

# PREA Facility Audit Report: Interim

**Name of Facility:** Pioneer Fellowship House

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 10/14/2021

**Date Final Report Submitted:** NA

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kenneth E Arnold	<b>Date of Signature:</b> 10/14/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Arnold, Kenneth
<b>Email:</b>	kenarnold220@gmail.com
<b>Start Date of On-Site Audit:</b>	
<b>End Date of On-Site Audit:</b>	

FACILITY INFORMATION	
<b>Facility name:</b>	Pioneer Fellowship House
<b>Facility physical address:</b>	220 11th Avenue, Seattle, Washington - 98122
<b>Facility Phone:</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Nicholas Moreau
<b>Email Address:</b>	Nicholas.Moreau@p-h-s.com
<b>Telephone Number:</b>	360-920-8963

Facility Director	
<b>Name:</b>	Brendan Seibert
<b>Email Address:</b>	Brendan.Seibert@p-h-s.com
<b>Telephone Number:</b>	206-667-9674

Facility PREA Compliance Manager	
<b>Name:</b>	Clinton Jordan
<b>Email Address:</b>	Clinton.Jordan@p-h-s.com
<b>Telephone Number:</b>	M: 206-667-9674
<b>Name:</b>	Naomi Paige
<b>Email Address:</b>	naomi.paige@p-h-s.com
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	60
<b>Current population of facility:</b>	29
<b>Average daily population for the past 12 months:</b>	35
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-99
<b>Facility security levels/resident custody levels:</b>	Community Custody
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	20
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	7
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Pioneer Human Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	7440 W Marginal Way S, Seattle, Washington - 98108
<b>Mailing Address:</b>	
<b>Telephone number:</b>	2067681990

Agency Chief Executive Officer Information:	
<b>Name:</b>	Karen Lee
<b>Email Address:</b>	karen.lee@p-h-s.com
<b>Telephone Number:</b>	206-768-1990

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Nicholas Moreau	<b>Email Address:</b>	Nicholas.Moreau@p-h-s.com

## AUDIT FINDINGS

### Narrative:

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

The Prison Rape Elimination Act (PREA) on-site audit of the Pioneer Fellowship House Residential Reentry Center (PFH) in Seattle, WA was conducted August 18 and 19, 2021, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports uploaded to the On-line Audit System (OAS).

The documentation review included, but was not limited to, agency and facility policies, staff training slides, completed forms regarding both staff and resident training, Memorandums Of Agreement (MOAs), organizational chart(s), Pioneer Human Services (PHS) PREA brochures (tri-fold), resident education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resource (HR) documents associated with relevant PREA standard(s), staff training certifications, and victimization/aggressor screenings. This review prompted several questions and informational needs that were addressed with the PHS PREA Coordinator (PC) pursuant to the OAS Issues Log. The majority of informational needs were addressed pursuant to this process.

The auditor notes that he attempted telephonic contact with HCSATS (now HATC and the reported victim advocacy provider) on October 4, 2021 in an effort to ascertain the frequency of sexual abuse cases at PFH. In view of the dynamics described in the narrative for 115.221(d), the auditor was not able to successfully glean information regarding the strength of the PREA program at PFH and whether HATC received regular referrals for PFH residents. The individual with whom the auditor spoke did articulate that she was not familiar with PFH however.

The auditor met with the Director, assistant director (ad), PHS PC, and a PFH case manager at 7:45AM on Wednesday, August 18, 2021. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:15AM and 9:30AM, the auditor toured the entire facility with the Director, PHS PC, ad, and PFH case manager. It is noted the rated capacity of PFH is 60 residents and the in-house institutional count on August 18, 2021 was 29 residents.

During the on-site audit, the auditor was staged in an administrative staff office for document reviews and facilitation of confidential interviews with staff/residents. The auditor randomly selected (from a resident roster uploaded by the PC) and interviewed seven residents on-site pursuant to the Random Resident Interview Questionnaire. At least one resident (representative of the total sample of resident interviewees) was interviewed from each living area throughout the facility. The auditor notes zero letters were received from either residents or staff prior to the conduct of the on-site audit.

None of the seven random resident interviewees were also interviewed pursuant to specialty interviewee questionnaires. Accordingly, all seven interviewees are counted as random resident interviewees only.

The Director and the PC assert zero residents who allege(d) they have been sexually abused at PFH were confined at the facility at the time of the on-site audit. Additionally, the PC asserts zero residents with low vision/blindness/deafness/physical disabilities/mental health/cognitive concerns/ and were confined at PFH during the on-site audit. Likewise, the PCM reported zero transgender/intersex residents and resident(s) who reported a history of institutional sexual abuse during previous confinement(s) were confined at PFH during the on-site audit and accordingly, those specialty interviews could not be conducted. One gay, one hearing impaired, one low reading, and two residents who reported community sexual abuse at intake were interviewed pursuant to the relevant resident interview questionnaires. Of note, pursuant to staff/resident interviews and on-site observations, the auditor found no contradictory evidence with respect to potential specialty questionnaire interviewees.

It is noted the seven random resident interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to residents for reporting sexual abuse and sexual harassment. The five specialty interviewees were likewise interviewed pursuant to the random resident questionnaire. Overall, random interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several interviewees assert they had received training by PFH staff, as well as, staff at FBOP facilities.

Of note, all 12 interviewees assert they feel sexually safe at PFH.

In view of the staffing pattern at PFH, the auditor was able to interview 12 random staff however, one of these random staff was also interviewed pursuant to the security staff first responder questionnaire. The auditor notes that the entire PFH staff complement is 20, inclusive of the Director and ad. With some staff unavailable for various reasons, the auditor's interview list was limited to eleven random staff. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees and interviewees were questioned regarding PREA training/overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges sexual abuse, and first responder duties.

The following specialty staff questionnaires were utilized during this review:

Agency Head

Director

PHS PREA Coordinator (1)

Designated Staff Charged with Monitoring Retaliation (1)

Incident Review Team (1)

Human Resources (1)

Investigator (one facility administrative sexual abuse investigator)

SAFE/SANE Staff- (1)

Intake (1)

Staff Who Perform Screening for Risk of Victimization and Abusiveness (1)

Security and Non-Security Staff Who Have Acted as First Responders (one security and one non-security)

Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)

The auditor notes the Agency Head interviewee was also interviewed pursuant to the investigative staff questionnaire. The Director was also interviewed pursuant to the retaliation monitor questionnaire and the ad was interviewed pursuant to the administrative staff (HRM) and incident review team questionnaires. One case manager was interviewed pursuant to the intake and staff who perform screening for risk of victimization and abusiveness questionnaires.

The Contract Administrator interview was not conducted as PFH does not contract with other entities to house residents designated to PHS facilities.

It is noted PHS is the umbrella company for PFH.

The auditor reviewed 10 Staff Training records, 11 resident files, and 10 staff HR files and other records reflected throughout the following narratives, prior to the audit, during the audit, and subsequent to completion of the same. The auditor randomly selected all file reviews.

On August 18, 2021 the auditor was processed into the facility at the facility Front Entrance/Control Center. Standard security processing was employed.

During the facility tour, the auditor noted posters, pamphlets (as described throughout the following audit narratives), and PREA Audit Notices were prevalent throughout the facility, inclusive of the housing units and program areas, etc.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of residents, unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and resident programming. Clearly, residents have access to continual education regarding PREA processes.

The auditor noted ample camera surveillance and mirrors in all areas, inclusive of programs and operations areas. Residents and staff appear to be easily tracked throughout the facility. It is also noted cameras are positioned in key areas outside buildings and recreation areas.

The auditor observed camera monitoring, particularly focusing on camera placements and the degree of resident exposure in their rooms and shower areas. Monitors provided the auditor several different views of housing unit/program/operational area cameras and he found no evidence of resident exposure in violation of PREA standards and expectations. There are no cameras in resident rooms and toilet/shower areas. Physical staff supervision is addressed in the narrative for 115.13.

During the tour, the auditor did note properly shielded (shower curtains) shower areas. In the PFH bathrooms, the auditor noted that one toilet is exposed once the door is opened. Accordingly, the auditor recommends that a partial curtain be hung in that area or that a shielding device be installed.

Of note, there are windows in each dormitory however, not in each room. Staff offices likewise have no windows in the door. The PFH campus consists of one building, inclusive of a food preparation area. Resident housing areas are separated by gender. The facility is comprised of three floors throughout.

Programming is scheduled such that male and female resident contact is minimized. The two genders may be in the Day Room at the same time.



## AUDIT FINDINGS

### Facility Characteristics:

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

Since being founded in 1963, PHS has expanded from a single hallway house in Seattle, WA to an organization that offers an integrated array of treatment, housing, employment and training services in nearly 60 locations across the State of Washington. Unlike most nonprofits, PHS is a social enterprise organization that operates a diverse line of businesses to provide on the job training and work experience to the people they serve. For over 50 years, PHS has helped people reentering society from prison or jail, as well as, those who are overcoming chemical addiction and mental illness.

PFH houses both male and female residents pursuant to contract with the Federal Bureau of Prisons (FBOP), under the supervision of U.S. Probation or Pre-trial Services. The facility is secure with staffing on a 24/7 basis. There are fully separated male and female residential sleeping areas that include several restrooms and showers. There is excellent visibility from the control center across a shared common space, direct visibility to the multi-purpose and dining areas. The entry to female residences are close to the control center and directly visible by staff.

A 23 camera high resolution system augments staff supervision within the facility. As previously mentioned, cameras are strategically positioned to assist in effective sexual safety supervision.

PFH staff assist residents as they transition to the community through an array of different programs including drug treatment, family rebuilding, resource, and employment services. While in the program, residents are expected to find employment or enroll in school, establish restitution payments, develop a budget, create a savings plan, and find housing prior to release.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	33
<b>Number of standards not met:</b>	7

The auditor notes that PFH exceeded standard expectations with respect to 115.231. The auditor found PFH non-compliant with 115.217, 115.221, 115.241, 115.251, 115.253, 115.267 and 115.273.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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



115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1465 331">Pursuant to the PAQ, the Director self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.</p> <p data-bbox="240 362 1485 421">Pioneer Human Services (PHS) Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 1, sections Purpose and Policy 1(a) addresses 115.211(a)-1.</p> <p data-bbox="240 452 1422 510">The auditor's review of completed 2018, 2019, and 2020 PREA Acknowledgment Prior to Training forms for three staff reveals substantial compliance with 115.211(a).</p> <p data-bbox="240 542 1437 600">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 645 1453 703">PHS Policy entitled Prison Rape Elimination Act (PREA) Zero Tolerance Facility Policy (Pioneer Fellowship House- PFH), pages 1-4 addresses 115.211(a)-2.</p> <p data-bbox="240 734 1469 792">Pursuant to the PAQ, the Director self reports the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p data-bbox="240 824 1469 882">PHS Policy entitled Prison Rape Elimination Act (PREA) Definitions for Pioneer Human Services, pages 1 and 2 addresses 115.211(a)-3.</p> <p data-bbox="240 913 1477 972">Pursuant to the PAQ, the Director self reports the policy includes sanctions for those found to have participated in prohibited behaviors.</p> <p data-bbox="240 1003 1437 1061">PHS Policy entitled Prison Rape Elimination Act (PREA) Zero Tolerance Facility Policy (PFH), pages 3 and 4 addresses 115.211(a)-4.</p> <p data-bbox="240 1093 1485 1151">Pursuant to the PAQ, the Director self reports the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="240 1182 1437 1240">PHS Policy entitled Prison Rape Elimination Act (PREA) Zero Tolerance Facility Policy (PFH), pages 1 and 2 addresses 115.211(a)-5.</p> <p data-bbox="240 1272 1401 1330">Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC).</p> <p data-bbox="240 1361 1461 1491">The auditor's review of the PHS Director of Compliance and Client Safety Position Description reveals that the employee assigned to this position serves as the PHS PC. The position description does include some specificity in terms of duties and responsibilities. In addition to the above, PC duties are articulated in several of the policies mentioned in the narrative for 115.211(a).</p> <p data-bbox="240 1523 1461 1581">Pursuant to the PAQ, the Director self reports the PC 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.</p> <p data-bbox="240 1612 1461 1706">The auditor's review of the PHS Residential Services &amp; Compliance Organizational Chart reveals the PC reports directly to the Assistant Vice President (AVP) of Risk and Quality and Risk Management who reports directly to the VP of Residential Services. The auditor finds the chain of command conducive to proper reporting and PREA management.</p> <p data-bbox="240 1738 1469 1796">The auditor's review of the PFH Organizational Chart reveals the Director is designated as the PREA Compliance Manager (PCM) at PFH.</p> <p data-bbox="240 1827 1469 1886">PC duties and responsibilities are clearly articulated at PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 23 and 24.</p> <p data-bbox="240 1917 1430 2110">Pursuant to the PAQ, the Director self reports the position of the PC is in the agency's organizational structure. The PC asserts he has sufficient time to manage all of his PREA-related responsibilities. Three PREA PCMs (Directors) work indirectly with him on a daily basis. He facilitates teleconferences with all three PCMs regarding PREA issues at each facility. Discussions often times focus on common audit deficiencies, among other PREA-related issues. He facilitates facility tours in each of the three facilities on a fairly routine basis and maintains deliberate communication with all three Directors.</p>

If a PREA issue is identified at any of the three facilities, a corrective action plan is developed with established time frames for completion and action steps to facilitate the same. Required expenditures are also identified however, the same must be approved through the corporate chain of command. The PC can recommend policy changes through respective committees and track the same.

In view of the above, the auditor finds PFH substantially compliant with 115.211.

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Pursuant to the PAQ, the Director self reports the agency has not entered into or renewed a contract for the confinement of residents on or after the date of the last PREA audit. During the on-site visit and subsequent to interview with the Agency Head interviewee, the auditor validated the same. Accordingly, 115.212 is not applicable to PFH.</p> <p>Since there is/are no deviations from standard or policy, the auditor finds PFH substantially compliant with 115.212.</p>

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1453 331">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 360 1453 421">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 2, section Staffing Practices a(1-11) addresses 115.213(a)-1.</p> <p data-bbox="240 450 1481 546">The auditor's review of the Employee Staffing Pattern included in the Personnel Resources Plan [Statement of Work (SOW)] reveals substantial compliance with 115.213. Hours of work, staff titles, staff assigned to each of the three shifts, training matters, among other issues, are addressed in this document.</p> <p data-bbox="240 575 1430 636">The staffing plan generally remains the same unless sexual abuse incident reviews (SAIRs), external reviews, a sexual abuse investigation, or other circumstances warrant otherwise.</p> <p data-bbox="240 665 1481 725">The Director self reports that since the last PREA audit, the average daily number of residents was 31 and the average daily number of residents on which the staffing plan was predicated is 35.</p> <p data-bbox="240 754 1469 920">The Director asserts there is a staffing plan at PFH and staffing levels are adequate to protect residents against sexual abuse. The staffing plan and levels are generally controlled pursuant to the Federal Bureau of Prisons (FBOP) contract. One male and one female monitor must be available on each shift. Video monitoring (23 cameras) is considered in the staffing plan submitted pursuant to the SOW to the FBOP. The staffing plan is documented and maintained by the Director and assistant director, as well as, corporate executives.</p> <p data-bbox="240 949 1477 1077">When questioned regarding specific characteristics of staffing plan development, the Director asserts the first priority is to ensure adequate staffing throughout the facility. Pursuant to the SOW, one staff member is assigned to the control center while another employee is assigned as a rover. Staffing is based on a minimum of two staff per shift. Four Monitor IIs (shift leaders) are assigned at PFH.</p> <p data-bbox="240 1106 1477 1234">The interviewee asserts staffing is adequate. Blind spots are a primary consideration and accordingly, they are covered, for the most part, with cameras, as well as, effective staff security tours. Security tours require that the employee directly observe each resident in every area of the facility. Facility PREA assessments are conducted on an annual basis and the same is validated pursuant to PAQ documentation.</p> <p data-bbox="240 1263 1489 1391">In regard to composition of the resident population, there are no apparent gang issues as the same are rare. Likewise, there are no issues with sexual abuse exploitation of elderly residents or LGBTI residents. The facility ethnic balance is stable with no concerns noted. To offset any population concerns should the same occur, single rooms are available for use and housing residents on the first floor with closer supervision may be implemented.</p> <p data-bbox="240 1420 1426 1516">In regard to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, there has been one sexual harassment allegation during this audit cycle. Incidents are minimal, at best. In the event of SAIRs for sexual abuse incidents, the fact patterns are closely assessed and any resultant recommendations.</p> <p data-bbox="240 1545 1474 1673">The Director asserts one of the keys to effective resident supervision and resident sexual safety is Management by Walking Around (MBWA) or meaningful facility tours by all staff, inclusive of command staff. Knowledge of individual residents, listening to and talking with residents and staff, and employment of keen observation skills leads to better outcomes. Additionally, rapid removal of perpetrators from the facility is another effective strategy.</p> <p data-bbox="240 1702 1493 1830">In response to the same issues as discussed above, the PC asserts that the staffing plan is developed in accordance with the SOW. If there is/are deficiency(ies), the interviewee, Director, assistant director (ad) and Division staff assess camera needs based on facility dynamics. Pursuant to a deliberate annual review of each of the three facilities, there is a constant attempt to offset blind spots, providing the best resident sexual safety outcome.</p> <p data-bbox="240 1859 1493 1955">Like the Director, the PC asserts there are no real gang problems at PFH. Essentially, the PC makes the same assertions as the Director about the elderly population (minimal), cognitively impaired (generally, residents must demonstrate a level of self care to warrant placement at PFH), and LGBTI population.</p> <p data-bbox="240 1984 1485 2045">The PC did corroborate the statement of the Director regarding substantiated and unsubstantiated sexual abuse/harassment cases.</p> <p data-bbox="240 2074 1477 2134">Pursuant to the PAQ, the Director self reports there has been zero occurrences of deviation from the staffing plan during the last 12 months. Accordingly, 115.213(b) is deemed not applicable to PFH.</p>

Pursuant to the PAQ, the Director self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed in:

The staffing plan;

Prevailing staffing patterns;

The deployment of video monitoring systems and other monitoring technologies; or

The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

The PC asserts the staffing plan for the facility is reviewed on an annual basis and he is consulted regarding any necessary adjustments. The ad facilitates the initial review and the same is subsequently reviewed by the PFH Director and the PC.

The auditor's review of the 2019 and 20201 FBOP Full Monitoring Reports (Staffing excerpts) reveals PFH is substantially compliant with staffing expectations. In addition to the above, the auditor's review of 2019, 2020, and 2021 memorandums detail reviews of the staffing plan and the determination that modification is not necessary.

In view of the above, the auditor finds PFH substantially compliant with 115.213.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the last 12 months, zero cross-gender strip or cross-gender visual body cavity searches of residents have been conducted.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section Limits to Cross-Gender Viewing and Searches (a) addresses 115.215(a)-1.</p> <p>The auditor has not discovered any incidents wherein cross-gender strip or cross-gender visual body cavity searches of residents were facilitated during the audit period.</p> <p>The non-medical staff who may be involved in cross-gender strip or visual searches states such searches are not authorized at PFH unless exigent circumstances prevail. Reasonable suspicion of ammunition or a weapon secreted in a resident's rectum constitutes exigent circumstances.</p> <p>Pursuant to the PAQ, the Director self reports the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section Limits to Cross-Gender Viewing and Searches (b) addresses 115.215(b)-1.</p> <p>Both female resident interviewees state there has been zero occasions wherein they have been unable to participate in outside activities or programs because female staff were unavailable to conduct pat-down searches. Both interviewees state there is always female staff on shift.</p> <p>All 12 random staff interviewees corroborated the statements of the random female residents as articulated above.</p> <p>Pursuant to the PAQ, the Director self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Additionally, all cross-gender pat searches of female residents by male staff must be documented</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section Limits to Cross-Gender Viewing and Searches (c) addresses 115.215(c)-1 and 2.</p> <p>The PC asserts all pat searches are logged in the PFH Facility Management System. There is an individual log sheet for each resident wherein all events related to the resident's programming are maintained. The auditor's review of such logs for 2018, 2019, and 2020 reveals substantial compliance with the above narratives. Zero cross-gender pat searches of female residents occurred.</p> <p>Pursuant to the PAQ, the Director self reports 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).</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section Limits to Cross-Gender Viewing and Searches (d) addresses 115.215(d)-1.</p> <p>Pursuant to the PAQ, the Director self reports 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.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section Limits to Cross-Gender Viewing and Searches (d) addresses 115.215(d)-2.</p> <p>Five of seven random resident interviewees state that staff of the opposite gender announce their presence when entering their housing area. All seven interviewees state they and other residents are never naked in full view of staff of opposite gender staff (excluding medical staff such as doctors, nurses) when showering, toileting, or changing clothes.</p> <p>All 12 random staff interviewees likewise state they and other staff announce their presence when entering a housing unit that houses residents of the opposite gender. Likewise, residents are able to shower, toilet, and dress without being viewed by staff of the opposite gender.</p>

During the facility tour and throughout the on-site audit, the auditor noted vigilance on the part of opposite gender staff to announce their presence (by gender) prior to entering wings and rooms.

Pursuant to the PAQ, the Director self reports 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Zero Tolerance Facility Policy (PFH), page 2, Prevention (6) addresses 115.215(e)-1. PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section Limits to Cross-Gender Viewing and Searches (e) also addresses 115.215(e)-1.

Pursuant to the PAQ, the Director self reports zero such searches were facilitated during the last 12 months.

All 12 random staff interviewees state that the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

According to the Director, zero transgender residents were housed at PFH during the on-site visit. Accordingly, that interview was not facilitated.

Pursuant to the PAQ, the Director self reports 100 percent of all security staff have 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 PC asserts that cross-gender pat search training is conducted both during new hire training and on an annual basis.

The auditor's review of 10 random staff training files reveals that two staff members hired in 2021 received the requisite pre-service cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs training prior to contact with residents. The remaining eight staff received the same training during 2021 PREA Annual Refresher Training (ART). The same training was provided during 2019 and the auditor has learned that COVID-19 concerns inhibited 2020 training.

Eleven of 12 random staff interviewees state they received this training during late December, 2020 and 2021 or during employee orientation.

Interviewees state the training was provided in a video/demonstration/question and answer or on-line format. One interviewee states he/she did not recall whether he/she participated in the training.

In view of the above, the auditor finds PFH substantially compliant with 115.215.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 360">Pursuant to the PAQ, the Director self reports 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 harassment.</p> <p data-bbox="242 394 1485 456">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 4, section Residents with disabilities and residents who are limited English proficient (a) addresses 115.216(a).</p> <p data-bbox="242 490 1382 553">The auditor's review of the Dynamic Language Center (DLC) Limited contract reveals the same encompasses 150 languages, as well as, sign language.</p> <p data-bbox="242 586 1485 613">The PC asserts the DLC contract is based on fee for services. All Directors are trained and made aware of the DLC contract.</p> <p data-bbox="242 647 1430 710">All PFH residents must be able to meet a minimal level of self care. With this said, PFH does not accept residents who cannot perform basic self care functions or who present with special needs.</p> <p data-bbox="242 743 1474 806">All PFH residents are provided one-on-one PREA training and education during their initial intake (facilitated by their case manager), inclusive of an initial victimization/aggressor screening or risk assessment. The PREA video and a facility PREA brochure are also provide to each resident during intake.</p> <p data-bbox="242 840 1437 1014">The Agency Head interviewee asserts the agency has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) 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. Specifically, the interviewee asserts PHS contracts with various provider(s) to ensure compliance with this provision. Generally, acute cases are not received at PFH as the FBOP screens cases to ensure residents can function.</p> <p data-bbox="242 1048 1474 1111">The two disabled residents (one low hearing and one low reading) state the facility provides information about sexual abuse and sexual harassment that they are able to understand.</p> <p data-bbox="242 1144 1485 1229">Pursuant to the PAQ, the Director self reports the agency has established procedures to provide LEP 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 harassment.</p> <p data-bbox="242 1263 1485 1326">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 4, section Residents with disabilities and residents who are limited English proficient (b) addresses 115.216(b).</p> <p data-bbox="242 1359 1342 1386">A discussion regarding the Dynamic Language Center Limited contract is noted in the narrative for 115.216(a).</p> <p data-bbox="242 1420 995 1447">The auditor notes a Spanish PREA poster is included in the PAQ materials.</p> <p data-bbox="242 1480 1449 1565">The Director advised that one LEP resident was housed at PFH at the time of the on-site review. When the auditor interviewed the resident, it was noted that he did speak sufficient English to facilitate the interview in the absence of a translator. Despite the above, the interviewee stated that PREA information was provided in a format he can understand.</p> <p data-bbox="242 1599 1171 1626">The auditor notes that this resident spoke and understood Vietnamese and sufficient English.</p> <p data-bbox="242 1659 1453 1780">Pursuant to the PAQ, the Director self reports agency policy prohibits the 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.</p> <p data-bbox="242 1814 1485 1877">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 4, section Residents with disabilities and residents who are limited English proficient (c) addresses 115.216(c).</p> <p data-bbox="242 1910 1469 2063">Pursuant to the PAQ, the Director self reports the facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the last 12 months, zero instances wherein resident interpreters, readers, or other types of resident assistants have been used have occurred 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.</p> <p data-bbox="242 2096 959 2123">The appropriate policy citation is noted in the narrative for 115.216(c)-1.</p>



All 12 random staff interviewees state agency policy prohibits the 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. Eight interviewees state the strategy can be implemented to preclude further physical injury to the victim while four interviewees state the strategy can be invoked to preserve an investigation into the victim's allegation(s) of sexual abuse. All 12 interviewees state they are not aware of any such scenarios within the last 12 months, minimally.

In view of the above, the auditor finds PFH substantially compliant with 115.216.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 331">Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <p data-bbox="240 360 1477 488">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); 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</p> <p data-bbox="240 495 1393 521">Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) above.</p> <p data-bbox="240 551 1398 611">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section d addresses 115.217(a).</p> <p data-bbox="240 640 1493 869">The PC asserts that prior to hire, all applicants are required to complete Sexual Misconduct Disclosure and Institutional Employment Service Disclosure forms. The auditor's review of three separate 2018, 2019, and 2020 Institutional Employment Service Disclosure forms regarding three different applicants serves as the vehicle by which the hiring manager learns about prior institutional employers. The auditor's review of three corresponding 2018, 2019, and 2020 Sexual Misconduct Disclosure forms regarding the aforementioned applicants reveals each signed and dated the same, checking the appropriate boxes in relationship to 115.217(a) and (b) questions. Finally, the auditor's review of a blank Institutional Employment Disclosure Reference Check form reveals a vehicle for closing the loop regarding 115.217(a) issues.</p> <p data-bbox="240 898 783 925">The PC asserts zero contractors are on board at PFH.</p> <p data-bbox="240 954 1485 1182">The auditor's review of six applicable (staff hired since the last PREA audit) random staff human resources (HR) files reveals substantial compliance with 115.217(a). The auditor notes however, that an Institutional Employment Disclosure Reference Check form was not attempted or completed in three cases wherein prior institutional employer(s) was/were involved. The Employment Disclosure Reference Check form provides some validation to one or more of the 115.217(a) requirements. Additionally, the auditor's review of two HR files (included in the random staff files) pertaining to promotion reveals the requisite Sexual Misconduct Disclosure form was completed within close proximity of the promotion date in one of the two cases. Evidence reflects the requisite document was not completed prior to promotion in that case.</p> <p data-bbox="240 1211 1493 1308">Pursuant to the PAQ, the Director self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p> <p data-bbox="240 1337 1398 1397">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section e addresses 115.217(b).</p> <p data-bbox="240 1426 1485 1554">The auditor notes a provision regarding sexual harassment is included in the Sexual Misconduct Disclosure form. As sexual harassment is not captured in the criminal background record check nor is it captured in the Employment Disclosure Reference Check form, the auditor strongly recommends addition of a sexual harassment question to the latter form. This provides further validation of the employee's/contractor's statement.</p> <p data-bbox="240 1583 1465 1742">The auditor's review of the aforementioned random six staff HR files reveals the requisite sexual harassment question was asked with no affirmative responses from respondents. Additionally, the auditor's review of two HR files (included in the random staff files) pertaining to promotion reveals the requisite Sexual Misconduct Disclosure form was completed within close proximity of the promotion date in one case. Evidence reflects the requisite document was not completed prior to promotion in the other case.</p> <p data-bbox="240 1771 1485 1906">The assistant director is one of two staff at PFH who facilitate HR functions. The HR interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The interviewee asserts sexual harassment is noted on the Sexual Misconduct Disclosure form.</p> <p data-bbox="240 1935 1465 2031">The interviewee asserts that the Sexual Misconduct Disclosure Form is completed during the pre-employment stage of the hiring process and prior to FBOP review and approval. As previously mentioned, sexual harassment is considered on the form, as well as, the other 115.217(a) questions. This form is reviewed by PFH staff.</p> <p data-bbox="240 2060 1477 2157">Pursuant to the PAQ, the Director self reports 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</p>

abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the last 12 months, criminal background record checks were facilitated regarding 20 persons who were hired and who may have contact with residents. The Director further self reports this constitutes 100 percent of such hires.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section f addresses 115.217(c).

The HR interviewee asserts the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions. Additionally, the same process is completed with respect to any contractor who may have contact with residents. The interviewee further states the FBOP approves all hires and promotions.

The auditor's review of six applicable (staff were hired during the audit period) random staff HR files reveals NCIC criminal background record checks were concluded prior to or on the entry-on-duty (EOD) date in three cases and outside the EOD in three cases. In the latter three cases, the requisite background investigation was completed within two weeks to eight months of the EOD.

With respect to completion of the Institutional Employment Disclosure Reference Check form, the same is addressed in the narrative for 115.217(a). Accordingly, the auditor finds PFH non-compliant with 115.217(c) and he is imposing a 180-day corrective action period wherein the PC, Director, and staff will demonstrate compliance with and institutionalization of 115.217(c) requirements. The corrective action completion date is March 31, 2022.

To demonstrate compliance and institutionalization, the PC and/or PFH Director will provide specific training to PFH hiring managers regarding the process to ensure prior institutional PREA reference checks are completed in all applicable cases. Training will include the mechanics of determination(s) regarding prior institutional employers, form(s) to be used, and follow-up. A copy of the training syllabus and documentation certifying participant completion of the same will be uploaded into OAS.

The PC and/or Director will upload into OAS copies of the aforementioned documents wherein prior institutional employers are identified, as well as, the Institutional Employment Disclosure Reference Check forms forwarded to the employer plus any follow-up. These documents will be uploaded between the date of this interim report and the established corrective action completion date referenced above. Subsequently, the auditor will make a determination regarding compliance.

Pursuant to the PAQ, the Director self reports agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The Director further self reports zero contracts for services where criminal background record checks were conducted on all staff covered in the contract (applies to contract staff who might have contact with residents) were completed during the last 12 months.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section f addresses 115.217(d).

As previously referenced, zero contractors provide services at PFH.

Pursuant to the PAQ, the Director self reports agency policy requires that either criminal background 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section h addresses 115.217(e). Of note, pages 15 and 16 of the FBOP Statement of Work provide specific detail regarding the conduct and processing of criminal background record checks for PFH staff and contractors.

The HR interviewee asserts the applicant signs and dates Attachment A which triggers a criminal background record check subsequent to forwarding the same to the FBOP. The FBOP completes the criminal background record check and they either approve or disapprove. The FBOP contract is renewed every five years and all current staff receive a new five year review at that time. Personal services contractors complete the same process.

The interviewee also notes that a new background investigation is completed for promotions of staff transferring to PFH from TRRC and Spokane.

The auditor's review of 10 random staff HR files reveals all criminal background record checks were concluded within the last five years.

Pursuant to the PAQ, the Director self reports the agency shall also asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current

employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The HR staff interviewee asserts the facility asks all applicants and employees who may have contact with residents about previous misconduct described above in written applications for hiring or promotions, with the exception of in-house promotions (PFH), and in any interviews or written self-evaluations conducted as part of the reviews of current employees.

Compliance is accomplished via the Sexual Misconduct Disclosure Form. With respect to in-house promotions, there is reasonable assurance that compliance is accomplished pursuant to vouchering of the promotion applicant with supervisors.

HR files are maintained at the facility and accordingly, a search of newly reported incidents and research of criminal background record checks is easily completed.

With respect to annual performance evaluations, content is not solicited regarding performance. Rather, employees can voluntarily write comments into their annual performance evaluation.

The interviewee also asserts the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. The provision is addressed in the Standards of Conduct and the same is addressed during PREA Annual Refresher Training (ART). Employees sign for and date the Employee Standards of Conduct every five years following the initial criminal background records check.

The auditor finds no evidence that interviews or written self-evaluations are facilitated as part of any reviews of current employees and accordingly, the auditor finds PFH substantially compliant with 115.217(f).

Pursuant to the PAQ, the Director self reports agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section i addresses 115.217(g).

The auditor's review of the Sexual Misconduct Disclosure Form reveals there is a caveat regarding the 115.217(g) requirement within the same. The applicant, promotion candidate, contractor, etc. signs and dates this form and as such, they are aware of their obligation.

Pursuant to the PAQ, the Director self reports unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section j addresses 115.217(h).

The HR interviewee asserts such inquiries as described above are handled by corporate HR staff. The auditor has not discovered any evidence of such requests.

In view of the above, the auditor finds PFH non-compliant with 115.217.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1469 398">Pursuant to the PAQ, the Director self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. Similarly, the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Accordingly, the auditor finds 115.218 not applicable to PFH.</p> <p data-bbox="244 432 1485 490">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, second paragraph (a-c) addresses 115.218.</p> <p data-bbox="244 524 1342 551">As there is no evidence of deviation from standard, the auditor finds PFH substantially compliant with 115.218.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports PHS is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Director further self reports the facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Seattle Police Department (SPD) investigators are responsible for facilitation of criminal investigations.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 6, section Policies to ensure referrals for investigations (a-c) addresses 115.221(a).</p> <p>All 12 random staff interviewees state they know and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Since PFH staff do not collect physical evidence and they are responsible for preservation of the same, first responder duties constitute the protocol for obtaining usable physical evidence. Eleven of 12 random staff interviewees were able to properly cite first responder duties as articulated at 115.264(a).</p> <p>Additionally, three of 12 random staff interviewees state corporate-wide staff facilitate administrative sexual abuse/harassment investigations while ten of 12 interviewees state SPD investigators facilitate criminal sexual abuse/harassment investigations.</p> <p>Pursuant to the PAQ, the Director self reports when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p>The auditor's review of the first responder duties reveals substantial compliance with 115.221.</p> <p>Pursuant to the PAQ, the Director self reports the protocol is not developmentally appropriate for youth as youth are not housed at PFH. The Director self reports the protocol was adapted from or is 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.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, section II(b) addresses 115.221(b).</p> <p>Pursuant to the PAQ, the Director self reports the facility offers all residents who experience sexual abuse access to forensic medical examinations.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, section II(c) addresses 115.221(c)-1. Pursuant to the PFH PREA Coordinated Response Plan, a local hospital is used for the facilitation of a forensic examination.</p> <p>Forensic medical examinations are offered without financial cost to the victim.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, section II(c) addresses 115.221(c)-2.</p> <p>Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Additionally, when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.</p> <p>The SANE interviewee asserts that her organization contracts with five local hospitals and if a sexually abused PFH resident was transported to one of the affected hospitals, she or one of the other 20 some SANEs would respond to facilitate a forensic examination. The on-call SANEs are available on a 24/7 basis at one hospital. The interviewee asserts that a SANE is always available however, in the unlikely or very remote case there is no availability, the victim would be transported to the hospital wherein 24/7 services are available.</p> <p>In terms of SANE training, all SANEs complete a training curriculum which parallels that of the International Association of Forensic Nurses (IAFN) curriculum. This is a 40-hour didactic course which is followed by both clinical and non-clinical training. Training includes the conduct of eight to ten forensic examinations in conjunction with a tenured SANE. Currently there are two SANEs certified by IAFN.</p> <p>The interviewee also advises that a pregnancy test is either facilitated pursuant to the forensic examination process. Additionally, STD prophylaxis medications, inclusive of a 28-day course of HIV medication(s), are generally administered as part of the forensic examination process, if appropriate.</p>

Pursuant to the PAQ, the Director self reports that zero forensic examinations were conducted for PFH residents during the last 12 months.

Pursuant to the PAQ, the Director self reports the facility attempts to make available to the victim a victim advocate (VA) from a rape crisis center, either in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide VA services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, section II(d) addresses 115.221(d)-1-3.

In follow-up to questioning, the PC contacted HCSATS (now HATC) and they informed him that they ceased providing VA services at PFH. The PC wasn't able to get a specific date as to when the services were terminated but he was informed it was likely within the last year. He can find no records validating contact by HATC regarding this change.

The PC then contacted King County Sexual Assault Resource Center (KCSARC) and determined they can and will provide VA services at PFH. In view of the fact that VA services have not been available to PFH and their residents for an unknown period of time during this audit period, the auditor finds PFH non-compliant with 115.21(d and e). Accordingly, the auditor imposes a 180-day corrective action period, concluding on or before March 31, 2022, wherein PFH staff will demonstrate compliance with and institutionalization of the above provisions.

The PC asserts PFH staff will be pursuing a new MOA with KCSARC however, at the moment, there is a verbal agreement. The PC asserts communication has been initiated with PFH administrators regarding the provision of KCSARC materials to PFH residents. PFH has already been provided updated material from KCSARC to post in the facility and provide to clients upon request.

With respect to the MOA, the same must minimally contain language addressing response to the respective hospital for provision of VA services should the victim request the same. Additionally, provision of such services extends to investigatory interviews should the victim request the same.

In addition to the MOA and updated posters, the PC will upload into OAS any updated pamphlets, resident handbooks, and copies of minutes from town hall or educational forums wherein the new procedures/information were discussed.

The Director asserts that zero residents who reported sexual abuse were housed at PFH during the on-site visit and accordingly, that interview was not conducted.

Pursuant to the PAQ, the Director self reports that 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.

See the narrative for 115.221(d) for specifics regarding corrective action for 115.221(e).

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 6, section II(f) addresses 115.221(f).

SPD facilitates criminal sexual abuse investigations pursuant to state standards.

In view of the above, the auditor finds PFH non-compliant with 115.221.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1493 434">Pursuant to the PAQ, the Director self reports 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). The Director further self reports that in the last 12 months, zero allegations of sexual abuse/harassment at PFH were received. However, the auditor notes that he reviewed one administrative sexual abuse investigation completed on or about February 26, 2021.</p> <p data-bbox="240 465 1493 524">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 6, section Policies to ensure referrals of allegations for investigations (a) addresses 115.222(a).</p> <p data-bbox="240 555 1493 680">The Agency Head interviewee asserts the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse/harassment. Administrative and criminal investigative protocols are addressed in the narrative for 115.271. Seattle Police Department (SPD) investigators facilitate criminal investigations relative to PFH residents. Law enforcement investigations are documented in narrative format, just as administrative investigations are documented.</p> <p data-bbox="240 712 1493 770">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 6, section Policies to ensure referrals of allegations for investigations (b) addresses 115.222(b).</p> <p data-bbox="240 801 1174 828">The auditor's review of the PHS/PFH website reveals substantial compliance with 115.222(b).</p> <p data-bbox="240 860 1493 985">The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. As previously mentioned in the narrative for 115.222(a), SPD investigators conduct criminal investigations at PFH.</p> <p data-bbox="240 1016 1445 1075">The auditor's review of the investigation mentioned in the narrative for 115.222(a) reveals the fact pattern reflected in the same does not constitute a criminal offense.</p> <p data-bbox="240 1106 1477 1164">Pursuant to the PAQ, the Director self reports if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p data-bbox="240 1196 1414 1223">The aforementioned policy stipulates agency responsibilities in terms of assistance to criminal investigative agencies.</p> <p data-bbox="240 1254 1046 1281">In view of the above, the auditor finds PFH substantially compliant with 115.222.</p>



115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1433 297">Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with residents on:</p> <ul data-bbox="242 331 1474 723" style="list-style-type: none"> <li>The agency's zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>The right of residents to be free from sexual abuse and sexual harassment;</li> <li>The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>The common reactions of sexual abuse and sexual harassment victims;</li> <li>How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>How to avoid inappropriate relationships with residents;</li> <li>How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and</li> <li>How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> <p data-bbox="242 757 1465 815">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 6 and 7, sections III(a)(1-13) addresses 115.231(a).</p> <p data-bbox="242 848 1474 907">The auditor's review of the PHS A Time for Change PREA Training for RRC Staff curriculum reveals substantial compliance with 115.231(a).</p> <p data-bbox="242 940 1474 999">The auditor's review of the PHS PREA Acknowledgment Prior to Training, PHS PREA Training Acknowledgment, and PHS Professional Communication in Reentry documents also reveals substantial compliance with 115.231.</p> <p data-bbox="242 1032 1484 1153">All 12 random staff interviewees state they received training regarding the above PREA topics either during pre-service training or PREA ART. All interviewees state they received this training during 2021 either in-person or pursuant to on-line Relias training. Two interviewees state they recently commenced employment at PFH and this training was provided prior to resident contact.</p> <p data-bbox="242 1187 1458 1285">The auditor's review of 10 random staff training files reveals this training was provided prior to resident contact. Eight files pertained to staff hired since the last PREA audit. The remaining two staff members were hired during the previous audit cycle.</p> <p data-bbox="242 1319 1452 1377">Pursuant to the PAQ, the Director self reports training is tailored to the gender of the residents at the facility. Additionally, employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p data-bbox="242 1411 1430 1469">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section III(b) addresses 115.231(b).</p> <p data-bbox="242 1503 1474 1588">The auditor's review of the training curriculum mentioned in the narrative for 115.231(a) reveals substantial compliance with 115.231(b). As previously mentioned, both male and female residents are housed at PFH. Additionally, the auditor notes PREA training is provided to all staff prior to resident contact.</p> <p data-bbox="242 1621 1484 1720">Pursuant to the PAQ, the Director self reports that between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The Director further self reports refresher training is facilitated on an annual basis.</p> <p data-bbox="242 1753 1458 1812">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 6, section III Staff Training addresses 115.231(c).</p> <p data-bbox="242 1845 1474 1998">The auditor's review of eight of 10 random staff training files reveals staff received PREA training during 2019 and 2021. As previously indicated, COVID-19 concerns and practices inhibited completion of requisite training during 2020 and accordingly, staff received such training during March, 2021. Given the circumstances, the auditor is satisfied that PREA ART is institutionalized at PFH. The auditor notes that the two remaining staff members were hired in March and July, 2021 and accordingly, PREA ART is not yet due.</p> <p data-bbox="242 2031 1474 2089">Given the facts that 115.231(c) requires PREA training every two years and PFH provides such training on an annual basis, the auditor finds that PFH exceeds requirements.</p> <p data-bbox="242 2123 1465 2150">Pursuant to the PAQ, the Director self reports the agency documents that employees who may have contact with residents</p>

understand the training they have received through employee signature or electronic verification.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section III(d) addresses 115.231(d).

The auditor's review of the aforementioned random staff files reveals substantial compliance with 115.231(d).

In view of the above, the auditor finds PFH exceeds standard requirements with respect to 115.231.

115.232	<b>Volunteer and contractor training</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 398">Pursuant to the PAQ, the Director self reports 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. One volunteer or individual contractor who has contact with residents has been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p data-bbox="240 434 1377 492">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 1, section Applicability addresses 115.232(a).</p> <p data-bbox="240 528 1493 645">The auditor has determined that the contractor, in question, is a vendor who is subjected to staff escort and very limited exposure to residents. Nonetheless, the vendor was provided a copy of the aforementioned PREA policy and he verified that he understands the same. Understanding is signified by signature and date on a PREA Acknowledgment Prior to Training form.</p> <p data-bbox="240 680 1393 739">In view of the above, the auditor finds that the vendor does not fall within the meaning of contractor as articulated in 115.232(a).</p> <p data-bbox="240 775 1489 900">Pursuant to the PAQ, the Director self reports 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. The Director further self reports all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="240 936 1445 1061">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 1, section Applicability addresses 115.232(b). Additionally, the auditor's review of the PHS/PFH Volunteer Manual, page 9, section entitled PREA and the PHS Sexual Harassment, Abuse &amp; Assault Zero Tolerance Policy for Staff, Contractors, and Volunteers brochure reveals compliance with 115.232(b).</p> <p data-bbox="240 1097 1445 1155">The volunteer(s) or contractor(s) who may have contact with residents questionnaire was not administered based on the rationale cited in the narrative for 115.232(a).</p> <p data-bbox="240 1191 1485 1249">Pursuant to the PAQ, the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.</p> <p data-bbox="240 1285 1430 1344">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section III(d) addresses 115.232(c).</p> <p data-bbox="240 1379 1034 1406">In view of the above, the auditor finds PFH substantially compliant with 115.232</p>

115.233	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports residents receive information at 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. One hundred sixty-five residents admitted during the last 12 months were given this information at intake.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section Resident education (a) addresses 115.233(a).</p> <p>The auditor's review of the PHS Sexual Harassment, Abuse, and Assault Zero Tolerance Policy trifold brochure and PFH Resident Handbook also reveals substantial compliance with 115.233(a).</p> <p>The intake staff interviewee asserts she provides residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The same are provided at intake pursuant to the PFH Resident Handbook, zero tolerance policy, tri-fold pamphlet and the PREA video. Residents sign for the zero tolerance policy and they view the PREA video.</p> <p>All seven random resident interviewees report they received information about the facility's rules against sexual abuse/harassment either prior to arrival at PFH, when they first arrived at the facility, or within a few days of arrival. All seven interviewees report they received at least one of the following at intake:</p> <p>PFH Resident Handbook; PHS Sexual Harassment, Abuse, and Assault Zero Tolerance Policy trifold brochure; and PREA video.</p> <p>Six of seven interviewees state they were told about the following at intake while one interviewee states he/she received the same information within two days of arrival at PFH:</p> <p>Your right not to be sexually abused/harassed; How to report sexual abuse/harassment; and Your right not to be punished for reporting sexual abuse/harassment.</p> <p>The auditor's review of 10 of 11 random resident files reveals timely provision of requisite PREA education information on the date of arrival in 10 cases.</p> <p>Pursuant to the PAQ, the Director self reports the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in the narrative for 115.233(a). The Director further self reports zero residents were transferred from a different community confinement facility during the last 12 months.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section Resident education (b) addresses 115.233(b).</p> <p>The intake staff interviewee asserts that 115.233(a) information is mailed to incoming residents prior to arrival and at the sending facility. Numerous resident interviewees validated the same. None of the resident interviewees stated they had transferred to PFH from another residential reentry center.</p> <p>The auditor's review of the PHS Sexual Harassment, Abuse, and Assault Zero Tolerance Policy trifold brochure and PFH Resident Handbook also reveals substantial compliance with 115.233(a).</p> <p>The intake staff interviewee asserts she provides residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The same are provided at intake pursuant to provision of the documents referenced in the narrative for 115.233(a). Residents sign for the zero tolerance policy and they view the PREA video.</p> <p>Pursuant to the PAQ, the Director self reports resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and those with limited reading skills.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section Resident education (c) addresses 115.233(c).</p>

A discussion regarding 115.233(c) requirements is articulated in the narrative for 115.216(a and b).

Pursuant to the PAQ, the Director self reports that the agency maintains documentation of resident participation in PREA education sessions. An analysis of the auditor's review of random resident file reviews is addressed in the narrative for 115.233(a).

Pursuant to the PAQ, the Director self reports 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.

During the facility tour, the auditor noted the aforementioned documents, as well as, posters were available for resident consumption regarding the PREA program at PFH.

In view of the above, the auditor finds PFH substantially compliant with 115.233.

115.234	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1430 331">Pursuant to the PAQ, the Director self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="242 362 1374 423">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section Specialized Training: Investigations (a and b) addresses 115.234(a).</p> <p data-bbox="242 454 1477 548">The investigative staff interviewee asserts he completed training specific to conducting sexual abuse investigations in a confinement setting. The same is a Moss Group training entitled Investigating Sexual Abuse in a Confinement Setting. The training was presented in a three hour on-line setting with a power point presentation and scenario training.</p> <p data-bbox="242 580 1437 674">Pursuant to the PAQ, the Director self reports specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="242 705 1074 734">The investigative interviewee validates that his training addressed the above topics.</p> <p data-bbox="242 766 1437 826">Pursuant to the PAQ, the Director self reports the agency maintains documentation showing that four investigators have completed requisite specialty investigative training.</p> <p data-bbox="242 857 1437 981">The auditor's review of three Certificates awarded by PHS for completion of the Moss Group PREA Investigator Training entitled Investigating Sexual Abuse in a Confinement Setting and one Certificate of Completion awarded by the National Institute of Corrections (NIC) entitled PREA: Investigating Sexual Abuse in a Confinement Setting reveals substantial compliance with 115.234(c).</p> <p data-bbox="242 1012 1406 1072">The auditor's review of the lesson plan regarding the aforementioned NIC course reveals substantial compliance with 115.234(b). The Moss Group lesson plan parallels the NIC plan.</p> <p data-bbox="242 1104 1485 1234">Pursuant to the PAQ, the Director self reports that any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations. However, as previously indicated in the narrative for 115.221, SPD facilitates criminal investigations of sexual abuse matters at PFC. Accordingly, state or Department of Justice investigators are not involved in the process at PFH.</p> <p data-bbox="242 1265 1038 1294">In view of the above, the auditor finds PFH substantially compliant with 115.234.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1453 365">Pursuant to the PAQ, the Director self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The Director further self reports zero medical and mental health care practitioners are employed at PFH. Accordingly, the auditor finds 115.235 is not applicable to PFH.</p> <p data-bbox="244 398 1469 456">In view of the above, neither the medical nor mental health staff interviews were facilitated. Additionally, training files could not be reviewed.</p> <p data-bbox="244 490 1369 517">Since there are no deviations from policy or standard, the auditor finds PFH substantially compliant with 115.235.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports 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.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section IV(a) addresses 115.241(a).</p> <p>The staff responsible for risk screening interviewee states she does screen residents upon admission to PFH or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>Four of seven random resident interviewees state that when they first arrived at PFH, they were asked questions like:</p> <p>Whether they had been in jail or prison before;  Whether they have ever been sexually abused;  Whether they identify as being gay, lesbian, or bisexual: and  Whether they think they might be in danger of sexual abuse at PFH.</p> <p>One additional interviewee states she was asked three of the four questions at intake. All four interviewees plus the latter interviewee state they were asked the above questions at intake.</p> <p>The auditor's review of (files) related to the three interviewees referenced in the preceding paragraph who state they were either not asked all of the above questions or they were asked none of the questions reveals the above questions were asked, minimally within one day of intake. The questions were asked at intake in two of the three cases. In fact, the auditor's review of 11 total random resident files, inclusive of those mentioned in the preceding sentence, reveals 115.241(a) compliance in 10 of 11 cases.</p> <p>Pursuant to the PAQ, the Director self reports 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.</p> <p>The Director further self reports that during the last 12 months, 165 residents (whose length of stay in the facility was for 72 hours or more) were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. This equates to 100 percent of those residents who remained at PFH for 72 hours or more from intake. Of note, 132 of the 165 residents were admitted to PFH for a period of 72 hours or more.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section IV(b) addresses 115.241(b).</p> <p>The staff responsible for risk screening interviewee states she does screen residents for risk of sexual abuse victimization or sexual abusiveness toward other residents within 72 hours of intake. In fact, she states she facilitates such screening upon arrival up to 48 hours from arrival at PFH.</p> <p>Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section IV(c) addresses 115.241(c).</p> <p>The auditor's review of the PHS risk assessment instrument reveals substantial compliance with 115.241(c) as the same is objective. All required assessment issues, associated with point values and thresholds for identification, are reflected in the risk assessment instrument.</p> <p>Pursuant to the PAQ, the Director self reports the intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:</p> <ol style="list-style-type: none"> <li>(1) Whether the resident has a mental, physical, or developmental disability;</li> <li>(2) The age of the resident;</li> <li>(3) The physical build of the resident;</li> <li>(4) Whether the resident has previously been incarcerated;</li> <li>(5) Whether the resident's criminal history is exclusively nonviolent;</li> <li>(6) Whether the resident has prior convictions for sex offenses against an adult or child;</li> <li>(7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;</li> <li>(8) Whether the resident has previously experienced sexual victimization; and</li> <li>(9) The resident's own perception of vulnerability.</li> </ol>



PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section IV(d) addresses 115.241(d).

The staff responsible for risk screening interviewee states that issues captured in the initial risk screening include the following:

Self perceived sexual abuse vulnerability at PFH;  
Self identification or perception of LGBTI status;  
History of victimization and abusiveness;  
Disabilities and mental health status; and  
History of institutional sexual abuse.

The interviewee further states the assessment is facilitated in the case manager's office with the door closed and no other staff/residents are in the area. The interviewee reviews the FBOP pending arrival packet prior to the screening and accordingly, she is equipped to ask probing questions during the screening. She reads all screening questions to the resident, ensuring they respond.

Pursuant to the PAQ, the Director self reports the intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section IV(e) addresses 115.241(e).

The auditor's review of the screening instrument reveals substantial compliance with 115.241(e).

Pursuant to the PAQ, the Director self reports 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. The Director further self reports zero residents entering the facility (either through intake or transfer) within the last 12 months whose length of stay in the facility was for 30 days or more were reassessed for 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section IV(f) addresses 115.241(f).

The staff responsible for risk screening interviewee states resident risk levels are not currently reassessed within 30 days of arrival however, they should be reassessed.

None of the seven random resident interviewees state they were asked the same type of questions again while at PFH.

The auditor's on-site review of 11 random resident files reveals the 30-day reassessment was not completed in any of the cases. In three cases, the 30-day reassessment was not yet due in comparison to the resident's arrival date at PFH.

In view of the above, the auditor finds PFH non-compliant with 115.241(f), imposing a 180-day corrective action period wherein the PC and Director will demonstrate compliance with and institutionalization of 115.241(f). The corrective action due date is March 31, 2022.

To demonstrate compliance with and institutionalization of the 115.241(f) requirement, the PC/Director will facilitate a training session for all staff who conduct requisite 30-day reassessment screenings. The PC/Director will upload into OAS a training syllabus regarding content provided to all staff who facilitate sexual victimization and abusiveness screenings. Additionally, the PC/Director will upload training certifications regarding the training, validating all stakeholders have received and understand the requisite training.

In addition to the above, on or before February 28, 2022, the PC or Director will provide to the auditor a roster of current PFH residents. The auditor will randomly select 10-15 names from that roster, forward the same to the PC or Director, and the PC or Director will upload evidence validating timely completion of the 30 day reassessment in each case. The PC or Director will provide to the auditor the date of arrival at PFH, the initial assessment, and the 30-day reassessment.

Upon the auditor's review of the uploaded evidence, he will determine the status of compliance with respect to 115.241(f).

Pursuant to the PAQ, the Director self reports 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section IV(g) addresses 115.241(g).

As reflected throughout this report, one sexual abuse investigation was facilitated at PFH during the last 12 months. The auditor's review of the victim's February 25, 2021 reassessment reveals substantial compliance with 115.241(g).

The staff responsible for risk screening interviewee states she would reassess a resident's risk level as needed 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. The interviewee further states that the Director would alert her regarding any reassessment needs. In the case of a sexual abuse incident, both victim and perpetrator would be reassessed unless the perpetrator was removed from the facility.

Pursuant to the PAQ, the Director self reports policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;  
Whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;  
Whether or not the resident has previously experienced sexual victimization; and  
The resident's own perception of vulnerability.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section IV(h) addresses 115.241(h).

The staff responsible for risk screening interviewee states that residents are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to the topics mentioned above. The auditor has not discovered any instances (during the last 12 months) wherein discipline was meted out to residents in violation of 115.241(h) requirements.

Pursuant to the PAQ, the Director self reports the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section IV(i) addresses 115.241(i).

The PC asserts the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. Hard copies of assessments are maintained in case manager's offices under lock and key. Case managers and above (with resident care responsibilities) can access assessments. The staff responsible for risk screening interviewee validates the PC's assertion.

In view of the above, the auditor finds PFH non-compliant with 115.241.

115.242	<b>Use of screening information</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 365">Pursuant to the PAQ, the Director self reports the 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.</p> <p data-bbox="240 396 1476 456">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, Use of screening information (a) addresses 115.242(a).</p> <p data-bbox="240 488 1461 613">The PC asserts that the 115.241(d) assessment tool scores victims and aggressors. If the score(s) represent neither, the resident can be housed with either classification or a resident similarly situated. Victims and aggressors are not housed in the same room. The staff responsible for risk screening interviewee validates the PC's assertion. Both interviewees note that programs are monitored by staff.</p> <p data-bbox="240 645 1489 705">Pursuant to the PAQ, the Director self reports the facility makes individualized determinations about how to ensure the safety of each resident.</p> <p data-bbox="240 736 1476 797">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, Use of screening information (b) addresses 115.242(b).</p> <p data-bbox="240 828 1492 954">The staff responsible for risk screening interviewee states the risk screening instrument is utilized to keep residents safe from sexual victimization and abusiveness by making individualized determinations for each resident. The instrument separates victims and aggressors so that staff can make the best housing decision(s). If the screening tool does not reflect either victim or aggressor, the resident can be housed with either classification or a resident similarly situated.</p> <p data-bbox="240 985 1414 1046">Pursuant to the PAQ, the Director self reports the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.</p> <p data-bbox="240 1077 1489 1137">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 10, Use of screening information (c) addresses 115.242(c).</p> <p data-bbox="240 1169 1477 1294">The PC asserts that resident gender is determined by the customer (in this case, the FBOP) and housing assignments are effected in accordance with the customer's assessment and the resident's preferred pronoun considerations. Residents are not placed in specific wings or units based on sexual preference status. Security, resident health and safety, and security/management concerns are considered when placing transgender/intersex residents.</p> <p data-bbox="240 1326 1473 1386">The Director states that zero transgender/intersex residents were housed at PFH during the on-site audit. Accordingly, that interview could not be conducted.</p> <p data-bbox="240 1417 1468 1478">Pursuant to the PAQ, the Director self reports a transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.</p> <p data-bbox="240 1509 1489 1570">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 10, Use of screening information (d) addresses 115.242(d).</p> <p data-bbox="240 1601 1489 1662">The PC and staff responsible for risk screening interviewees assert that a transgender or intersex resident's own views of his or her own safety are given serious consideration in placement and programming assignments.</p> <p data-bbox="240 1693 1452 1753">The auditor notes that the screening tool questions are read to residents, inclusive of the resident's own view of his or her own safety.</p> <p data-bbox="240 1785 1457 1845">Pursuant to the PAQ, the Director self reports transgender and intersex residents shall be given the opportunity to shower separately from other residents.</p> <p data-bbox="240 1877 1489 1937">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 10, Use of screening information (e) addresses 115.242(e).</p> <p data-bbox="240 1968 1482 2123">The PC asserts that transgender/intersex residents are given the opportunity to shower separately from other residents. If separate showers are requested through the Director, the shower area is closed and the transgender/intersex resident showers at that time. Cameras and live supervision effectively monitor shower entrance and egress during such shower times. The staff responsible for risk screening interviewee validates the PC's assertion and also notes that shower stalls are singular.</p>

Pursuant to the PAQ, the Director self reports the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 10, Use of screening information (f) addresses 115.242(f).

The PC asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, wing for LGBTI residents. The Director and ad monitor electronic placements to ensure this phenomenon is not employed with LGBTI residents.

One gay resident interviewee states he has not been placed in a housing area only for LGBTI residents.

In view of the above, the auditor finds PFH substantially compliant with 115.242.

115.251	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment;  Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and  Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 10 , section V (a and b) addresses 115.251(a). Appendix E of the PFH Resident Handbook also addresses 115.251(a).</p> <p>The auditor's review of the PHS Sexual Harassment, Abuse, &amp; Assault Zero Tolerance Policy Information for Residents tri-fold pamphlet reveals substantial compliance with 115.251(a). As previously indicated, the same is provided to residents at intake.</p> <p>All 12 random staff interviewees were able to cite two or more options for reporting sexual abuse/harassment. Options include the following:</p> <p>Hotline;  Verbal report to staff;  Verbal report to probation officer;  Telephone call;  Third party;  Submit a kite to staff; and  Email to staff.</p> <p>All seven random resident interviewees were able to cite at least one option for reporting sexual abuse/harassment. Options include the following:</p> <p>Verbal to staff;  Hotline;  Email;  Third party report;  Contact attorney or USPO;  Kite; and  Written letter to the Director.</p> <p>Pursuant to the PAQ, the Director self reports 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.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 10 and 11, section V(b)(1 and 4) addresses 115.251(b).</p> <p>A toll-free hotline number is provided on PREA Hotline posters and a different PREA Hotline telephone number is reflected in the PFH Resident Handbook.</p> <p>The PC asserts that the facility provides the PREA Hotline as one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Pursuant to the Agreement with Specialty Answering Service (SAS), these procedures enable receipt and transmission of resident reports of sexual abuse/harassment to agency officials within 10 minutes of receipt of the report, allowing residents to remain anonymous upon request. Pursuant to this agreement, a live person asks specific questions about the incident and subsequently reports to facility leadership.</p> <p>Six of seven random resident interviewees state they are allowed to make a report without giving their name.</p> <p>The auditor's review of a PRC FAQ dated June 11, 2014 reveals the aforementioned Hotline is not compliant with 115.251(b). Specifically, the agreement is, in essence, a contract wherein the vendor provides a service for a fee and does not constitute a public or private entity. Accordingly, within the specific context and meaning of the provision, the same cannot be used as a 115.251(b) reporting source.</p> <p>In view of the above, the auditor finds PFH non-compliant with 115.251(b) and imposes a 180-day corrective action period wherein PFH staff will demonstrate compliance with and institutionalization of provision requirements. The completion date</p>

for the corrective action period is March 31, 2022.

As a starting point, the PC must identify a public or private source, not connected to PFH, who can and will receive reports of sexual abuse from PFH residents. This source must be willing to rapidly relay the report to the PFH Director or designee.

For purposes of this standard provision, the auditor recommends that an MOU be drafted and implemented with SPD or other law enforcement/city department (staffed 24 hours/day) wherein their dispatchers or staff will receive Hotline calls from both resident and third-party sources regarding alleged sexual abuse/harassment. In consideration of the fact the resident must be able to maintain anonymity if he/she chooses, the auditor recommends scripted questions be drafted in an effort to establish certain information integral to an investigation without requiring the reporter's name. Additionally, the MOU should specify PFH point(s) of contact by either title, telephone number, or both, as well as, a prescribed time frame for relaying requisite information to the PFH point of contact.

Alternatively, the auditor recommends collaboration between the PHS PC and PCs with other "for profit" or "non-profit" reentry providers to provide reciprocal 115.251(b) services between the agencies. All agencies are held to the same standard and accordingly, other agencies may mutually benefit from such an arrangement. Implementation of an MOU is likewise recommended if this option is selected.

Once the MOU is signed by all stakeholders, the PC will train all command staff stakeholders, as well as, line staff regarding the nuances of the same. A copy of the MOU, as well as, any lesson plan will be uploaded into OAS. Additionally, documentation certifying that all stakeholders received and understand the subject-matter presented will be uploaded into OAS. This documentation will include the stakeholders printed name, written name, and date. The same will also be included in each stakeholders training or performance file.

In addition to the above, this procedural change will require amendment of PREA poster(s), the PFH Resident Handbook, relevant tri-fold information PREA pamphlets, training syllabi, as well as, policy change(s). Copies of the above, as well as, issuance dates; posting dates; and photographs validating the same will be uploaded into OAS. Minimally, an informational memorandum regarding this change will be posted in each living area, validated by a photograph uploaded into OAS. The auditor recommends that staff discuss this information with the resident population in a town hall setting.

The PC will provide to the auditor a roster bearing the names of residents received between the date of this interim report and February 28, 2022. The auditor will select five to fifteen names and the PC will upload evidence into OAS, substantiating compliance with 115.251(b). Once all corrective action is reviewed, the auditor will determine whether compliance has been attained.

The PC will also ensure the resident reporter cannot be identified by a pin number, etc. if he/she uses the facility telephone system to report.

Pursuant to the PAQ, the Director self reports 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. The Director further self reports staff are required to promptly document verbal reports.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section Reporting for Residential Reentry Facilities b(2) addresses 115.251(c). Appendix E of the PFH Resident Handbook, as well as, the previously mentioned resident intake pamphlet also address 115.251(c).

All 12 random staff interviewees state residents can report sexual abuse in the following manner:

Verbally;  
In Writing;  
Anonymously; and  
From third-parties.

All interviewees state they immediately document verbal reports following receipt of the same.

All seven random resident interviewees stat they can make sexual abuse/harassment reports both in-person or in writing. Five of seven interviewees state that someone else can make the report so that he/she does not have to be named.

Pursuant to the PAQ, the Director self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section V(f) addresses 115.251(d). 115.251(d) subject-matter is also addressed as reflected in the PREA Staff Training brochure.

All 12 random staff interviewees were able to articulate at least two methods of private reporting of sexual abuse/harassment of a resident. The following options were provided by interviewees:

Verbal report to the Director, PC, or supervisor behind closed doors;

Email;  
Telephone call;  
Anonymous report to HR;  
Written report; or  
Call the Hotline.

In view of the above, the auditor finds PFH non-compliant with 115.251.

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1390 331">Pursuant to the PAQ, the Director self reports the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="240 360 1390 421">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section Exhaustion of administrative remedies addresses 115.252(a).</p> <p data-bbox="240 450 1437 510">The auditor has not been provided any evidence substantiating the filing of a resident grievance regarding sexual abuse during the last 12 months.</p> <p data-bbox="240 539 1477 667">Pursuant to the PAQ, the Director self reports 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. The Director further self reports that residents are not required to use an informal grievance process or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="240 696 1390 757">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section Exhaustion of administrative remedies (a)(1 and 3) addresses 115.252(b).</p> <p data-bbox="240 786 1453 884">The auditor's review of the PFH Resident Handbook reveals that none of the 115.252 information is provided in the same. Furthermore, the auditor has been provided no evidence validating that 115.252 information is provided to residents at intake.</p> <p data-bbox="240 913 1453 1041">While 115.252 does not mandate provision of such information in the handbook, the auditor strongly recommends that all tenets of 115.252 be provided in the handbook as all residents receive the same and therefore, adequate information is available to them. Of course, the alternative might be the addition of this information in the tri-fold provided to residents at intake.</p> <p data-bbox="240 1070 1493 1198">Pursuant to the PAQ, the Director self reports 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. The Director further self reports 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.</p> <p data-bbox="240 1227 1390 1288">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section Exhaustion of administrative remedies (b) addresses 115.252(c).</p> <p data-bbox="240 1317 1485 1480">Pursuant to the PAQ, the Director self reports 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. The Director further self reports zero grievances were filed in the last 12 months wherein sexual abuse was alleged. The facility 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.</p> <p data-bbox="240 1509 1390 1570">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 12, section Exhaustion of administrative remedies (c)(3 and 4) addresses 115.252(d).</p> <p data-bbox="240 1599 1461 1659">The Director advises that zero residents who reported a sexual abuse at PFH were housed at the facility during the on-site visit. Accordingly, the same interview(s) could not be conducted.</p> <p data-bbox="240 1688 1469 1921">Pursuant to the PAQ, the Director self reports agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. The Director further self reports 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. Zero grievances were filed during the last 12 months wherein sexual abuse was alleged and the resident declined third-party assistance. Accordingly, there is no evidence containing documentation of the resident's decision to decline.</p> <p data-bbox="240 1951 1390 2011">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 12, section Exhaustion of administrative remedies (d)(1 and 3) addresses 115.252(e).</p> <p data-bbox="240 2040 1477 2139">Pursuant to the PAQ, the Director self reports 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. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero</p>



emergency grievances alleging substantial risk of imminent sexual abuse were filed in the last 12 months. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 12, section Exhaustion of administrative remedies (e)(1 and 2) addresses 115.252(f).

Pursuant to the PAQ, the Director self reports 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. In the last 12 months, zero resident grievances alleging sexual abuse resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section Exhaustion of administrative remedies (f) addresses 115.252(g).

In view of the above, the auditor finds PFH substantially compliant with 115.252.

115.253	<b>Resident access to outside confidential support services</b>
	<p data-bbox="240 147 828 174"><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1493 499">Pursuant to the PAQ, the Director self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving them mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. Additionally, 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. Finally, the auditor's review of the Harborview Center for Sexual Assault and Traumatic Stress (HCSATS) tri-fold pamphlet reveals substantial compliance with 115 253(a)-1 and 2.</p> <p data-bbox="240 530 1493 591">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section Resident access to outside confidential support services (a) addresses 115.253(a).</p> <p data-bbox="240 622 1469 781">Six of seven random resident interviewees assert services are available outside the facility for dealing with sexual abuse, if needed. Two interviewees state that there are counseling and mental health services while another interviewee states sexual advocacy services are available, as referenced by a tri-fold pamphlet posted on the PREA bulletin board. All seven interviewees state the numbers are free to call and six of seven interviewees state they can communicate with people from those services anytime.</p> <p data-bbox="240 813 1493 873">The Director reports that zero residents who reported a sexual abuse at PFH were housed at the facility at the time of the on-site visit. Accordingly, the auditor was unable to conduct such interviews.</p> <p data-bbox="240 904 1458 1064">Pursuant to the PAQ, the Director self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. Specifically, 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 disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p data-bbox="240 1095 1493 1155">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section Resident access to outside confidential support services (b) addresses 115.253(b).</p> <p data-bbox="240 1187 1434 1279">All seven random resident interviewees state that what they say to people from these services remains private. Four interviewees state their conversations could be told to or shared with someone else. Interviewees state communication regarding a criminal act or self-injurious behavior warrant such sharing.</p> <p data-bbox="240 1310 1493 1469">The auditor has not been provided evidence substantiating that residents are advised, prior to giving them access to outside support services, of the extent to which such communications will be monitored. Additionally, the auditor has not been provided any evidence validating that 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 disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p data-bbox="240 1500 1477 1592">In view of the above, the auditor finds PFH non-compliant with 115.253(b), imposing a 180-day corrective action period during which the PC and Director will demonstrate compliance with and institutionalization of 115.253(b) requirements. The due date for completion of this corrective action is March 31, 2022.</p> <p data-bbox="240 1624 1493 1818">To demonstrate compliance and institutionalization, the auditor recommends that the PC and facility Director amend the PFH Resident Handbook to include the aforementioned subject-matter. Contact with corporate legal staff, if available, may be prudent for a determination regarding mandatory reporting laws in the State of Washington. Minimally, the handbook should reflect that communications will be shared and/or listened to when communication surrounds criminal activity at either PFH or in the community, communication regarding self injurious behavior at either PFH or in the community, or communication regarding any threat to the security and good order of the facility.</p> <p data-bbox="240 1850 1477 1977">If this option is utilized, the PC will upload a copy of the amended portion(s) of the PFH Resident Handbook. Subsequently, the PC will upload a roster reflective of residents received at PFH since completion and distribution of the amended PFH Resident Handbook. The auditor will randomly select names, provide the same to the PC, and the PC will upload copies of resident receipts for the PFH Resident Handbook.</p> <p data-bbox="240 2009 1477 2069">In addition to the above, the PC or Director will train relevant stakeholders regarding this information. Copies of the training syllabus/training receipts and understanding of the same will be uploaded into OAS.</p> <p data-bbox="240 2101 1493 2161">Finally, another option would be an update or amendment to the tri-fold pamphlet. If adopted, the PC or Director will upload a copy of the amended pamphlet into OAS, along with any resident receipts for the same.</p>

Pursuant to the PAQ, the Director self reports the facility maintains memorandums of agreement (MOAs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The Director further self reports the facility maintains copies of such agreements.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section Resident access to outside confidential support services (c) addresses 115.253(c).

The auditor's review of the aforementioned MOA between PFH and HCSATS reveals substantial compliance with 115.253(c).

In view of the above, the auditor finds PFH non-compliant with 115.253.

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1469 365">Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The Director further self reports the facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p data-bbox="244 398 1430 456">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, Third Party Reporting (a) addresses 115.254(a).</p> <p data-bbox="244 490 1489 548">According to the PC, the agency operates a public web page that provides multiple avenues of reporting, including third party reporting. The auditor's review of the PHS website validates the same.</p> <p data-bbox="244 582 1469 676">The auditor's review of the Sexual Harassment, Abuse, and Assault Zero Tolerance Policy Information for Family &amp; Friends tri-fold pamphlet demonstrates substantial compliance with 115.254(a). This document is available to visitors/family/friends as they enter the facility.</p> <p data-bbox="244 710 1038 732">In view of the above, the auditor finds PFH substantially compliant with 115.254.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 820 297">Pursuant to the PAQ, the Director self reports the agency:</p> <p data-bbox="240 331 1485 454">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; Requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident; and</p> <p data-bbox="240 465 1453 524">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.</p> <p data-bbox="240 557 1445 616">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section VI(a) addresses 115.261(a).</p> <p data-bbox="240 647 1445 705">All 12 random staff interviewees state the agency requires all staff to immediately report to the Director, ad, or Director of Facilities:</p> <p data-bbox="240 736 1414 828">Any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility; Retaliation against residents or staff who reported such an incident; and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="240 860 1477 985">Pursuant to the PAQ, the Director self reports that apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="240 1016 1445 1075">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(e) addresses 115.261(b).</p> <p data-bbox="240 1106 1453 1198">Pursuant to the PAQ, the Director self reports that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="240 1229 1477 1288">As previously mentioned, medical and mental health staff are not employed at PFH. Accordingly, the medical/mental health staff interviews were not facilitated.</p> <p data-bbox="240 1319 1437 1377">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(f) addresses 115.261(c).</p> <p data-bbox="240 1408 1445 1500">Pursuant to the PAQ, the Director self reports If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.</p> <p data-bbox="240 1532 1445 1590">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(g) addresses 115.261(d).</p> <p data-bbox="240 1621 1374 1680">The Director asserts that zero residents under the age of 18 and/or vulnerable adults are housed at PFH. The PC corroborates the assertion of the Director.</p> <p data-bbox="240 1711 1469 1769">Pursuant to the PAQ, the Director self reports the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p data-bbox="240 1800 1445 1859">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(h) addresses 115.261(e).</p> <p data-bbox="240 1890 1453 2016">The Director asserts that all allegations of sexual abuse/harassment (including those from third-party and anonymous sources) are reported directly to designated investigators. The initial report is forwarded to the Director and he reports the same to the Division Director. Between the PC and the Division Director, the investigation is subsequently assigned to an investigator.</p> <p data-bbox="240 2047 1453 2105">As reflected throughout this report, one allegation of sexual abuse has been received during the last 12 months. The investigation report clearly reveals the chronology of reporting and assignment/reporting/ and selection of the investigator.</p>

In view of the above, the auditor finds PFH substantially compliant with 115.261.

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Pursuant to the PAQ, the Director self reports 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). In the last 12 months, the facility determined on zero occasions that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="240 432 1469 490">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section Agency Protection Duties (a) addresses 115.262(a).</p> <p data-bbox="240 524 1485 613">The Agency Head and Director interviewees assert staff immediately remove the affected resident from the danger zone. The potential victim may be moved to another PHS facility or the alleged perpetrator may be moved to the Federal Detention Center (FDC) Seatac, WA subject to approval by FBOP monitor(s).</p> <p data-bbox="240 647 1362 705">Eleven of 12 random staff interviewees state that if they learn a resident is at risk of imminent sexual abuse, they immediately remove the affected resident from the danger zone, placing them in a safe place.</p> <p data-bbox="240 739 1038 766">In view of the above, the auditor finds PFH substantially compliant with 115.262.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 398">Pursuant to the PAQ, the Director self reports 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. During the last 12 months, zero allegations were received by the facility indicating that a resident was sexually abused while confined at another facility.</p> <p data-bbox="240 432 1493 490">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section Reporting to other confinement facilities (a) addresses 115.263(a).</p> <p data-bbox="240 524 1481 582">Pursuant to the PAQ, the Director self reports agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="240 616 1493 674">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section Reporting to other confinement facilities (b) addresses 115.263(b).</p> <p data-bbox="240 707 1485 766">Pursuant to the PAQ, the Director self reports the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="240 799 1493 857">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section Reporting to other confinement facilities (c) addresses 115.263(c).</p> <p data-bbox="240 891 1445 981">Pursuant to the PAQ, the Director self reports the facility policy requires that allegations received from other facilities and agencies are investigated in accordance with PREA standards. In the last 12 months, zero allegations of sexual abuse originating at PFH, were received from other facilities.</p> <p data-bbox="240 1014 1493 1072">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section Reporting to other confinement facilities (d) addresses 115.263(d).</p> <p data-bbox="240 1106 1493 1294">The Agency Head interviewee asserts that the Director of Facilities and the PC are the points of contact at PHS relative to 115.263(d) reports from other facilities or agencies. If such a report were to be received, immediate action to initiate a full investigation would ensue. If the investigation revealed staff culpability, they may be terminated. If the matter involved contractors or volunteers, facility access privileges would be suspended unless the investigation revealed culpability, at which time privileges would be permanently terminated. Upon completion of the investigation, either the Director of Facilities or PC reports back to the reporter.</p> <p data-bbox="240 1328 1430 1417">The Director asserts that a complete sexual abuse investigation is initiated and completed when an allegation of sexual abuse, alleged to have originated at PFH, is received from another facility. There are no examples of receipt of such allegations during this audit period.</p> <p data-bbox="240 1451 1038 1478">In view of the above, the auditor finds PFH substantially compliant with 115.263.</p>



115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports the agency has a first responder policy for allegations of sexual abuse and the policy requires that:</p> <p>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;</p> <p>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;</p> <p>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; and</p> <p>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.</p> <p>The Director asserts that in the last 12 months, zero allegations of sexual abuse were received at PFH. As previously referenced, the auditor has learned that one sexual abuse case was administratively investigated at PFH. The auditor notes the incident occurred four days prior to reporting and accordingly, none of the 1st Responder duties could be completed following the incident. The auditor further notes that once notified of the incident, the perpetrator was removed from the population, placed on unit restriction pending completion of an investigation, and subsequently terminated from the PFH program/returned to closer custody on the day following the report.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 14 and 15, section Staff first responder duties a(1-4) addresses 115.264(a). The auditor also notes 115.264(a) requirements are clearly articulated in the PFH PREA Coordinated Response Plan.</p> <p>Eleven of 12 random staff interviewee responses regarding the steps required pursuant to 115.264(a) are completely accurate. Additionally, the non-security first responder accurately cited her 115.264(a) responsibilities. The auditor notes that in view of staffing at PFH, one random security staff interviewee was also interviewed pursuant to the security first responder questionnaire and he accurately responded to the above.</p> <p>To ensure ready access to first responder duties, the auditor strongly recommends that a laminated first responder duties informational card be provided to each staff member with the intent they carry the same while on duty. The card will serve as an informational tool and a quick access resource.</p> <p>Pursuant to the PAQ, the Director self reports agency policy requires that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Additionally, agency policy requires that if the first staff responder is not a security staff member, the responder shall be required to notify security staff. Zero such allegations of sexual abuse were received in the last 12 months.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 14 and 15, section Staff first responder duties (b) addresses 115.264(b).</p> <p>The auditor has learned that all PFH staff receive the same first responder training.</p> <p>In view of the above, the auditor finds PFH substantially compliant with 115.264.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1493 365">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 398 1382 456">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page15, section Coordinate response a(1) addresses 115.265(a).</p> <p data-bbox="240 490 1398 517">The auditor's review of the PFH PREA Coordinated Response Plan reveals substantial compliance with 115.265(a).</p> <p data-bbox="240 551 1485 645">The Director asserts the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The same is articulated in a memorandum.</p> <p data-bbox="240 678 1038 705">In view of the above, the auditor finds PFH substantially compliant with 115.265.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 398">Pursuant to the PAQ, the Director self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. The Director and Agency Head interviewees further self report that the facility is not engaged in any collective bargaining agreement(s).</p> <p data-bbox="244 432 1318 459">Since there are no deviations from the standard, the auditor finds PFH substantially compliant with 115.266.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The Director/PCM or designee is designated as the retaliation monitor at PFH.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 15 and 16, section Agency protection against retaliation a(2)(i) addresses 115.267(a).</p> <p>The auditor notes that one sexual abuse allegation was realized during the last 12 months.</p> <p>Pursuant to the PAQ, the Director self reports the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 15, section Agency protection against retaliation (a) addresses 115.267(b).</p> <p>The Agency Head interviewee asserts PHS employs a zero tolerance policy regarding sexual abuse/harassment of residents. Retaliation for reporting sexual abuse/harassment is, minimally, a punishable administrative offense. The Facility Director or designee is designated as the retaliation monitor at PFH. With respect to retaliation, an increase in resident disciplinary reports, isolation, hygiene decompensation are a few of the key indicators that are monitored.</p> <p>The retaliation monitor interviewee asserts that he plays an integral role in terms of retaliation monitoring. Specifically, he reaches out to the victim and collaborates to remove the perpetrator from the facility. Both the victim and perpetrator will be under closer staff supervision. If the victim may be subject to retaliation as the result of the perpetrator's status within the facility, the retaliation monitor collaborates with FBOP staff to remove the victim from the facility, as well as, the perpetrator. The primary strategy is transfer of the perpetrator to FDC SEATAC pending resolution of the investigation. Emotional support services may also be recommended for the victim and the Employee Assistance Program (EAP) for staff.</p> <p>Measures available to protect residents and staff include, but are not limited to, the following:</p> <p><b>Residents</b></p> <p>Victims can report issues to the retaliation monitor;  Relocate housing within the facility to enhance supervision and safety;  Remove the perpetrator from the general population; and  Increase safety checks and scrutiny.</p> <p><b>Staff</b></p> <p>Assign to different shifts;  Reassign to another facility, if approved; and  Recommend EAP.</p> <p>The retaliation monitor interviewee asserts he does initiate contact with residents who have reported sexual abuse. Initially, the Director and case manager check in with the victim a minimum of one time per week. Formal meetings are facilitated once per month for 90 days. The same are documented in the case file or 90-day Retaliation Monitoring form.</p> <p>Pursuant to the PAQ, the Director self reports the 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. Monitoring continues for a minimum of 90 days. The facility acts promptly to remedy any such retaliation and the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Zero occasions of retaliation occurred during the last 12 months.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 16, section Agency protection against retaliation (b)(1)(i-iv) and (b)(4) addresses 115.267(c).</p> <p>The retaliation monitor interviewee asserts he looks for the following with respect to staff and resident victims of retaliation:</p> <p><b>Residents</b></p>

Isolation;  
Behavior contrary to normal baseline;  
Hygiene decompensation;  
Resident ceases programming or alters programming pattern;  
Poor work performance; and/or  
Accrual of greater number of misconduct reports.

**Staff**

Excessive sick calls;  
Poor work performance;  
Increase in disciplinary reports;  
Isolation;  
Increase in shift or post change requests; and/or  
Hygiene decompensation.

The retaliation monitor interviewee asserts he monitors retaliation victims for at least 90 days plus intermittent checks. Intermittent checks are documented in emails or case notes. If it is determined there is a continuing need, retaliation monitoring could be extended indefinitely until the basis for retaliation ceases to exist.

The auditor has not been provided any evidence substantiating retaliation monitoring was conducted with respect to the 2021 sexual abuse incident mentioned throughout this report. Although the incident occurred on February 18, 2021, the investigation was completed on February 26, 2021, and the victim was discharged from PFH on April 12, 2021, there is no evidence substantiating the conduct of any retaliation monitoring meetings.

In view of the above, the auditor is placing PFH on a 180-day corrective action period, ending on March 31, 2022. To demonstrate compliance with 115.267, the PC will provide training to all PFH staff stakeholders regarding the 30/60/90 day retaliation monitoring reviews and periodic status checks, inclusive of documentation of the same. Upon completion of this training, the PC will upload a copy of the training syllabus and documentation certifying stakeholders completed the training. Additionally, the PC will provide to the auditor a copy of all sexual abuse investigations and accompanying retaliation monitoring documentation for incidents occurring between the date of the Interim Report and February 28, 2022. Upon review of relevant evidence, the auditor will make a determination regarding compliance, maintaining relevant documents in the audit file.

Pursuant to the PAQ, the Director self reports that in the case of residents, such monitoring shall also include periodic status checks.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 16, section Agency protection against retaliation (b)(5) addresses 115.267(d).

Pursuant to the PAQ, the Director self reports if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 16, section Agency protection against retaliation (b)(6) addresses 115.267(e).

The Agency Head and Director assert that if an individual who cooperates with an investigation expresses a fear of retaliation, retaliation monitoring as articulated above, is initiated.

In view of the above, the auditor finds PFH non-compliant with 115.267.

115.271	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1382 331">Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="242 360 1477 421">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 16 and 17, section VII(a)(1-3) addresses 115.271(a).</p> <p data-bbox="242 450 1469 546">The investigative staff interviewee asserts the PC would receive sexual abuse allegation(s) from the Hotline and the PFH Director is the recipient of allegations within the facility. He subsequently refers the same to the the PC and the PC notifies HR of allegations against staff. The PC appoints the investigator.</p> <p data-bbox="242 575 1430 636">The investigative staff interviewee also asserts that anonymous and third-party reports of sexual abuse/harassment are handled in the same manner as any others.</p> <p data-bbox="242 665 1294 694">The auditor's review of one 2021 sexual abuse investigation reveals substantial compliance with 115.271.</p> <p data-bbox="242 723 1461 784">Pursuant to the PAQ, the Director self reports where sexual abuse is alleged, the agency shall use investigators who have received specialized training in sexual abuse investigations pursuant to § 115.234.</p> <p data-bbox="242 813 1449 873">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(c) addresses 115.271(b).</p> <p data-bbox="242 902 1477 999">The investigative staff interviewee asserts he completed training specific to conducting sexual abuse investigations in a confinement setting. The same is a Moss Group training entitled Investigating Sexual Abuse in a Confinement Setting. The training was presented in a three hour on-line setting with a power point presentation and scenario training.</p> <p data-bbox="242 1028 1469 1160">Pursuant to the PAQ, the Director self reports investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="242 1189 1449 1249">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(d) addresses 115.271(c).</p> <p data-bbox="242 1279 1321 1339">The investigative staff interviewee asserts that the following steps are employed in any administrative sexual abuse/harassment investigation:</p> <p data-bbox="242 1368 1493 1666"> The investigative staff interviewee asserts that the Facility Director is responsible for assessment of 1st Responder duties (10 minutes);  Facility Director is responsible for ensuring the crime scene is secured (five minutes);  Investigator facilitates threshold questioning of the victim (30 minutes);  Video and file reviews (30 minutes);  Staff and witness interviews (30 minutes to one hour per interviewee);  Re-interview victim (30 minutes to one hour);  Interview the perpetrator if SPD has released the matter for administrative investigation (zero minutes to one hour); and  Write report (two hours). </p> <p data-bbox="242 1695 1461 1756">The investigative staff interviewee asserts he secures video, staff and resident statements, staff/investigative/resident files, interview notes, and any prior complaints.</p> <p data-bbox="242 1785 1485 1881">Pursuant to the PAQ, the Director self reports when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Expounding further, compelled interviews are not facilitated by PHS staff.</p> <p data-bbox="242 1910 1449 1971">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(e) addresses 115.271(d).</p> <p data-bbox="242 2000 1302 2029">The investigative staff interviewee asserts that SPD is responsible for the conduct of compelled interviews.</p> <p data-bbox="242 2058 1485 2154">Pursuant to the PAQ, the Director self reports the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding</p>

with the investigation of such an allegation.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(f) addresses 115.271(e).

The investigative staff interviewee asserts that credibility of an alleged victim, suspect, or witness is judged on an individual basis and is not based on status as resident or staff. Specifically, the assessment is based on whether there is more evidence that substantiates the fact pattern than not. He also asserts that under no circumstances would he require a resident to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The Director asserts that the one victim of sexual abuse, as mentioned in the aforementioned administrative investigation, was no longer housed at PFH as of the date of the on-site audit. Accordingly, the same interview could not be conducted.

Pursuant to the PAQ, the Director self reports administrative investigations:

Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and  
Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(g) addresses 115.271(f).

The investigative staff interviewee asserts that he facilitates an analysis of the code of conduct/policy vs. the fact pattern to determine whether staff actions or failures to act contributed to the sexual abuse. Additionally, he documents administrative investigations in written formats bearing the following information:

Description of physical/testimonial evidence;  
Rationale regarding evidence credibility assessment;  
Rationale regarding findings; and  
Any recommendations.

Pursuant to the PAQ, the Director self reports criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(h) addresses 115.271(g).

The investigative staff interviewee asserts that criminal investigations are documented. The format is similar to that of the administrative report in terms of content. Documentary evidence is included with the report.

Pursuant to the PAQ, the Director self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. Zero substantiated allegations of conduct that appear to be criminal were referred for prosecution since the last PREA audit, whichever is later.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(i) addresses 115.271(h).

The investigative staff interviewee asserts that SPD is responsible for referring cases for prosecution. The auditor's review of the fact pattern in the one administrative case completed in 2021 does not appear to be criminal, in nature.

Pursuant to the PAQ, the Director self reports 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(j) addresses 115.271(i).

The auditor has found no deviation(s) from policy.

Pursuant to the PAQ, the Director self reports the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(k) addresses 115.271(j).

The investigative staff interviewee asserts that the investigation continues when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. Similarly, the investigation

continues when a victim who alleges sexual abuse/harassment or an abuser leaves the facility prior to a completed investigation into the incident.

Pursuant to the PAQ, the Director self reports when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(l) addresses 115.271(l).

The Director and PC assert that communication between the facility and outside agency facilitating the investigation is accomplished by either the assigned investigator, the PC, or the Director. The investigative staff interviewee asserts he acts as a facilitator or liaison between PHS and SPD when an outside criminal investigation is completed.

In view of the above, the auditor finds PFH substantially compliant with 115.271.



<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 264"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 353">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="231 353 1508 443">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section Reporting to residents (c) addresses 115.272(a).</p> <p data-bbox="231 443 1508 533">The investigative staff interviewee asserts that a preponderance of evidence is used to substantiate allegations of sexual abuse or sexual harassment. In other words, there is more evidence that the incident occurred as reported, than not.</p> <p data-bbox="231 533 1508 589">In view of the above, the auditor finds PFH substantially compliant with 115.272.</p>

115.273	<b>Reporting to residents</b>
	<p><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any resident who makes an allegation 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. Zero criminal and/or administrative investigations of alleged resident sexual abuse were completed by the facility in the last 12 months. The auditor notes that as previously indicated, one sexual abuse investigation was completed during 2021.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section Reporting to residents (a)(1-3) addresses 115.273(a).</p> <p>The Director asserts the facility does notify a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. According to the Director, the investigative staff makes such notifications. The investigative staff interviewee corroborates the assertion of the Director.</p> <p>Pursuant to the PAQ, the Director self reports 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. Zero investigations of alleged resident sexual abuse in the facility were completed by an outside agency in the last 12 months.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section Reporting to residents (b) addresses 115.273(b).</p> <p>Pursuant to the PAQ, the Director self reports following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul style="list-style-type: none"> <li>The staff member is no longer posted within the resident's unit;</li> <li>The staff member is no longer employed at the facility;</li> <li>The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p>There has not 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 last 12 months.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section Reporting to residents (d) addresses 115.273(c).</p> <p>At the time of the on-site audit, the PC and the Director advised the auditor that zero residents who reported a sexual abuse incident at PFH were housed at the facility.</p> <p>Pursuant to the PAQ, the Director self reports that following a resident's allegation he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:</p> <ul style="list-style-type: none"> <li>The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</li> <li>The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ul> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section Reporting to residents (e)(1 and 2) addresses 115.273(d).</p> <p>The PC asserts the perpetrator in the previously mentioned 2021 sexual abuse case did not meet the parameters of 115.273(d).</p> <p>Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to residents described under this standard are documented. In the last 12 months, zero notifications to residents were provided pursuant to this standard.</p> <p>Pursuant to further inquiry with the PC, the auditor learned that the requisite 115.273(a) information was provided to the victim during a meeting with her case manager at which time the results were verbally communicated. The auditor has not been provided a copy of the written evidence of notification, however. Accordingly, the auditor finds PFH non-compliant with 115.273(e) and he imposes a 180-day corrective action period wherein PFH staff must demonstrate compliance with and institutionalization of 115.273(e) requirements. The due date for completion of this corrective action is March 31, 2022.</p> <p>To demonstrate completion of the corrective action and institutionalization of 115.273(e) requirements, the PC will facilitate a training session with all PFH stakeholders (e.g. Director, ad, investigators, and case managers) regarding the investigative notification requirements of 115.273 and, more specifically, documentation of such notifications pursuant to 115.273(e). The</p>

PC will upload a copy of the training syllabus, as well as, training documentation reflective of stakeholder completion of the training. The documentation must include the participant's written name/signature, and date of training, as well as, the title of the training.

Between the date of this interim report and February 28, 2022, the PC will upload any sexual abuse investigations and written evidence that the requisite notification was provided to the resident. The auditor will subsequently make a determination regarding compliance.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section Reporting to residents (f) addresses 115.273(e).

In view of the above, the auditor finds PFH non-compliant with 115.273.

115.276	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1437 331">Pursuant to the PAQ, the Director self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 369 1458 430">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section VIII(a) addresses 115.276(a).</p> <p data-bbox="242 461 1382 521">The Director further self reports in the last 12 months, zero PFH staff have violated agency sexual abuse or sexual harassment policies. The auditor has not discovered any evidence to the contrary.</p> <p data-bbox="242 553 1497 712">Pursuant to the PAQ, the Director self reports 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. In the last 12 months, zero PFH staff have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p data-bbox="242 743 1458 804">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section VIII(c) addresses 115.276(c).</p> <p data-bbox="242 835 1485 994">Pursuant to the PAQ, the Director self reports 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. In the last 12 months, zero PFH staff have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="242 1025 1458 1086">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section VIII(d) addresses 115.276(d).</p> <p data-bbox="242 1117 1038 1146">In view of the above, the auditor finds PFH substantially compliant with 115.276.</p>

115.277	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Pursuant to the PAQ, the Director self reports 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. Furthermore, agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Additionally, in the last 12 months, zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 18 and 19, section VIII(b)(1) and (d) addresses 115.277(a).</p> <p>Pursuant to the PAQ, the Director self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section VIII(b)(1) addresses 115.277(b).</p> <p>The Director asserts that in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, access privileges are suspended pending the results of an investigation. If the investigation is substantiated, access privileges are permanently rescinded.</p> <p>In view of the above, the auditor finds PFH substantially compliant with 115.277.</p>
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115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">Pursuant to the PAQ, the Director self reports that 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 or a criminal finding of guilt for resident-on-resident sexual abuse. The Director further self reports that in the last 12 months, one administrative or criminal finding of guilt for resident-on-resident sexual abuse, occurred at the facility.</p> <p data-bbox="240 439 1390 499">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section Disciplinary sanctions for residents (a) addresses 115.278(a).</p> <p data-bbox="240 528 1461 622">The PC asserts that in the previously mentioned 2021 sexual abuse case, the incident involved both an FBOP client and a United States Probation Office (USPO) resident. The victim was under FBOP supervision at the time while the perpetrator was under the supervision of the USPO and Pre-Trial Services.</p> <p data-bbox="240 663 1453 757">Since the perpetrator was under the jurisdiction of the USPO, he was not subject to formal disciplinary action which would (normally) include a CDC Hearing and sanctions by an FBOP Discipline Hearing Officer. PFH terminated the perpetrator from the program based on violations relating to the incident and the same were communicated to his parole officer.</p> <p data-bbox="240 797 1441 891">USPO and Pre-Trial Services did take the perpetrator into custody (transfer to FDC SeaTac) following the incident, as termination from PFH violated the terms of his community supervision requirements however, the USPO could not move forward with additional disciplinary actions against him absent formal charges being filed by the victim.</p> <p data-bbox="240 920 1469 1014">Pursuant to the PAQ, the Director self reports sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 1043 1390 1104">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section Disciplinary sanctions for residents (b) addresses 115.278(b).</p> <p data-bbox="240 1133 1485 1328">The Director asserts that PFH staff issue misconduct reports to resident(s) in the case of resident sexual misconduct. The misconduct report investigation and Center Discipline Committee (CDC) report(s) are also facilitated by PHS staff and the CDC recommends sanctions. FBOP staff review the CDC report(s) and ratify or modify sanctions. The perpetrator is generally administratively removed from the facility and permanent removal (sanction) is subsequently ratified by FBOP staff. Disallowance of Good Conduct Time (GCT) can be recommended pursuant to the CDC process and the sanction is then ratified by the FBOP Discipline Hearing Officer (DHO).</p> <p data-bbox="240 1357 1414 1451">The sanctions are proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Additionally, mental disability or mental illness is addressed during investigation, CDC, and DHO review processes.</p> <p data-bbox="240 1480 1477 1541">Pursuant to the PAQ, the Director self reports the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="240 1570 1390 1630">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section Disciplinary sanctions for residents (c) addresses 115.278(c).</p> <p data-bbox="240 1659 1461 1753">Pursuant to the PAQ, the Director self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. As such, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="240 1783 1390 1843">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section Disciplinary sanctions for residents (d) addresses 115.278(d).</p> <p data-bbox="240 1872 1485 2045">In view of the previously cited fact that medical and mental health staff are not employed at PFH, the auditor finds 115.278(d) not applicable to PFH. The PC asserts that all residents are assessed by FBOP mental health staff prior to admission to PHS RRC programs. If therapy is identified as necessary, the same is communicated to PFH program staff during the referral process. If therapy is indicated, the resident's assigned case manager connects the resident with community resources, as necessary.</p> <p data-bbox="240 2074 1422 2134">As there is no evidence of PFH violation of either standard or policy, the auditor finds PFH substantially compliant with 115.278(d).</p>

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section Disciplinary sanctions for residents (e) addresses 115.278(e).

Pursuant to the PAQ, the Director self reports 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section Disciplinary sanctions for residents (f) addresses 115.278(f).

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between residents. 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section Disciplinary sanctions for residents (g) addresses 115.278(g). Appendix E of the PFH Resident Handbook, section entitled PREA also addresses 115.278(g).

In view of the above, the auditor finds PFH substantially compliant with 115.278.

115.282	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1461 398">Pursuant to the PAQ, the Director self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. As previously mentioned in the narrative for 115.235, medical/mental health staff are not employed at PFH.</p> <p data-bbox="240 434 1493 488">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section Access to emergency medical and mental health services (a) addresses 115.282(a).</p> <p data-bbox="240 524 1485 577">The auditor has learned that affected residents are treated in community medical facility(ies) and accordingly, the community standard of care requirement is met.</p> <p data-bbox="240 613 1461 770">The auditor notes that the fact pattern articulated in the previously addressed 2021 sexual abuse investigation involved sexual abuse while both parties were clothed. Follow-up medical care in the community was not appropriate based on the fact pattern. However, the investigator notes that other services provided by community partners to address the incident were available to her and she is able to request the same. The victim actually stated she had spoken to her mental health professional and she was feeling better about the situation.</p> <p data-bbox="240 806 1469 896">Pursuant to the PAQ, the Director self reports if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="240 931 1493 985">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section Access to emergency medical and mental health services (a) addresses 115.282(b).</p> <p data-bbox="240 1021 1461 1048">A discussion of 115.282(b) requirements is clearly addressed in the narratives for 115.221(a), 115.262(a), and 115.264(a).</p> <p data-bbox="240 1084 1390 1173">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 1209 1493 1263">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section Access to emergency medical and mental health services (b) addresses 115.282(c).</p> <p data-bbox="240 1299 951 1326">115.282(c) requirements are addressed in the narrative for 115.221(c).</p> <p data-bbox="240 1361 1430 1415">Pursuant to the PAQ, the Director self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 1451 1493 1505">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section Access to emergency medical and mental health services (c) addresses 115.282(d).</p> <p data-bbox="240 1541 1461 1594">The auditor finds no evidence indicating the aforementioned incurred any financial costs associated with the sexual abuse incident.</p> <p data-bbox="240 1630 1038 1657">In view of the above, the auditor finds PFH substantially compliant with 115.282.</p>



115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1453 331">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 360 1481 421">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section Ongoing medical and mental health care for sexual abuse victims and abusers (a) addresses 115.283(a).</p> <p data-bbox="240 450 1485 577">The PC self reports during the last 12 months, zero residents self reported at intake that they had been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. However, if a referral to medical/mental health practitioner was necessary, the same would be facilitated by the assigned case manager. The PC also asserts that zero resident-on-resident sexual abusers have been housed at PFH during the last 12 months.</p> <p data-bbox="240 607 1490 734">The auditor notes one resident who reported community sexual abuse at intake states that when she reported the abuse, she was not asked if she wanted to meet with a medical/mental health practitioner. Specifically, the incident occurred so long ago that such a meeting was not necessary. In another case, a resident similarly situated did not recall whether he had been asked regarding a meeting with a medical/mental health practitioner.</p> <p data-bbox="240 763 1493 862">Pursuant to the PAQ, the Director self reports the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p data-bbox="240 891 1481 952">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section Ongoing medical and mental health care for sexual abuse victims and abusers (b) addresses 115.283(b).</p> <p data-bbox="240 981 1458 1041">As previously indicated, medical/mental health staff are not employed at PFH. Additionally, zero residents who reported a sexual abuse incident were housed at PFH during the on-site audit.</p> <p data-bbox="240 1070 1469 1131">Pursuant to the PAQ, the Director self reports the facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p data-bbox="240 1160 1481 1220">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section Ongoing medical and mental health care for sexual abuse victims and abusers (c) addresses 115.283(c).</p> <p data-bbox="240 1249 1362 1279">As medical/mental health care is provided in the community, the community standard of care requirement is met.</p> <p data-bbox="240 1308 1465 1368">Pursuant to the PAQ, the Director self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.</p> <p data-bbox="240 1397 1481 1458">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section Ongoing medical and mental health care for sexual abuse victims and abusers (d) addresses 115.283(d).</p> <p data-bbox="240 1487 1485 1547">Based on the auditor's research and knowledge, zero incidents meeting the description of 115.283(d and e) occurred at PFH during the last 12 months.</p> <p data-bbox="240 1576 1437 1637">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 1666 1481 1727">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section Ongoing medical and mental health care for sexual abuse victims and abusers (e) addresses 115.283(e).</p> <p data-bbox="240 1756 1410 1816">Pursuant to the PAQ, the Director self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="240 1845 1481 1906">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section Ongoing medical and mental health care for sexual abuse victims and abusers (f) addresses 115.283(f).</p> <p data-bbox="240 1935 1378 1964">The auditor notes that the one 2021 sexual abuse investigation fact pattern did not warrant 115.283(f) intervention.</p> <p data-bbox="240 1993 1449 2054">Pursuant to the PAQ, the Director self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="240 2083 1481 2143">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section Ongoing medical and mental health care for sexual abuse victims and abusers (g) addresses 115.283(g).</p>

The auditor notes that the victim in the one 2021 sexual abuse incident did not incur any financial costs.

Pursuant to the PAQ, the Director self reports 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section Ongoing medical and mental health care for sexual abuse victims and abusers (h) addresses 115.283(h).

The auditor finds no evidence substantiating that historical resident-on-resident sexual abusers were housed at PFH during the last 12 months.

In view of the above, the auditor finds PFH substantially compliant with 115.283.

115.286	<b>Sexual abuse incident reviews</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1477 398">Pursuant to the PAQ, the Director self reports 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. The Director further self reports in the last 12 months, one criminal and/or administrative investigation of alleged sexual abuse was completed at the facility.</p> <p data-bbox="240 434 1437 492">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section X(a) addresses 115.286(a).</p> <p data-bbox="240 528 1485 680">The auditor's review of the PREA Incident Review Report dated February 26, 2021 reveals substantial compliance with 115.286(a-e). The incident occurred on February 18, 2021 and the investigation was completed on the same date. The investigator, the PC, and an involved case manager comprised the review team. The report addressed all requisite facets as articulated at 115.286(d). The report was reviewed and signed by the Vice President of Adult and Juvenile Reentry and the PC.</p> <p data-bbox="240 716 1485 775">Pursuant to the PAQ, the Director self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p data-bbox="240 810 1437 869">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section X(b) addresses 115.286(b).</p> <p data-bbox="240 904 1430 963">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 999 1437 1057">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 21, section X(c) addresses 115.286(c).</p> <p data-bbox="240 1093 1477 1151">The Director asserts that a sexual abuse incident review team (SAIR) is utilized at PFH. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="240 1187 1485 1272">Pursuant to the PAQ, the Director self reports 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 improvement, and submits such report to the facility head and PREA Coordinator.</p> <p data-bbox="240 1308 1477 1366">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 21 and 22, section X(d)(1-6) addresses 115.286(d).</p> <p data-bbox="240 1402 1485 1554">The Director asserts the information gleaned from SAIR reviews is used to enhance "all things PREA" (e.g. effect policy changes, resident and staff training, identify camera needs, etc.) within the facility. Careful analysis of information can provide a roadmap for staff to address any deficiencies and build upon positive policies and practices. Similarly, deficiencies are addressed to ensure positive change. Additionally, the Director and incident review team member assert the SAIR considers the following:</p> <ul data-bbox="240 1590 1477 1814" style="list-style-type: none"> <li>Considers whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI status, gang affiliation, and/or other group dynamics at the facility;</li> <li>Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>Assess the adequacy of staffing levels in that area during different shifts;</li> <li>Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> </ul> <p data-bbox="240 1850 1485 1975">The incident review team interviewee validates the statement of the Director as reflected above.</p> <p data-bbox="240 2011 1485 2069">The PC asserts SAIR reports are forwarded to both him and the Divisional Director for review. They are also reviewed by the Facility Director/PCM. If recommendations are noted in the report, follow-through ordinarily occurs and if the same is not prudent, the rationale is documented. In regard to victims under the age of 18 and vulnerable adults, the PC asserts neither category of residents are housed at PFH.</p> <p data-bbox="240 2105 1485 2163">Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p data-bbox="240 2199 1437 2145">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section X(e) addresses 115.286(e).</p>

In view of the above, the auditor finds PFH substantially compliant with 115.286.

115.287	<b>Data collection</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 331">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="240 367 1465 456">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (a) addresses 115.287(a). The auditor's review of a PHS document entitled PHS PREA Definitions and the Data Collection Instrument reveals the standardized set of definitions and instrument used to address 115.287(a).</p> <p data-bbox="240 492 1485 519">Pursuant to the PAQ, the Director self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="240 555 1442 613">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (b) addresses 115.287(b).</p> <p data-bbox="240 649 1490 707">The auditor's review of the PHS PREA Annual Reports referenced in the narrative for 115.288 reveals substantial compliance with 115.287(a and b).</p> <p data-bbox="240 743 1465 824">Pursuant to the PAQ, the Director self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="240 860 1442 918">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (b) addresses 115.287(c).</p> <p data-bbox="240 954 1485 1012">The auditor's review of both the aforementioned PHS PREA Annual Reports and the PHS Data Collection Instrument reveals substantial compliance with 115.287(c).</p> <p data-bbox="240 1048 1474 1106">Pursuant to the PAQ, the Director self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="240 1142 1442 1200">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (b) addresses 115.287(d).</p> <p data-bbox="240 1236 1437 1317">Based on the evidence presented throughout the 115.287 and 115.288 narratives, the auditor is convinced that relevant documentation is reviewed on a perpetual basis in an effort to assess and enhance PREA programs throughout the company.</p> <p data-bbox="240 1352 1474 1411">Pursuant to the PAQ, the Director self reports PHS does not contract with other private facilities for confinement of residents committed to their care. Accordingly, 115.287(e) is not applicable to PFH.</p> <p data-bbox="240 1447 1062 1473">As reflected in the narrative for 115.212, the auditor concurs with this assessment.</p> <p data-bbox="240 1509 1485 1590">Pursuant to the PAQ, the Director self reports the agency did not provide the Department of Justice (DOJ) with data from the previous calendar year upon request as the USDOJ did not request such information. Accordingly, 115.287(f) is not applicable to PFH.</p> <p data-bbox="240 1626 1042 1653">In view of the above, the auditor finds PFH substantially compliant with 115.287.</p>

115.288	<b>Data review for corrective action</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1452 365">Pursuant to the PAQ, the Director self reports 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:</p> <ul data-bbox="242 396 1428 524" style="list-style-type: none"> <li>Identifying problem areas;</li> <li>Taking corrective action on an ongoing basis; and</li> <li>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.</li> </ul> <p data-bbox="242 553 1445 613">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (b) addresses 115.288(a).</p> <p data-bbox="242 642 1460 739">The Agency Head interviewee asserts that incident-based sexual abuse data is used to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. Specifically, all data is reviewed and aggregated to enhance "all things PREA." Corrective action is closely monitored and the same is taken on an ongoing basis.</p> <p data-bbox="242 768 1479 864">The PC corroborates the assertion of the Agency Head interviewee as reflected above. He further asserts that a report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole is compiled on an annual basis.</p> <p data-bbox="242 893 1414 990">Pursuant to the PAQ, the Director self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="242 1019 1445 1079">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (b)(3) and (c) addresses 115.288(b).</p> <p data-bbox="242 1108 1465 1205">The auditor's review of the 2018, 2019, and 2020 PHS PREA Annual Reports reveals substantial compliance with 115.288(b). Comparisons in terms of data are clearly made and as zero substantiated allegations were realized during the audit period, recommendations for corrective action were not documented.</p> <p data-bbox="242 1234 1431 1294">Pursuant to the PAQ, the Director self reports the agency makes its annual report readily available to the public at least annually through its website and the reports are approved by the agency head.</p> <p data-bbox="242 1323 1445 1384">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (d) addresses 115.288(c).</p> <p data-bbox="242 1413 1370 1442">The Agency Head interviewee asserts that he does approve annual PREA reports written pursuant to 115.288(c).</p> <p data-bbox="242 1471 1477 1568">The PC asserts that in years prior to 2020, PHS PREA Annual Reports were completed by the Agency Head. For purposes of the 2020 report, the same was completed by the PC and submitted to the Director of Transition Services for approval however, neither signature on the actual report or an email signifying Agency Head designee review, was completed.</p> <p data-bbox="242 1597 1476 1693">While evidence clearly demonstrates compliance with 115.288(c), the auditor strongly recommends that two signature lines, with signatures, be added to the report, verifying the name of the writer and review by the Agency Head or designee. Additionally, a line should be added adjacent to the names wherein the date of writing and review are validated.</p> <p data-bbox="242 1722 1453 1818">Pursuant to the PAQ, the Director self reports 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. Additionally, the agency indicates the nature of material redacted.</p> <p data-bbox="242 1848 1445 1908">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (d)(1) addresses 115.288(d).</p> <p data-bbox="242 1937 1468 1998">The PC asserts that PHI, PPI, and security information are redacted from annual reports. If redacted, the agency indicates the nature of the material redacted.</p> <p data-bbox="242 2027 1388 2087">Pursuant to the auditor's aforementioned review of PHS PREA Annual Reports, he finds no evidence of 115.288(d) redactions.</p> <p data-bbox="242 2116 1040 2145">In view of the above, the auditor finds PFH substantially compliant with 115.288.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1430 331">Pursuant to the PAQ, the Director self reports the agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="242 362 1469 423">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Record retention (a) addresses 115.289(a).</p> <p data-bbox="242 454 1477 546">The PC asserts that agency staff review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. This information is generally captured in annual PREA reports.</p> <p data-bbox="242 577 1477 638">Data is maintained at corporate. SAIR and retaliation monitoring documents are maintained by the PFH Director under lock and key. Corrective action is taken on an ongoing basis based on the data collected.</p> <p data-bbox="242 669 1070 698">The auditor found no deficiencies in terms of standard provision, policy, or practice.</p> <p data-bbox="242 730 1485 822">Pursuant to the PAQ, the Director self reports 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.</p> <p data-bbox="242 853 1445 913">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section Data collection (d) addresses 115.289(b).</p> <p data-bbox="242 945 1490 1005">The auditor's review of the PHS/PFH website reveals relevant data is captured in PREA Annual Reports posted on the same. The data is clearly aggregated.</p> <p data-bbox="242 1037 1458 1128">Pursuant to the PAQ, the Director self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p data-bbox="242 1160 1477 1220">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 22 and 23, section Data collection (d) and Record retention (c) addresses 115.289(c).</p> <p data-bbox="242 1252 1469 1312">The auditor did not identify any 115.289(c) redactions nor did he find any evidence of non-compliant maintenance of PREA data as described at 115.289(c)-2.</p> <p data-bbox="242 1344 1469 1404">Pursuant to the PAQ, the Director self reports the agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="242 1435 1469 1496">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 23, section Record retention (c) addresses 115.289(d).</p> <p data-bbox="242 1527 1038 1556">The auditor has found no violations of 115.289(d) in terms of data maintenance.</p> <p data-bbox="242 1588 1038 1617">In view of the above, the auditor finds PFH substantially compliant with 115.289.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1430 331">The auditor's review of the PHS/PFH website reveals the last PREA audit report is published on the same. Clearly, the auditor finds PFH substantially compliant with 115.401(a).</p> <p data-bbox="244 362 1473 423">The auditor finds that both TRRC and PFH were subject to a timely PREA audit during the last audit cycle. The third facility is due for reaccreditation during 2022.</p> <p data-bbox="244 454 1473 580">Throughout the on-site audit, the auditor was granted full access to all parts of the facility, as well as, all staff and residents. During the facility tour and subsequent tours of the facility, the auditor observed resident living quarters, resident and staff bathrooms, the control center, laundry room(s), food service facilities, mechanical rooms, and staff offices. The auditor was not precluded from observing any area within the facility.</p> <p data-bbox="244 611 1461 703">Throughout the audit process inclusive of the post-audit phase, the auditor was granted complete access to both residents and staff. There were no instances wherein the auditor was denied access to residents or staff. All interviews were conducted in private.</p> <p data-bbox="244 734 1485 828">The auditor provided audit notices to the facility and evidence reveals the same were posted in a timely manner. The auditor did not receive any correspondence or communication from either staff or residents regarding PREA matters at PFH. Furthermore, the auditor received no resident allegations of denied access to communication with him.</p> <p data-bbox="244 860 1038 887">In view of the above, the auditor finds PFH substantially compliant with 115.401.</p>



<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>As mentioned in the narrative for 115.401(a), the last PREA audit report is posted on the PHS/PFH website.</p> <p>In view of the above, the auditor finds PFH substantially compliant with 115.403.</p>

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

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

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

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

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	no
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	no
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	no
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	no
	Has the agency documented its efforts to secure services from rape crisis centers?	no
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	no
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	no
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	no
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes



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

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

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

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

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	no
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	no
	Does that private entity or office allow the resident to remain anonymous upon request?	no
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

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



<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

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

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	no
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	no
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes



<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes