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged □ Documentation of instances when segregated housing was used to protect a resident who is alleged to have suffered sexual abuse. □ Documentation of 30-day reviews. | <ul style="list-style-type: none"> □ Documentation of monitoring in case of residents. Records for length of placement of residents who allege to have suffered sexual abuse who were in isolation during the past 12 months. □ For residents who allege to have suffered sexual abuse who were placed in isolation, documentation of resident access to large muscle exercise, legally required education, special education services, and other programs and work opportunities. □ Documentation that residents who allege to have suffered sexual abuse who were placed in isolation received daily visits from a medical or mental health care clinician. □ Case files of residents who allege to have suffered sexual abuse who were held in isolation in the past 12 months. |

| Standard | | Policies/Procedures/Other Documents | |
|-----------------------|--|---|--|
| | | Pre-Audit | During Audit |
| INVESTIGATIONS | §115.371 – Criminal and Administrative Agency Investigations | <ul style="list-style-type: none"> <input type="checkbox"/> Agency/facility policies related to criminal and administrative agency investigations. <input type="checkbox"/> Training records for investigators (115.334(d)-1). | <ul style="list-style-type: none"> <input type="checkbox"/> Sample of investigative records/reports for allegations of sexual abuse or sexual harassment. <input type="checkbox"/> Where sexual abuse is alleged, documentation of investigative reports, record retention schedule, and case records detailing allegations of sexual abuse. <input type="checkbox"/> Sample of criminal and administrative investigation reports. <input type="checkbox"/> Sample of cases involving substantiated allegations to ensure that they were referred for prosecution. <input type="checkbox"/> Sample of cases referred for prosecution. <input type="checkbox"/> Sample of investigation reports (including older reports, if applicable). |
| | §115.372 – Evidentiary Standard for Administrative Investigations | <ul style="list-style-type: none"> <input type="checkbox"/> Any policy(ies) imposing a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. | <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of administrative findings for proper standard of proof. |
| | §115.373 – Reporting to Residents | <ul style="list-style-type: none"> <input type="checkbox"/> Agency 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. <input type="checkbox"/> Sample of alleged sexual abuse investigations completed by the agency. <input type="checkbox"/> Sample of alleged sexual abuse investigations completed by outside agency. <input type="checkbox"/> Sample documentation of any substantiated or unsubstantiated complaints. <input type="checkbox"/> Sample documentation of notifications pursuant to the requirements of this standard (see 115.373 (c) and (d)). <input type="checkbox"/> Agency policy requiring documentation of notifications. <input type="checkbox"/> Sample documentation of notifications. | <ul style="list-style-type: none"> <input type="checkbox"/> Additional sample of alleged sexual abuse investigations completed by the agency. <input type="checkbox"/> Additional sample of alleged sexual abuse investigations completed by outside agency. <input type="checkbox"/> Additional documentation of founded complaints. <input type="checkbox"/> Additional documentation of notifications. <input type="checkbox"/> Logs or other documentation of notifications to confirm number provided. |

| Standard | | Policies/Procedures/Other Documents | |
|-------------------|--|--|---|
| | | Pre-Audit | During Audit |
| DISCIPLINE | §115.376 – Disciplinary sanctions for staff | <ul style="list-style-type: none"> ❑ Staff disciplinary policy(ies) regarding violations of agency sexual abuse or sexual harassment policies. ❑ Sample records of terminations, resignations, or other sanctions against staff for violating agency sexual abuse or sexual harassment policies from the past twelve months. | <ul style="list-style-type: none"> ❑ Additional sample of records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies. ❑ Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies form the past 12 months. ❑ Records of reports to law enforcement for violations of agency sexual abuse or sexual harassment policies. |
| | §115.377 – Corrective action for contractors and volunteers | <ul style="list-style-type: none"> ❑ Agency policy requiring 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. ❑ Reports of sexual abuse of residents by contractors or volunteers. ❑ Documentation of remedial measures taken to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. | <ul style="list-style-type: none"> ❑ Documentation of referrals to law enforcement and/or relevant licensing bodies. ❑ Investigative reports if relevant. |
| | §115.378 – Disciplinary sanctions for residents | <ul style="list-style-type: none"> ❑ Policy(ies) which state that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. ❑ Sample of records of disciplinary actions against residents for sexual conduct with staff. | <ul style="list-style-type: none"> ❑ Investigative reports and documentation of sanctions imposed. ❑ Additional records of disciplinary actions against residents for sexual conduct with staff. |

| Standard | Policies/Procedures/Other Documents | |
|--------------------------------|--|---|
| | Pre-Audit | During Audit |
| MEDICAL AND MENTAL CARE | <p>§115.381 – Medical and Mental Health Screenings; History of Sexual Abuse</p> <ul style="list-style-type: none"> □ Policy on medical and mental health screening. □ Sample of medical and mental health secondary materials documenting compliance with required services. (The term secondary materials refers to materials maintained by health staff in a secure area but separate from the inmate’s medical record that document compliance with the provisions of this standard.) □ Sample of mental health secondary materials. □ Sample of resident confinement records/other records available to custody staff or non-health personnel. □ Consent documentation/logs obtained from residents over age 18 by medical/mental health practitioners before reporting information about prior sexual victimization that did not occur in an institutional setting. | <ul style="list-style-type: none"> □ Additional medical/mental health secondary materials (the term secondary materials refers to materials maintained by health staff in a secure area but separate from the resident’s medical record that document compliance with the provisions of this standard). □ Additional sample of resident confinement records/other records available to custody staff or non-health personnel. |
| | <p>§115.382 – Access to Emergency Medical and Mental Health Services</p> <ul style="list-style-type: none"> □ Policies and procedure regarding access to treatment services by resident victims of sexual abuse. □ Sample of secondary materials (e.g., form, log) documenting access to required services. | <ul style="list-style-type: none"> □ Additional medical/mental health secondary materials describing access to services. □ Documentation demonstrating immediate notification of appropriate medical and mental health practitioners. |
| | <p>§115.383 – Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <ul style="list-style-type: none"> □ Policies and procedures governing ongoing medical and mental health care for sexual abuse victims and abusers. | <ul style="list-style-type: none"> □ Medical records or secondary documentation that demonstrate victims receive 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. □ Medical records or secondary documentation that demonstrate victims received medical and mental health services consistent with community level of care. □ Medical records or secondary documentation that demonstrate that female victims were offered pregnancy tests. □ Medical records or secondary documentation that demonstrates victims are offered tests for sexually transmitted infections as medically appropriate. □ Mental health records or secondary documentation that demonstrate evaluations of resident-on-resident abusers. |

| Standard | | Policies/Procedures/Other Documents | |
|----------------------------|--|--|--|
| | | Pre-Audit | During Audit |
| DATA COLLECTION AND REVIEW | §115.386 – Sexual Abuse Incident Reviews | <ul style="list-style-type: none"> <input type="checkbox"/> Policies on conducting sexual abuse incident reviews. <input type="checkbox"/> Documentation of sexual abuse incident reviews. <input type="checkbox"/> Sample documentation of completed criminal or administrative investigations of alleged sexual abuse incidents, if incident review documents are contained therein. <input type="checkbox"/> Reports of findings from sexual abuse incident reviews. <input type="checkbox"/> Documentation supporting implementation of recommendations OR documentation of reasons for not implementing recommendations. | <ul style="list-style-type: none"> <input type="checkbox"/> Additional documentation of completed criminal or administrative investigations of sexual abuse. <input type="checkbox"/> Documentation of review team minutes or reports. <input type="checkbox"/> Additional reports of findings from sexual abuse incident reviews. |
| | §115.387 – Data Collection | <ul style="list-style-type: none"> <input type="checkbox"/> Policy for sexual abuse data collection. <input type="checkbox"/> Set of definitions used for collecting data on sexual abuse allegations at facilities. <input type="checkbox"/> Data collection instrument used for collecting data on sexual abuse allegations at facilities. | <ul style="list-style-type: none"> <input type="checkbox"/> Sample of aggregated sexual abuse data. <input type="checkbox"/> Sample of incident-based and aggregated data from private facility, if applicable. |
| | §115.388 – Data Review for Corrective Action | <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of corrective action plans. <input type="checkbox"/> Annual reports of findings from data reviews/corrective actions. <input type="checkbox"/> Link to website where annual report is available. | <ul style="list-style-type: none"> <input type="checkbox"/> Additional documentation of corrective action plans. |
| | §115.389 – Data Storage, Publication, and Destruction | <ul style="list-style-type: none"> <input type="checkbox"/> Policy requiring that incident-based and aggregate data are securely retained. <input type="checkbox"/> Policy requiring 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. <input type="checkbox"/> Federal, State or local law requiring the agency maintain sexual abuse data collected for a time period that is different than required by the standard (which requires it be maintained for at least 10 years). | <ul style="list-style-type: none"> <input type="checkbox"/> Website or other means for publicly available aggregated sexual abuse data. <input type="checkbox"/> Sample of publicly available sexual abuse data to check that personal identifiers have been removed. <input type="checkbox"/> Historical data since August 20, 2012. |