

PREA Facility Audit Report: Interim

Name of Facility: Spokane Residential Reentry Center West Broadway

Facility Type: Community Confinement

Date Interim Report Submitted: 01/08/2023

Date Final Report Submitted: NA

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E. Arnold	Date of Signature: 01/08/2023

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

FACILITY INFORMATION	
Facility name:	Spokane Residential Reentry Center West Broadway
Facility physical address:	925 W Broadway Avenue, Spokane, Washington - 99201
Facility mailing address:	

Primary Contact	
Name:	Carlos Solorza
Email Address:	Carlos.Solorza@p-h-s.com
Telephone Number:	509-535-3572

Facility Director	
Name:	Carlos Solorza
Email Address:	Carlos.Solorza@p-h-s.com
Telephone Number:	509-535-3572

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	75
Current population of facility:	62
Average daily population for the past 12 months:	59
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	21-65
Facility security levels/resident custody levels:	Federal Custody
Number of staff currently employed at the facility who may have contact with residents:	20
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Pioneer Human Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	7440 West Marginal Way South, Seattle, Washington - 98108
Mailing Address:	
Telephone number:	2067681990

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

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

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.231 - Employee training
- 115.273 - Reporting to residents

Number of standards met:

32

Number of standards not met:

7

- 115.213 - Supervision and monitoring
- 115.217 - Hiring and promotion decisions
- 115.221 - Evidence protocol and forensic medical examinations
- 115.233 - Resident education
- 115.241 - Screening for risk of victimization and abusiveness
- 115.251 - Resident reporting
- 115.252 - Exhaustion of administrative remedies

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>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. The auditor's review of completed 2021 and 2022 PREA Acknowledgment Prior to Training forms for three staff reveals substantial compliance with 115.211(a).</p> <p>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>PHS Policy entitled Prison Rape Elimination Act (PREA) Zero Tolerance Facility Policy (SRRC), pages 1-4 addresses 115.211(a)-2.</p> <p>Pursuant to the PAQ, the Director self reports the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Definitions for Pioneer Human Services, pages 1 and 2 addresses 115.211(a)-3.</p> <p>Pursuant to the PAQ, the Director self reports the policy includes sanctions for those found to have participated in prohibited behaviors.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Zero Tolerance Facility Policy (SRRC), pages 3 and 4 addresses 115.211(a)-4.</p> <p>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 clients.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Zero Tolerance Facility Policy (SRRC), pages 1 and 2 addresses 115.211(a)-5.</p> <p>Pursuant to the PAQ, the Director self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC). 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>

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. The auditor's review of the PHS Residential & Behavioral Health Services Organizational Chart reveals the PHS PC reports directly to the Vice President (VP) of Residential and Behavioral Health Services. The auditor finds the chain of command conducive to proper reporting and PREA management.

The auditor's review of the Spokane Residential Reentry Center (SRRC) Organizational Chart reveals the Assistant Director (AD) is designated as the PREA Compliance Manager (PCM) at SRRC. PCM duties and responsibilities are clearly articulated at PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 23 and 24.

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 PCMs 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, amongst 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 PCMs.

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.

The PCM asserts that management by wandering around (MBWA) provides the opportunity to review poster placements, be accessible to both staff and clients, assess the quality of staff facility tours, assess the quality of camera placements and blind spots, and assess the demeanor of clients.

If she determines that it would be prudent to consider amendment of policy and training materials, the same is accomplished through a review process which includes the Director, PHS PC, Director of Transitional Services, and the respective VP. She routinely assesses any need to emphasize or re-emphasize training points during the various training classes. If additional cameras may be needed, the same are requested through the aforementioned organizational hierarchy. Expenditures are approved by the SRRC Director and Director of Transitional Services. The interviewee asserts she does have the authority to correct most PREA-related issues she identifies as deficient.

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

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the agency has not entered into or renewed a contract with other profit or not-for-profit entities for the confinement of its clients 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.</p> <p>Accordingly, 115.212 is not applicable to SRRC. Since there is/are no deviations from standard or policy, the auditor finds SRRC substantially compliant with 115.212.</p>

115.213	Supervision and monitoring
	<p data-bbox="280 188 1129 224">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1458 456">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 clients against sexual abuse.</p> <p data-bbox="280 497 1477 613">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 2, section entitled Staffing Practices a(1-11) addresses 115.213(a)-1. Sections (b) and (c) address 115.213(b) and (c).</p> <p data-bbox="280 654 1445 891">The auditor's review of the Employee Staffing Pattern and information included on page 1 of the Statement of Work (SOW) reveals substantial compliance with 115.213. Hours of work and staff titles are addressed in these documents. The staffing plan generally remains the same unless sexual abuse incident reviews (SAIRs), external reviews, a sexual abuse investigation, or other circumstances dictate otherwise.</p> <p data-bbox="280 931 1474 1048">The Director self reports that since the last PREA audit, the average daily number of clients was 59 and the average daily number of clients on which the staffing plan was predicated is 75.</p> <p data-bbox="280 1088 1481 1285">The Director asserts there is a staffing plan at SRRC and staffing levels are adequate to protect residents against sexual abuse. Video monitoring is considered in the staffing plan submitted pursuant to the Statement of Work (SOW) to the Federal Bureau of Prisons (FBOP). The staffing plan is documented and digitally maintained by the Director and PCM, as well as, corporate executives.</p> <p data-bbox="280 1326 1430 1397">When questioned regarding specific characteristics of staffing plan development, the Director asserts the first priority is to ensure adequate staffing on the floor.</p> <p data-bbox="280 1415 1465 1608">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. In Site 2, one male and one female, minimally, staff are assigned as a cadre of female residents are housed at that location. The interviewee asserts staffing is adequate.</p> <p data-bbox="280 1662 1289 1733">Both the Director and PCM assert the following in terms of staffing plan considerations:</p> <p data-bbox="280 1774 1468 2016">Blind spots are always a primary consideration. MBWA is the primary tool used to assess the same. Blind spots are identified and additional camera/mirror needs are identified pursuant to an Annual Vulnerability Assessment conducted by the Director, the PHS PC, and the PCM. The interviewees assert that there are good lines of sight at both facilities with few, if any, obstructions. Obstructions are offset by cameras or mirrors. The auditor concurs with this assessment.</p> <p data-bbox="280 2056 1417 2092">The auditor's review of the SRRC Offender Accountability Plan reveals that three</p>

random head counts are conducted on day shift, four random head counts are completed during swing shift, and three random head counts are conducted during the graveyard shift. These head counts are completed in addition to random rounds throughout the facility. During the on-site audit, the auditor was able to validate the same pursuant to observation of staffing.

Staffing is generally dictated by the FBOP contract.

In regard to composition of the client population, there are few apparent gang members or wannabes. Likewise, there are no issues with sexual abuse exploitation of elderly clients or LGBTI clients. The facility ethnic balance is stable with no concerns noted. To offset any population concerns should the same occur, safety rounds may be increased and use of additional staff to saturate areas for supervision purposes are two strategies that may be implemented. Additionally, strategic assignment of housing is another strategy.

In regard to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, there has been one sexual harassment allegation during the last 12 months. Incidents are negligible, at best. The Director asserts one of the keys to effective client supervision and client sexual safety is MBWA or meaningful facility tours by all staff, inclusive of command staff.

The auditor notes that two sexual harassment allegations have been lodged during the last 12 months.

In regard to monitoring for compliance with the staffing plan, the Director asserts that he and the PCM maintain continuous communication regarding daily staffing. On-call administrative staff generally work out coverage logistics, inclusive of overtime, if warranted. Case managers, the workforce coordinator, case management specialist, etc. may be used to cover until overtime staff arrive at the facility. If the vacancy cannot be covered, the on-call administrative staff covers the entire shift.

Of note, the auditor observed very effective camera coverage throughout both Sites 1 and 2. Camera resolution was clear and mirror placements resulted in additional observation in various areas. Staffing was commensurate with the staffing plan in both areas throughout the on-site audit.

Pursuant to the PAQ, the Director self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PC asserts that deviations from the staffing plan are documented in communication requesting approval from the contracting agency (FBOP) .

Should deviations from the staffing plan occur, they are documented, inclusive of rationale for the deviation and the corrective action taken, in written communication requesting approval from the contracting agency (FBOP). Staffing shortages has been the common denominator in terms of deviations throughout the last 12 months.

The Director asserts that he verbally reports any non-compliance with the staffing plan to the Director of Transitional Services and follows-up with a text message or email regarding the vacancy and the rationale for not filling the same.

In view of the evidence articulated in the narrative for 115.213(c), the auditor finds SRRC non-compliant with 115.213(b). Rationale for the finding, timeline for corrective action, and specifics regarding corrective action and implementation are identified in this narrative. While the specifics regarding the finding are not identified as systemically rampant, all staff training is necessary to assist in the client sexual safety equation.

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 staffing.

The PHS PC and SRRC PCM interviewees assert the staffing plan for the facility is reviewed on minimally, an annual basis, and he/she is/are consulted regarding any necessary adjustments. The PCM facilitates the initial review and the same is reviewed by the SRRC Director and the PC.

The auditor's review of the 2021 and 2022 FBOP Full Monitoring Reports (Staffing excerpts) reveals SRRC fell short of staffing expectations during the FBOP Full Monitoring Reviews in July, 2021 and again during the full monitoring review in 2022. Specifically, on July 12, 13, 14, 15, 16, and 17, 2021, zero male resident monitors were on-site (Site 2) at the time of the visit. With respect to the 2022 findings, only one resident monitor was in Site 1 (apparently on one occasion) at the time of the FBOP monitoring visit. In addition to the above, the auditor's review of the 2021 and 2022 memorandums details staffing plan expectations but, makes no recommended modifications.

The PC asserts that In some circumstances, deviations did occur in that higher level staff worked lower level positions during staffing shortages. Staffing ratios were maintained in accordance with the SOW and gender appropriate staff were on site however, deviation(s) from contract requirements did occur by not having the appropriate staff, by positions, on shift.

The auditor notes that facility administrators are experiencing some difficulty with staffing at the facility (difficult to hire staff). The auditor likewise noted the same during the on-site audit (staff interviews) however, he noted no physical shift staff shortages at either Site 1 or Site 2. Furthermore, he noted that one male and one female staff were on board at Site 2 (co-ed facility). While random staff interviewees did acknowledge that client activities may be adjusted at times, the same are not cancelled but rather, search procedures are modified.

Given the totality of the above, the auditor notes no consistent systemic staffing issues that would result in a non-compliance finding with 115.213(a) and (c). As is the case in facilities across the United States, staffing (hiring staff) has become difficult. The auditor does recommend that SRRC administrators maintain a close pulse on the above issues, requesting contractual variances from the FBOP wherever and whenever necessary. This is also consistent with the FBOP notations in their report.

While the auditor finds no consistent systemic staffing issues that would result in a non-compliance finding with respect to 115.213(a) and (c), he has not been provided any evidence validating that a report was submitted when only one resident monitor was at Site 1 (apparently on one occasion during 2022) at the time of the FBOP monitoring visit. While the FBOP obviously knew about the identified deviation, the auditor questions whether the deviation was reported to PHS staff pursuant to protocol. Additionally, was the same addressed with the FBOP pursuant to contract requirements? Furthermore, the auditor has not been provided any mitigating evidence with respect to that one occasion.

In view of the above, the auditor finds SRRC non-compliant with 115.213(b) and imposes a 180-day corrective action period wherein the PC and PCM will demonstrate compliance with and institutionalization of 115.213(b) requirements. The corrective action due date is May 22, 2023.

To demonstrate compliance with and institutionalization of 115.213(b), the PC and/or PCM will provide training to all SRRC staff regarding the nuances of 115.213(b).

Minimally, staff will be admonished that if staffing falls below the requisite two monitors per shift, the on-call, Director, and/or PCM will be immediately notified of the deficiency so that corrective action can be implemented immediately.

Subsequently, the reporting monitor will document the same pursuant to PHS protocol(s). The on-call, Director, and/or PCM will then immediately initiate action to remedy the deviation.

Subsequent to the above, the Director or designee will initiate action to report the deviation, along with implementation of corrective action. The same will be accomplished pursuant to PHS protocol.

Subsequent to completion of this training, the PC will upload a copy of the training syllabus wherein specific duties and responsibilities are clearly articulated.

Additionally, copies of training documentation proving attendee completion of the same will be uploaded. If any further incidents of deviation from the staffing plan occur between the date of this interim report and May 22, 2023, the PC will upload a copy of the requisite internal PHS and FBOP notifications, the nature of the deviation from the staffing plan, and corrective action taken. The auditor will then assess compliance and make a determination regarding the same.

If requisite notification(s) did occur with respect to the incident, in question, the PC can upload the same and the auditor will consider whether standards compliance was accomplished. If there is mitigating evidence, the auditor will also consider the same.

	<p>In view of the above, the auditor finds SRRC non-compliant with 115.213.</p>
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115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1433 499">Pursuant to the PAQ, the Director self reports the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of clients. In the last 12 months, zero cross-gender strip or cross-gender visual body cavity searches of clients have been conducted.</p> <p data-bbox="280 539 1477 698">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section entitled Limits to Cross-Gender Viewing and Searches (a) addresses 115.215(a)-1. The auditor notes that cross-gender strip or visual body cavity searches can be conducted pursuant to exigent circumstances.</p> <p data-bbox="280 739 1433 853">The auditor has not discovered any incidents wherein cross-gender strip or cross-gender visual body cavity searches of clients were facilitated during the audit period.</p> <p data-bbox="280 893 1433 1052">The non-medical staff member interviewee who may be involved in cross-gender strip or visual searches states such searches are not authorized unless exigent circumstances prevail. Reasonable suspicion of ammunition or drugs secreted in the rectum could constitute an exigent circumstance.</p> <p data-bbox="280 1093 1457 1207">The auditor did observe the Urinalysis Rooms and finds the same to be private and supervised by same gender staff. This determination was made pursuant to a random conversation with staff.</p> <p data-bbox="280 1247 1401 1319">Pursuant to the PAQ, the Director self reports the facility does not permit cross-gender pat-down searches of female clients, absent exigent circumstances.</p> <p data-bbox="280 1359 1477 1473">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section entitled Limits to Cross-Gender Viewing and Searches (b) addresses 115.215(b)-1.</p> <p data-bbox="280 1514 1461 1753">The one random female client interviewee states there has been zero occasions wherein she has been unable to participate in outside activities or programs because female staff were unavailable to conduct pat-down searches. Of note, the two additional specialty female interviewees also state they have not been prohibited from participation in outside programs or activities because female staff were unavailable to conduct pat-down searches.</p> <p data-bbox="280 1794 1453 1953">Nine of 10 random staff interviewees corroborated the statements of the random female client interviewee as articulated above. A clothed visual search and wand would be implemented. A "no touch" policy is implemented in such circumstances and personal effects would be physically searched.</p> <p data-bbox="280 1993 1437 2065">Pursuant to the PAQ, the Director self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are</p>

documented. Additionally, all cross-gender pat searches of female clients by male staff must be documented.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section entitled Limits to Cross-Gender Viewing and Searches (c) addresses 115.215(c)-1 and 2.

The PC asserts that all pat searches are logged in the SRRC Facility Management System. There is an individual log sheet for each client wherein all events related to the client's programming are maintained.

The auditor has not identified any evidence that either search process was completed during the last 12 months.

Pursuant to the PAQ, the Director self reports the facility has implemented policies and procedures that enable clients 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).

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 3 and 4, section entitled Limits to Cross-Gender Viewing and Searches (d) addresses 115.215(d)-1 and d-2.

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 clients are likely to be showering, performing bodily functions, or changing clothing.

All seven random client interviewees state that staff of the opposite gender announce their presence when entering their housing area. Similarly, all seven interviewees state they and other clients are never naked in full view of staff of the opposite gender (excluding medical staff such as doctors, nurses) when showering, toileting, or changing clothes.

All 10 random staff interviewees likewise state they and other staff announce their presence when entering a housing unit that houses clients of the opposite gender. Likewise, clients are able to shower, toilet, and dress without being viewed by staff of the opposite gender.

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. Opposite gender staff knock on the door and very audibly announce male or female on floor, whichever is applicable.

The auditor noted that in the small dorm and big dorm at Site 1, shower privacy is addressed by curtains while toilets are separated and addressed by partitions. At Site 2, resident rooms are arranged in cluster formation with one common bathroom per cluster. The tub/shower is covered with a shower curtain and a door separates the bathroom from the remainder of the cluster. The bathroom door is solid.

The auditor did view camera monitors at Sites 1 and 2. In general, cameras are positioned in the hallways, program areas, day rooms, and the Food Service dining room/food prep areas at both locations. The auditor was unable to observe the interior of either living spaces or bathrooms at either location as cameras are not located in the same.

Pursuant to the PAQ, the Director self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex client for the sole purpose of determining the client's genital status.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 4, section entitled Limits to cross-gender viewing and searches (e) addresses 115.215(e)-1.

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

All 10 random staff interviewees state that the facility prohibits staff from searching or physically examining a transgender or intersex client for the sole purpose of determining the client's genital status. According to the Director, zero transgender or intersex clients were housed at SRRC during the on-site visit and 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 of female clients and searches of transgender and intersex clients 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 14 random staff training files reveals that seven staff members hired during this audit cycle received the requisite pre-service cross-gender pat-down searches and searches of transgender and intersex clients in a professional and respectful manner, consistent with security needs, training prior to contact with clients. Eleven of these staff received the same training during 2022 PREA Annual Refresher Training (ART). The auditor notes the above pertains to staff from all correctional disciplines.

All 10 random staff interviewees state they received this training during either pre-service or PREA ART. The training was provided in a video/demonstration/question and answer/or power point format.

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

115.216	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 579 349">Auditor Discussion</p> <p data-bbox="280 394 1461 551">Pursuant to the PAQ, the Director self reports the agency has established procedures to provide disabled clients 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="280 595 1477 707">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 4, section entitled Residents with disabilities and residents who are limited English proficient (a) addresses 115.216(a).</p> <p data-bbox="280 752 1461 909">The auditor's review of the Dynamic Language Center (DLC) Limited contract reveals the same encompasses 150 plus languages, as well as, sign language. 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="280 954 1477 1312">All SRRC clients must be able to meet a minimal level of self care. With this said, SRRC does not accept clients who cannot perform basic self care functions or who present with special needs. All SRRC clients 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 provided to each clients during intake. The auditor notes that sufficient tools are available to low vision clients as staff provide verbal training to them and low hearing clients can read PREA documentation and/or have sign language available to them.</p> <p data-bbox="280 1357 1477 1514">The Agency Head interviewee asserts the agency has established procedures to provide clients with disabilities and clients 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.</p> <p data-bbox="280 1536 1477 1760">Specifically, the interviewee asserts PHS contracts with a language interpretational provider to ensure compliance with this provision. This provider encompasses 150 plus languages, as well as, sign language. The interviewee also corroborated the information reflected in the preceding two paragraphs regarding methods of presentation of PREA information. Generally, acute cases are not received at SRRC as the FBOP screens cases to ensure clients can function.</p> <p data-bbox="280 1805 1445 1917">The five disabled clients (deaf, physically disabled/cognitively impaired, and three cognitively impaired, and one LEP) state the facility provides information about sexual abuse and sexual harassment that they are able to understand.</p> <p data-bbox="280 1962 1477 2074">On November 8, 2022, the PHS PC and the auditor did test the interpreter line (DLC) and the same was functional. The telephone call was made from a staff telephone, as is normal procedure. The PHS PC and auditor talked with DLC staff regarding</p>

protocols.

Pursuant to the PAQ, the Director self reports the agency has established procedures to provide Limited English Proficient (LEP) clients 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 4, section entitled Residents with disabilities and residents who are limited English proficient (b) addresses 115.216(b).

A discussion regarding the DLC contract is noted in the narrative for 115.216(a). The auditor notes that a Spanish PREA poster is included in the PAQ materials.

The LEP client interviewee states that the facility provides information about sexual abuse and sexual harassment that he is able to understand. While the interviewee spoke and understood minimal English, the auditor requested that the Director use a bilingual staff member to re-train him.

Pursuant to the PAQ, the Director self reports agency policy prohibits the use of client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties under §115.264, or the investigation of the client's allegations.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 4, section entitled Residents with disabilities and residents who are limited English proficient (c) addresses 115.216(c).

Pursuant to the PAQ, the Director self reports the facility does not document the limited circumstances in individual cases where client interpreters, readers, or other types of client assistants are used however, follow-up conversation revealed that the circumstances would be documented. In the last 12 months, zero instances where client interpreters, readers, or other types of client assistants have been used have occurred and it was not the case that an extended delay in obtaining another interpreter could compromise the client's safety, the performance of first response duties under § 115.264, or the investigation. The appropriate policy citation is noted in the narrative for 115.216(c)-1.

Eight of 10 random staff interviewees state agency policy prohibits the use of client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties under §115.264, or the investigation of the client's allegations. Eight of 10 interviewees state the strategy can be implemented to preclude further physical injury to the victim or to preserve an investigation into the victim's allegation(s) of sexual abuse. All 10 interviewees state they are not aware of any such scenarios within the last 12 months, minimally.

	In view of the above, the auditor finds SRRC substantially compliant with 115.216.
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115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1129 224">Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1422 461">Pursuant to the PAQ, the Director self reports agency policy prohibits hiring or promoting anyone who may have contact with clients and prohibits enlisting the services of any contractor who may have contact with clients who:</p> <ul data-bbox="280 497 1433 779" style="list-style-type: none"> 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 Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) above. <p data-bbox="280 815 1477 896">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 3, section d(1-4) addresses 115.217(a).</p> <p data-bbox="280 931 1465 1384">The PC asserts that prior to hire, all applicants are required to complete a Sexual Misconduct Disclosure and Institutional Employment Service Disclosure. The auditor's on-site review of 10 applicable files (staff hired or promoted during 2020, 2021, and 2022) of 14 random staff Human Resources (HR) files reveals that the Institutional Employment Service Disclosure form was not required in any of the cases. The auditor's review of 11 corresponding 2020, 2021, and 2022 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) and (b) issues.</p> <p data-bbox="280 1420 1117 1456">The PC/PCM asserts zero contractors are on board at SRRC.</p> <p data-bbox="280 1491 1458 1863">The auditor's on-site review of three HR files (included in the random staff files) pertaining to promotions reveals the requisite Sexual Misconduct Disclosure form was not completed in any of the three cases. According to the HR interviewee, the form is not completed with respect to internal promotion candidates. Specifically, absent a break in service, the selecting official(s) are aware of the promotion candidates' criminal background and work history and accordingly, they can make the assessment regarding 115.217(a) and (b) issue(s) non-existence. The auditor notes that policy does not require the promotion candidate to complete a new Sexual Misconduct Disclosure form for consideration.</p> <p data-bbox="280 1899 1484 2060">Of note, the auditor discovered zero instances wherein employment or promotion candidates previously violated 115.217(a) and (b) requirements. Review of requisite criminal background record checks and the aforementioned forms resulted in this finding.</p>

The auditor finds the above process to be commensurate with 115.217(a) and (b) requirements.

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 clients.

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

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 would provide further validation of the employee's/contractor's statement(s).

The auditor's review of the aforementioned random 11 staff HR files reveals the requisite sexual harassment question was asked with no affirmative responses from respondents.

The AD generally facilitates HR functions at SRRC. Accordingly, the AD/HR interviewee asserts the facility considers prior incident(s) of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with clients. The interviewee asserts sexual harassment is noted on the Sexual Misconduct Disclosure form.

Pursuant to the PAQ, the Director self reports agency policy requires that before it hires any new employees who may have contact with clients, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The Director further self reports that in the last 12 months, zero criminal background record checks were facilitated regarding persons who were hired and who may have contact with clients. 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 auditor notes that policy does not specifically address the conduct of criminal background record checks for staff and contractors pursuant to the requirements of 115.217(c) and (d).

Accordingly, the auditor finds SRRC non-compliant with 115.217(c) and (d) and he imposes a 180-day corrective action period wherein SRRC will demonstrate compliance with and institutionalization of 115.217(c) and (d). The corrective action completion date is May 22, 2023.

To demonstrate compliance with and institutionalization of the aforementioned standards, the PC will amend the aforementioned policy to reflect 115.217(c) and (d) language. Additionally, the PC will provide training to the HR interviewee regarding these policy amendments. Evidence of the policy amendments, training syllabus, and training documentation substantiating completion of the training will subsequently be uploaded into OAS. The auditor will subsequently make a determination regarding compliance.

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

The auditor's review of nine of 10 applicable (staff who were hired during the last 12 months) random staff HR files reveals NCIC criminal background record checks were concluded prior to or on the entry-on-duty (EOD) date, and within 10 days of the EOD date in two cases.

With respect to completion of the Institutional Employment Disclosure Reference Check form, the same is addressed in the narrative for 115.217(a).

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 clients. 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 clients), 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). A discussion of the mechanics of this policy and required amendment to the same are addressed in the narrative for 115.217(c).

As previously referenced, zero contractors provide services at SRRC.

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 clients 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). The auditor notes that the above policy citation applies only to five-year criminal background record checks for staff. Accordingly, the auditor finds SRRC non-compliant with 115.217(e) and imposes a 180-day corrective action period wherein the PC and PCM will demonstrate compliance with and institutionalization of 115.217(e). The corrective

action period will conclude on or before May 22, 2023.

To demonstrate compliance with and institutionalization of 115.217(e), the PC will amend the aforementioned policy to reflect correct language as articulated in the standard provision regarding five-year reinvestigations for contractors. The same training requirements as articulated in the narrative for 115.217(c) apply to 115.217(e).

In addition to the above, the PC will upload into OAS a roster of staff, their EOD dates, and the dates on which five-year reinvestigations were completed.

Additionally, the applicable five-year reinvestigations will likewise be uploaded into OAS. This component of corrective action commences from the date of this interim report until May, 22, 2023.

The HR interviewee states the applicant signs and dates a release regarding the conduct of a criminal background record check which triggers the same once forwarded to the FBOP. The FBOP completes the criminal background record check and they either approve or disapprove (by memorandum). 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 notes the FBOP does not facilitate five-year reinvestigations for vendors (vending machine operators). Vendors are generally closely monitored by SRRC staff.

The auditor's on-site review of two of four applicable random staff (staff hired during or prior to 2017) HR files reveals criminal background record checks were concluded within the last five years.

Pursuant to the PAQ, the Director self reports the agency shall also ask all applicants and employees who may have contact with clients 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 states the facility asks all applicants and employees who may have contact with clients about previous misconduct described above in written applications for hiring or promotions 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. For hiring purposes, the aforementioned form is completed in conjunction with the employment interview as a resume is generally the informational source.

The interviewee also states the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. The provision is addressed in the Standards of Conduct, addressed during PREA ART, and the employee signs/dates documentation regarding the same. The auditor finds no evidence that interviews or written self-evaluations are facilitated as part of any

reviews of current employees.

The auditor finds SRRC 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 SRRC non-compliant with 115.217.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility has made a substantial modification to the SRRC Site 1 shower area to enhance client privacy. The auditor reviewed the same on-site and finds that the same did not encompass construction of or demolition of any walls or structure. Rather, the erection of shower framework and installation of shower curtains constituted the modifications.</p> <p>The Agency Head interviewee asserts that vulnerability assessments are conducted by the Agency Head interviewee, the real estate team, the facilities team, the PC, and the Facility Director during facility purchases or renovations. This vulnerability assessment includes assessment of line of sight, door and lock integrity, camera functionality and positioning, and physical barriers to client sexual and physical safety. A documented tool is utilized during this assessment and the same is integral to the decision-making process.</p> <p>On an annual basis, a vulnerability assessment is completed by the PC, the Facility Director, and the PCM. Considerations for physical plant/camera enhancement(s) can also generated pursuant to the Sexual Abuse Incident Reviews (SAIRs).</p> <p>The Director corroborated the statements of the Agency Head as reflected above. The aforementioned shower modification represents the only upgrade facilitated during the last two years.</p> <p>The facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, second paragraph (a-c) addresses 115.218.</p> <p>Accordingly, the auditor finds SRRC substantially compliant with 115.218.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1129 221">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1449 499">Pursuant to the PAQ, the Director self reports PHS is responsible for conducting administrative sexual abuse investigations (including client-on-client sexual abuse or staff sexual misconduct). Criminal investigations are completed by Spokane Police Department (SPD) investigators.</p> <p data-bbox="280 539 1477 613">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 16 and 17, section VII(a-c) addresses 115.221(a).</p> <p data-bbox="280 654 1477 1019">All 10 random staff interviewees state they know and understand the agency's protocol for obtaining usable physical evidence if a client alleges sexual abuse. Since SRRC staff do not collect physical evidence and they are responsible for preservation of the same, 1st Responder Duties constitute the protocol for obtaining usable physical evidence. Six of 10 interviewees were able to properly cite 1st Responder Duties as articulated at 115.264(a). Additionally, eight of 10 interviewees state corporate staff facilitate administrative sexual abuse/harassment investigations while nine of 10 interviewees state that Spokane Police Department (SPD) investigators facilitate criminal sexual abuse/harassment investigations.</p> <p data-bbox="280 1059 1477 1173">The PHS PC asserts there is no MOU between SRRC and SPD. He further asserts that SPD officials state that a sexual abuse investigation at SRRC would be very similar to one conducted in the community and accordingly, an MOU is not required.</p> <p data-bbox="280 1214 1436 1453">Pursuant to the PAQ, the Director self reports when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. The auditor's review of the 1st Responder Duties reveals substantial compliance with 115.221(b). Additionally, the auditor's review of the protocol established in the training described in the narrative for 115.234 appears to be commensurate with 115.221(b) requirements.</p> <p data-bbox="280 1494 1449 1733">Pursuant to the PAQ, the Director self reports the protocol is not developmentally appropriate for youth as youth are not housed at SRRC. 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 data-bbox="280 1774 1477 1848">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(d) addresses 115.221(b).</p> <p data-bbox="280 1888 1377 1962">Pursuant to the PAQ, the Director self reports the facility offers all clients who experience sexual abuse access to forensic medical examinations.</p> <p data-bbox="280 2002 1477 2076">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, section II(c) addresses 115.221(c)-1.</p>

Pursuant to the SRRC PREA Coordinated Response Plan, a local hospital is used for the facilitation of a forensic examination. Forensic medical examinations are offered without financial cost to the victim.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 5, section II(c) addresses 115.221(c)-2.

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.

The SANE interviewee asserts that 12 SANE trained nurses provide forensic examinations for the entire population of Spokane, WA and some surrounding states. The facility at which she works is classified as a Regional Level 2 Trauma Hospital. In view of staffing constraints, etc., an on-call protocol has not been implemented. Specifically, the number of SANE trained nurses is relatively small in comparison to the staffing needs of the entire Emergency Room (ER) department.

SANE trained nurses are assigned to shifts however, they perform all normal shift nurse duties until dispatched to conduct a forensic examination. AUDITOR'S NOTE: The auditor finds that this dilemma can create potential concern(s), especially if there are no SANE nurses working a particular shift.

To the interviewee's understanding, all SANE nurses have completed the 40 hour in-person IAFN training, followed by a skills checkoff or assessment. Subsequent to the aforementioned, the SANE nurse(s) conduct actual forensic examinations.

The interviewee asserts that if a SANE nurse is unavailable (not on shift or available for overtime), an ER nurse could voluntarily facilitate a forensic examination under the ER Physician's privileges.

The interviewee states that a pregnancy test and counseling are facilitated pursuant to the forensic examination process. Additionally, prophylaxis medications are generally administered as part of the forensic examination process.

The same controlling policy, as mentioned in the narrative for 115.221(c)-2 is also applicable to 115.221(c)-3-5. Pursuant to the Director, zero forensic medical examinations were conducted during the last 12 months in response to incidents of sexual abuse at SRCC.

The PC asserts that there is no MOA or MOU with Providence Sacred Heart Medical Center regarding the conduct of SAFE/SANE examinations for SRRC clients. Services detailed in standard 115.221 and 115.283 language are provided by Providence Sacred Heart Medical Center to all Spokane residents as part of their Sexual Assault Response Team Center. This is validated pursuant to the narrative provided in the preceding four paragraphs.

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 and e) addresses 115.221(d)-1-3.

Pioneer Human Services has entered into an MOA with Lutheran Community Services (LCS) to provide VA services. The auditor's review of their brochure and the MOA between SRRC and LCS reveals substantial compliance with 115.221(d).

The PHS PC asserts LCS VAs provide advocacy services to the SRRC population, if needed. The MOA implies that VAs are qualified pursuant to Washington standards.

The Director asserts that zero clients who reported sexual abuse were housed at SRRC during the on-site visit.

Pursuant to the PAQ, the Director self reports if requested by the victim, a VA, 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.

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

The PC asserts that if requested by the victim, a VA, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination and investigatory interview processes.

Pursuant to the auditor's review of the aforementioned MOA, he finds there is no reference to 115.221(e) requirements regarding VA presence at investigatory interviews. The PC asserts that a request for addition of such language into the MOA has been submitted however, the same has not yet been completed.

Accordingly, while such language is reflected in controlling policy for staff reference, the same is not included in the MOA for LCS staff reference.

Until such time as the MOA is updated to reflect requisite language, the auditor finds SRRC non-compliant with 115.221(e). Accordingly, the auditor is imposing a 180-day corrective action period wherein the PC and PCM will demonstrate compliance with and institutionalization of 115.221(e) requirements. The due date for completion of the corrective action period is May 22, 2023.

Upon completion of the amended MOA and signatures, the PC will upload a copy of the same into OAS. Subsequent to review of the same, the auditor will make a compliance finding.

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. Attempts to enter into an MOU or MOA with SPD are addressed in the narrative for 115.221(a).

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

As previously mentioned in the narrative for 115.221(d), the MOA between SRRC and LCS implies that VAs are properly certified. The PA also asserts that a recent request for advocate qualifications has been forwarded to LCS. Documents are pending.

Pursuant to the auditor's conversation with an LCS VA, he learned that VAs are properly certified pursuant to Washington state expectations. They may attain acceptability pursuant to completion of coursework/experience/and specialized training.

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

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 667">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 client-on-client sexual abuse or staff sexual misconduct). The Director further self reports that in the last 12 months, one allegation of sexual abuse/harassment was received at SRRC and the same was investigated administratively. The auditor discovered that two allegations giving rise to administrative investigations were identified as sexual harassment and the investigations were completed.</p> <p data-bbox="280 707 1477 824">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="280 864 1477 1061">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 115.71. SPD investigators facilitate criminal investigations relative to SRRC clients while PHS corporate staff complete administrative investigations.</p> <p data-bbox="280 1102 1477 1469">Pursuant to the PAQ, the Director self reports the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p data-bbox="280 1509 1477 1626">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="280 1666 1477 1738">The auditor's review of the PHS/SRRC website reveals substantial compliance with 115.222(b).</p> <p data-bbox="280 1778 1477 1975">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. SPD facilitates criminal investigations at SRRC.</p> <p data-bbox="280 2016 1477 2087">Pursuant to the PAQ, the Director self reports if a separate entity is responsible for conducting criminal investigations, such publication shall describe the</p>

responsibilities of both the agency and the investigating entity. The aforementioned policy stipulates agency responsibilities in terms of assistance to criminal investigative agencies.

In view of the above, the auditor finds SRRC substantially compliant with 115.222.

115.231	Employee training
	<p data-bbox="280 188 1038 221">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1445 418">Pursuant to the PAQ, the Director self reports the agency trains all employees who may have contact with clients on:</p> <ul data-bbox="280 454 1469 1030" style="list-style-type: none"> <li data-bbox="280 454 1362 488">The agency's zero-tolerance policy for sexual abuse and sexual harassment; <li data-bbox="280 495 1469 573">How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; <li data-bbox="280 580 1310 613">The right of clients to be free from sexual abuse and sexual harassment; <li data-bbox="280 620 1430 698">The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment; <li data-bbox="280 705 1278 739">The dynamics of sexual abuse and sexual harassment in confinement; <li data-bbox="280 745 1294 779">The common reactions of sexual abuse and sexual harassment victims; <li data-bbox="280 786 1347 819">How to detect and respond to signs of threatened and actual sexual abuse; <li data-bbox="280 826 1034 860">How to avoid inappropriate relationships with clients; <li data-bbox="280 866 1437 945">How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming clients; and <li data-bbox="280 952 1469 1030">How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="280 1068 1477 1146">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="280 1182 1461 1384">The auditor's review of the PHS A Chance for Change PREA Training for RRC Staff curriculum reveals substantial compliance with 115.231(a). 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="280 1420 1477 1621">All 10 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. Several interviewees state they completed pre-service PREA training at SRRRC prior to contact with clients.</p> <p data-bbox="280 1657 1477 1778">Pursuant to the PAQ, the Director self reports training is tailored to the gender of the clients at the facility. Additionally, employees who are reassigned from facilities housing the opposite gender are given additional training.</p> <p data-bbox="280 1814 1477 1892">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="280 1928 1445 2092">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 clients are housed at SRRRC Site 2. Additionally, the auditor notes PREA training is provided to all staff prior to client contact.</p>

Pursuant to the PAQ, the Director self reports that between trainings, the agency provides employees who may have contact with clients with refresher information about current policies regarding sexual abuse and harassment. The Director further self reports refresher training is facilitated on an annual basis.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 6, section III entitled Staff Training addresses 115.231(c).

The auditor's on-site review of seven of 14 random staff training files reveals staff received pre-service PREA training during 2018, 2020, 2021, and 2022. Evidence reveals that 11 of 14 random staff completed PREA ART during 2022. The remaining three staff were not yet due for PREA ART based on proximity of the on-site audit dates to their hiring date. Given the circumstances, the auditor is satisfied that PREA ART is institutionalized at SRRC.

Given the facts that 115.231(c) requires PREA training every two years and SRRC provides such training on an annual basis, the auditor finds that SRRC exceeds requirements with respect to 115.231(c).

Pursuant to the PAQ, the Director self reports the agency documents that employees who may have contact with clients 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 on-site review of the aforementioned random staff files reveals substantial compliance with 115.231(d). Additionally, the auditor's review of six PAQ staff training file packets reveals timely completion of training and understanding of the same.

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

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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. The Director further self reports that zero volunteers or individual contractors who have contact with clients have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response during the last 12 months.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 1, section Applicability addresses 115.232(a).</p> <p>The auditor's review of documents entitled PREA Acknowledgment Prior to Training, Professional Communication in Reentry, and a Staff, Contractor and Volunteer tri-fold pamphlet entitled Sexual Harassment, Abuse, & Assault reveals sufficient PREA information is provided to to contractors and volunteers prior to the conduct of in-person training. The contractor(s)/volunteer(s) sign and date the PREA Acknowledgment Prior to Training form, acknowledging understanding of the information contained therein.</p> <p>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 clients. The Director further self reports all volunteers and contractors who have contact with clients 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>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 SRRC Volunteer Manual, page 9, section entitled PREA, and the PHS Sexual Harassment, Abuse & Assault Zero Tolerance Policy for Staff, Contractors, and Volunteers pamphlet address 115.232(b).</p> <p>Pursuant to the PAQ, the agency maintains documentation confirming that volunteers and contractors who have contact with clients understand the training they have received.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section III(d) addresses 115.232(c).</p> <p>In view of the above, the auditor finds SRRC substantially compliant with 115.232.</p>

115.233	Resident education
	<p data-bbox="280 188 1129 224">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1469 584">Pursuant to the PAQ, the Director self reports clients receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse/sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Sixty-six clients admitted during the last 12 months were given this information at intake.</p> <p data-bbox="280 622 1477 696">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section entitled Resident education (a) addresses 115.233(a).</p> <p data-bbox="280 734 1437 936">The auditor's review of the PHS Sexual Harassment, Abuse, and Assault Zero Tolerance Policy trifold brochure and SRRC Resident Handbook reveals substantial compliance with 115.233(a) however, as noted in the narrative for 115.251, corrective action is required to ensure clients are notified of accurate reporting information to an outside public or private source not affiliated with the facility.</p> <p data-bbox="280 974 1410 1093">In view of the above, the auditor finds SRRC non-compliant with 115.233(a) and imposes a 180-day corrective action period wherein the PC and PCM will demonstrate compliance with and institutionalization of policy and standard.</p> <p data-bbox="280 1099 1382 1173">Corrective action steps are noted in the narrative for 115.251, as well as, the corrective action due date of May 22, 2023.</p> <p data-bbox="280 1211 1465 1456">The intake staff interviewee states she reads the relevant portion(s) of the Client Handbook to each client. She provides clients 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 SRRC Client Handbook, the aforementioned PHS PREA tri-fold pamphlet, and Acknowledgment (client signs and dates the same, acknowledging understanding).</p> <p data-bbox="280 1494 1442 1612">In addition to the above, the interviewee states she verbally advises clients regarding the zero tolerance and reporting options. She subsequently escorts the client to his/her bunk area, pointing out the information noted on posters.</p> <p data-bbox="280 1650 1465 1769">As previously indicated above, client education is accomplished pursuant to written documentation. A case manager orientation generally follows within two to three days.</p> <p data-bbox="280 1807 1449 1964">All seven random client interviewees report they received information about the facility's rules against sexual abuse/harassment when they first arrived at the facility (intake). Similarly, all seven interviewees report they received at least one of the following at intake:</p> <p data-bbox="280 2002 1453 2076">SRRC Client Handbook; PHS Sexual Harassment, Abuse, and Assault Zero Tolerance Policy trifold brochure;</p>

PREA video; and/or
Acknowledgment.

Six of seven interviewees state they were told about the following at intake and during the case manager orientation facilitated within two to three days of intake:

Right not to be sexually abused/harassed;
How to report sexual abuse/harassment;
Right not to be punished for reporting sexual abuse/harassment; and
Right to be free from sexual abuse/harassment and retaliation for reporting sexual abuse/harassment.

The auditor's review of 13 of 15 random client files reveals timely provision of requisite PREA education information on the date of arrival and within two to three days of arrival for the case manager orientation. Of note, in one case, documentation regarding the initial PREA education is absent from the file while the case manager orientation was completed within 10 days of intake, as prescribed in policy, in the second case.

Pursuant to the PAQ, the Director self reports the facility provides clients 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 clients were transferred from a different community confinement facility during the last 12 months.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section entitled Resident education (b) addresses 115.233(b).

The intake staff interviewee states that 115.233(a) information is provided at intake and within two-three days of intake during case manager PREA orientation. None of the client interviewees stated they had transferred to SRRC from another residential reentry center.

Pursuant to the PAQ, the Director self reports client PREA education is available in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, and those with limited reading skills.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 7, section entitled Resident education (c) addresses 115.233(c).

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

Pursuant to the PAQ, the Director self reports that the agency maintains documentation of client participation in PREA education sessions. An analysis of the auditor's review of random client files 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, client handbooks, or other written formats.

During the facility tour, the auditor noted the aforementioned documents, as well as posters, were available for client consumption regarding the PREA program at SRRC. However, as reflected in the narratives for 115.233(a) and 115.251, modifications to educational materials are required to ensure the correct information is conveyed to clients.

In view of the above, the auditor finds SRRC non-compliant with 115.233(e) and accordingly, a 180-day corrective action period is imposed. During this corrective action period, the PC and PCM will facilitate the corrective action identified in the narrative for 115.251, ensuring compliance with both policy/standard and institutionalization of the same. The corrective action due date is May 22, 2023.

In view of the above, the auditor finds SRRC non-compliant with 115.233.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section entitled Specialized Training: Investigations (a and b) addresses 115.234(a).</p> <p>The administrative investigative staff interviewee states 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>Pursuant to the PAQ, the Director self reports specialized training shall include:</p> <ul style="list-style-type: none"> 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>The administrative investigative interviewee validates that his training addressed the above topics.</p> <p>Pursuant to the PAQ, the Director self reports the agency maintains documentation showing that four investigators have completed requisite specialty investigative training.</p> <p>The auditor's review of three Certificates awarded by PHS for completion of the Moss Group PREA Investigator Training entitled Investigating Sexual Abuse in Confinement Settings and one Certificate of Completion awarded by the Moss Group entitled PREA Specialized Investigations Training reveals substantial compliance with 115.234(c). 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>In view of the above, the auditor finds SRRC substantially compliant with 115.234.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 SRRC. Accordingly, based on the Director's assertion and the auditor's observations during the on-site audit, the auditor finds 115.235 is not applicable to SRRC.</p> <p>In view of the above, neither the medical nor mental health staff interviews were facilitated. Additionally, training files could not be reviewed.</p> <p>Since there are no deviations from policy or standard, the auditor finds SRRC substantially compliant with 115.235.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1129 221">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1453 456">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 towards other clients.</p> <p data-bbox="280 499 1477 571">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section IV(a) addresses 115.241(a).</p> <p data-bbox="280 613 1453 768">The staff responsible for risk screening interviewee states she does screen clients upon admission to SRRC or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other clients. All seven random client interviewees state when they first arrived at SRRC, they were asked questions like:</p> <p data-bbox="280 810 1262 965">Whether they had been in jail or prison before; Whether they have 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 SRRC.</p> <p data-bbox="280 1008 1469 1288">The auditor's on-site review of 12 of 15 random client files reveals the requisite victimization/aggressor screening was conducted within 72 hours of arrival at SRRC, only four of these files reflect screening within 24 hours of arrival. As previously indicated, governing policy requires such screening during intake but ordinarily within 72 hours of arrival at the facility. While commensurate with standard, implementation is critical in view of the physical layout of both Site 1 and Site 2. This logic is discussed later in the 115.241 narrative.</p> <p data-bbox="280 1330 1469 1650">Pursuant to the PAQ, the Director self reports the policy requires that clients be screened for risk of sexual victimization or risk of sexually abusing other clients within 72 hours of arrival at the facility. The Director further self reports that during the last 12 months, 66 clients (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 clients within 72 hours of their entry into the facility. This equates to 100 percent of those clients who remained at SRRC for 72 hours or more from admission.</p> <p data-bbox="280 1693 1477 1765">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section IV(b) addresses 115.241(b).</p> <p data-bbox="280 1807 1437 1962">The staff responsible for risk screening interviewee states she does screen clients for risk of sexual abuse victimization or sexual abusiveness toward other clients within 72 hours of admission. She states that screenings are always facilitated within 72 hours of the client's arrival at the facility.</p> <p data-bbox="280 2004 1445 2076">FBOP staff pre-label high risk victims and perpetrators and accordingly, during the Director and PCM's review of incoming arrival packets, they identify the same.</p>

Subsequently, the Director or PCM advises the screener regarding such high risks. A high risk designation may accelerate the screening process. The auditor notes that this process generally serves to make appropriate decisions regarding client housing, ensuring appropriate separation.

While the aforementioned process appears to be effective, the auditor strongly recommends that the requisite screening process be facilitated within 24 hours of arrival, if possible, given staffing patterns. Given the physical characteristics of Site 1, such a practice appears to be a necessity to facilitate client sexual safety and minimize the possibility of mistakes.

Site 1 is comprised of open by bunk beds and accordingly, separation of victims and aggressors is somewhat difficult requiring some creativity in terms of bunk assignments. The situation is compounded when the staff making bed assignments know nothing to very little about the sexual histories of those they are assigning to beds. Accordingly, expeditious completion of the requisite screening serves to enhance opportunities for sexually safe housing.

Pursuant to the PAQ, the Director self reports risk assessment is conducted using an objective screening instrument.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 8, section IV(c) addresses 115.241(c).

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.

Pursuant to the PAQ, the Director self reports the intake screening shall consider, at a minimum, the following criteria to assess clients for risk of sexual victimization:

- Whether the client has a mental, physical, or developmental disability;
- The age of the client;
- The physical build of the client;
- Whether the client has previously been incarcerated;
- Whether the client's criminal history is exclusively nonviolent;
- Whether the client has prior convictions for sex offenses against an adult or child;
- Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the client has previously experienced sexual victimization; and
- The client's own perception of vulnerability.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 8 and 9, section IV(d)(1-12) addresses 115.241(d).

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

- History of sexual victimization in institutional and non-institutional settings;

Age;
Gender;
Build; and
History of incarceration.

The interviewee further states the assessment is facilitated in conjunction with PREA orientation. The interview is facilitated in her office with the door closed (no window in the door) and no other clients in the area. The interviewee reads the individual questions to the client and documents responses. The interviewee uses pending arrival information for clarification.

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 clients 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 client's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the client's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

The Director further self reports 66 clients 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 their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

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 client risk levels are reassessed within 30 days of arrival. She facilitates the 30-day reassessment in conjunction with her bi-weekly meetings with all clients assigned to her caseload.

Three of the seven random client interviewees state they were not asked the same type of questions again while at SRRC while two additional interviewees were not yet due for 30-day reassessment based on their date of arrival. One interviewee states he was reassessed within one week of arrival while the last interviewee didn't know if had been reassessed.

The auditor's on-site review of 12 of 15 random client files reveals the 30-day reassessment was not completed in any of the cases. In two additional cases, the reassessment was completed outside the 30-day reassessment window and one was not yet due in comparison to the date of arrival at SRRC.

In view of the above, the auditor finds SRRC non-compliant with 115.241(f), imposing a 180-day corrective action period wherein the PC and PCM will demonstrate compliance with and institutionalization of 115.241(f). The corrective action due date is May 22, 2023.

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

In addition to the above, the PC or Director will upload a roster of current SRRC clients who arrived following the date of this interim report up to May 22, 2023. The auditor will randomly select 5-10 names from that roster, forward the same to the PC, and the PC or PCM will upload evidence validating timely completion of the 30 day reassessment in each case. The PC or PCM will upload the date of arrival at SRRC, the initial assessment, and the 30-day reassessment.

Upon the auditor's review of the evidence presented, 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 client'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 client'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/harassment investigation was facilitated at SRRC during the last 12 months. The auditor has not been provided any evidence from SRRC staff regarding any circumstances wherein 115.241(g) reassessment(s) were warranted. The PC asserts that, to the best of his knowledge, such incidents were non-existent.

The staff responsible for risk screening interviewee states she would reassess a client's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

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

Whether or not the client has a mental, physical, or developmental disability;
Whether or not the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether or not the client 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 clients 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 clients in violation of 115.241(h) requirements.

The PC asserts that during the last 12 months, there have been no events in which clients were disciplined for refusing to answer (or for not disclosing complete information related to) the questions regarding:

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

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 client's detriment by staff or other clients.

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

The PC and PCM assert the agency has outlined who should have access to a client's risk assessment within the facility in order to protect sensitive information from exploitation. Hard copies of assessments are maintained in case managers' offices under lock and key. Case managers, the PCM and the Director can access assessments. The staff responsible for risk screening interviewee validates the PC and PCM's assertions (includes the ad and Director).

Throughout the on-site audit, the auditor observed that initial assessments and reassessments are safely secured in locked cabinets in locked case manager offices.

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

115.242	Use of screening information
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 499">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 clients at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="280 539 1477 651">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section entitled Use of screening information (a) addresses 115.242(a).</p> <p data-bbox="280 692 1477 893">The PC and PCM assert that the 115.241(d) assessment tool scores victims and aggressors. If the score(s) represent neither, the client can be housed with either classification or a client similarly situated. Victims and aggressors are not housed in the same area at Site 1 or room at Site 2. At Site 1, such clients are geographically separated throughout the unit(s). Knowledge of clients facilitates sexual safety.</p> <p data-bbox="280 934 1418 1003">The staff responsible for risk screening interviewee validates the PC's and PCM's assertions.</p> <p data-bbox="280 1043 1382 1120">Pursuant to the PAQ, the Director self reports the facility makes individualized determinations about how to ensure the safety of each client.</p> <p data-bbox="280 1160 1477 1272">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section entitled Use of screening information (b) addresses 115.242(b).</p> <p data-bbox="280 1312 1331 1386">The staff responsible for risk screening interviewee states that groups and recreation are supervised by staff.</p> <p data-bbox="280 1426 1469 1541">Pursuant to the PAQ, the Director self reports the facility makes housing and program assignments for transgender or intersex clients in the facility on a case-by-case basis.</p> <p data-bbox="280 1581 1477 1695">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 9, section entitled Use of screening information (c) addresses 115.242(c).</p> <p data-bbox="280 1736 1458 1982">The PC and PCM assert 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/the client's preferred pronoun considerations. Clients are not placed in specific wings or units based on sexual preference status. Security, client health and safety, and security/management concerns are considered when placing transgender/intersex clients.</p> <p data-bbox="280 2022 1406 2056">The Director states that zero transgender/intersex clients were housed at SRRC</p>

during the on-site audit and accordingly, that interview could not be conducted.

Pursuant to the PAQ, the Director self reports that a transgender or intersex client's own views with respect to his or her own safety shall be given serious consideration.

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

The PC, PCM, and staff responsible for risk screening assert that a transgender or intersex client's own views of his or her own safety are given serious consideration in placement and programming assignments.

Pursuant to the PAQ, the Director self reports transgender and intersex clients shall be given the opportunity to shower separately from other clients.

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

The PC, PCM, and staff responsible for risk screening assert that transgender/intersex clients are given the opportunity to shower separately from other clients. If separate showers are requested through the Director, the shower area in one of the Site 1 dorms is closed and the transgender/intersex client showers at that time.

Cameras and live supervision effectively monitor area entrance and egress during such shower time(s). The shower/bathroom areas at Site 2 were addressed in the narrative for 115.215.

Pursuant to the PAQ, the Director self reports the agency shall not place lesbian, gay, bisexual, transgender, or intersex clients 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 clients.

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

The PC and PCM assert 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 clients. The Director and PCM monitor electronic placements subsequent to bed assignment by the case manager to ensure this phenomenon is not employed with LGBTI clients.

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

115.251	Resident reporting
	<p data-bbox="280 188 1129 224">Auditor Overall Determination: Does Not Meet Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1385 461">Pursuant to the PAQ, the Director self reports the agency has established procedures allowing for multiple internal ways for clients to report privately to agency officials about:</p> <p data-bbox="280 497 1385 694">Sexual abuse or sexual harassment; Retaliation by other clients 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 data-bbox="280 730 1481 1267">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 10 and 11 , section V (a and b) addresses 115.251(a). The auditor notes that while policy reflects requisite 115.251(a) information, the telephone number for the external PREA Hotline is inaccurate and information regarding the third-party reporting option at Northwest Regional Reentry Center is absent the telephone number for the same. Page 58 of the SRRC Client Handbook entitled Reporting Allegations also addresses 115.251(a) however, the current version is also reflective of the inaccurate or absent information addressed in the preceding sentence. The auditor's review of the PHS Sexual Harassment, Abuse, & Assault Zero Tolerance Policy Information for Clients trifold pamphlet likewise mirrors the information reflected in the preceding two sentences and accordingly, the auditor finds SRRC non-compliant with 115.251(a). The same is provided to clients at intake.</p> <p data-bbox="280 1303 1385 1384">All 10 random staff interviewees were able to provide two or more options for reporting sexual abuse/harassment. Options included the following:</p> <p data-bbox="280 1420 1098 1662">Hotline; Verbal report to staff; Submit an email to the Oregon (Northwest) reporting site; Submit correspondence to staff; Email PC; and Contact staff by cell phone.</p> <p data-bbox="280 1697 1439 1778">All seven random client interviewees were able to provide at least two options for reporting sexual abuse/harassment. Options included the following:</p> <p data-bbox="280 1814 1066 2056">Verbal report to staff; Hotline; Cop Out to staff; Email to the Oregon (Northwest) reporting source; Written letter to the FBOP Western Regional Office; and Call SPD.</p>

The auditor notes that the information reflected on the Report It poster was likewise inaccurate and missing information as previously described.

As previously articulated above, the auditor finds SRRC non-compliant with 115.251(a) and accordingly, he imposes a 180-day corrective action period wherein the PC and PCM will demonstrate compliance with and institutionalization of 115.251(a) requirements. The completion date for the corrective action period is May 22, 2023.

To demonstrate compliance with and institutionalization of 115.251(a), the PC will amend the aforementioned policy, the SRRC Client Handbook, the PHS Sexual Harassment, Abuse, & Assault Zero Tolerance Policy Information for Clients trifold pamphlet, and the aforementioned poster, ensuring that all information is current, consistent, and accurate. Subsequently, the PC will upload the aforementioned materials into OAS for the auditor's review. Additionally, the PC will ensure that a photograph of the amended poster is uploaded into OAS, identifying where the same is posted at Sites 1 and 2. The auditor will subsequently make a determination regarding 115.251(a) compliance.

December 14, 2022 Update:

The auditor's review of the amended SRRC Client Handbook, the PHS Sexual Harassment, Abuse, & Assault Zero Tolerance Policy Information for Clients trifold pamphlet, and the aforementioned poster reveals substantial compliance with 115.251(a). Upon completion of the aforementioned policy amendment, the auditor will consider closure of this 115.251(a) audit finding.

Pursuant to the PAQ, the Director self reports the agency provides at least one way for clients to report sexual abuse/harassment to a public or private entity or office that is not part of the agency.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 10 and 11, section V(b)(1, 4, and 5) addresses 115.251(b). A toll-free hotline number is provided on PREA Hotline posters and a different PREA Hotline telephone number is reflected in the SRRC Client Handbook.

As noted in the corrective action articulated in the narrative for 115.251(a), several amendments are required. Accordingly, those amendments carry over to 115.251(b).

During the facility tour, the auditor determined that client access to the computer bank is inhibited, minimally, at Site 2. Specifically, the computer bank is located in the basement of the facility and clients do not have unfettered access to the same at all times. The auditor finds that this inhibited access is not conducive with 115.251(b) reporting requirements.

In view of the above, the auditor recommended that the PC and PCM publicize a telephone number at which clients can contact Northwest Regional Reentry Center

for purposes of reporting a sexual abuse/harassment incident. The PC did agree to the recommended corrective action and amended relevant documents, as articulated in the narrative for 115.251(a), accordingly.

While SRRC is non-compliant with 115.251(b), corrective action has already been initiated and some has been completed. The auditor draws the reader's attention to the December 14, 2022 Update for explanation. The remainder of the corrective action is clearly articulated at 115.251(a).

The PC and PCM assert that the facility provides another separate PREA Hotline as one way for clients to report sexual abuse/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 client reports of sexual abuse/harassment to agency officials quickly following receipt of the report, allowing clients to remain anonymous upon request. Pursuant to this agreement, a live person asks specific questions about the incident and subsequently reports to facility leadership.

While this external reporting method appears to be effective, the same cannot be relied upon as the 115.251(b) reporting source in view of one PREA FAQ.

Accordingly, once compliance has been demonstrated with respect to addition of the Northwest Regional Reentry Center telephone number and client education regarding the same, compliance will be achieved with 115.251(b).

The auditor's review of a PRC Frequently Asked Question (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 fee, and does not constitute a public or private entity. Accordingly, within the specific context and meaning of the provision, the SAS agreement cannot be used as a 115.251(b) reporting source.

The auditor's review of a Memorandum of Understanding (MOU) dated April 8, 2022 between PHS and Northwest Regional Reentry Center reveals the same is substantially compliant with 115.251(b). Upon completion of all 115.251(b) corrective action, the auditor will test the telephone number to ensure functionality.

The PC and PCM state that currently, an acceptable third-party reporting source procedure is currently under revision as articulated above in the narrative for 115.251(b). Specifically, the telephone number for Northwest Regional Reentry Center is being added to all relevant educational documents.

All seven random client interviewees state they are allowed to make a report without giving their name.

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 10, section entitled Reporting for Residential Reentry Centers b(2) addresses 115.251(c). Page 58 of the SRRC Resident Handbook, as well as, the previously mentioned client intake pamphlet also address 115.251(c).

Nine of 10 random staff interviewees state clients can report sexual abuse in the following manner:

Verbally to any staff member;

In writing;

Anonymously; and

From third-parties.

Nine of 10 interviewees state they immediately document verbal reports following receipt of the same.

All seven random client interviewees state they can make sexual abuse/harassment reports both in-person or in writing. All seven interviewees state that someone else can make the report for them so that he/she (client victim) 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 clients. The Director further self reports staff are informed of these procedures during new hire training.

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 10 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 or supervisor behind closed doors;

Email;

Send text message to PC, Director, supervisor;

Telephone call;

Written report; or

Call the Hotline.

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

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1129 224">Auditor Overall Determination: Does Not Meet Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1401 416">Pursuant to the PAQ, the Director self reports the agency has an administrative procedure for dealing with client grievances regarding sexual abuse.</p> <p data-bbox="280 456 1477 568">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section entitled Exhaustion of administrative remedies (a) addresses 115.252(a).</p> <p data-bbox="280 609 1477 721">The PC asserts that one client grievance regarding sexual abuse was filed during the last 12 months. The auditor's review of the same reveals compliance with all tenets of 115.252.</p> <p data-bbox="280 761 1433 963">Pursuant to the PAQ, the Director self reports agency policy or procedure allows a client 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 clients 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="280 1003 1477 1120">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section entitled Exhaustion of administrative remedies (a)(1 and 3) addresses 115.252(b).</p> <p data-bbox="280 1160 1477 1317">The auditor's review of the SRRC Client 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 clients at intake or during any orientation.</p> <p data-bbox="280 1357 1461 1680">In view of the fact there is no evidence that clients are provided the above educational information, the auditor finds SRRC non-compliant with 115.252(b) and (c). Pursuant to PAQ instructions, documentation must be provided to determine that relevant 115.252 information is provided to clients. In view of the above, the auditor imposes a 180-day corrective action period wherein the PC and PCM will demonstrate substantial compliance with 115.252(b) requirements, as well as, institutionalization of the same at SRRC. The due date for completion of corrective action is May 22, 2023.</p> <p data-bbox="280 1720 1477 2092">While 115.252 does not mandate provision of such information in the Client Handbook, the auditor strongly recommends that all tenets of 115.252 be articulated in the same and therefore, adequate information is available to clients at intake. Of course, the alternative might be the addition of this information in the tri-fold pamphlet provided to clients at intake or during a subsequent meeting with the case manager. Of note, a documentation process must be used to demonstrate client receipt of the requisite information whether the same is accomplished through a Client Handbook/tri-fold pamphlet receipt or case manager PREA orientation meeting form.</p>

Subsequent to the amendment of documents (e.g. Client Handbook, tri-fold pamphlet, or case manager PREA orientation syllabus/accompanying receipt), the PC or PCM will upload the same into OAS for the auditor's review. Between the date of this interim audit report and May 22, 2023, the PC or PCM will upload a roster of the names of clients who arrived at SRRC. The auditor will randomly select 5-10 names and the PC or PCM will upload requisite evidence of compliance into OAS. A determination will subsequently be effected regarding standard provision compliance.

Pursuant to the PAQ, the Director self reports the agency's policy and procedure allows a client 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 client grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 11, section entitled Exhaustion of administrative remedies (b) addresses 115.252(c).

As mentioned in the narrative for 115.251(b), the corrective action for 115.251(c) is noted therein.

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 must be made within 90 days of the filing of the grievance. The Director further self reports one grievance was filed in the last 12 months wherein sexual abuse was alleged and response was accomplished within 90 days of submission. 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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 11 and 12, section entitled Exhaustion of administrative remedies (c)(3) and (4) addresses 115.252(d).

The Director advises that one client reported a sexual abuse incident at SRRC however, he/she was not housed at the facility during the on-site visit. Accordingly, the same interview could not be conducted.

Pursuant to the PAQ, the Director self reports agency policy and procedure permits third parties, including fellow clients, staff members, family members, attorneys, and outside advocates to assist clients in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of clients. The Director further self reports agency policy and procedure requires that if a client declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the client's decision to decline. Zero grievances were filed during the last 12 months wherein sexual abuse was alleged and the client declined third-party assistance. and accordingly, there is no documentary evidence of the client's decision to decline.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 12, section entitled Exhaustion of administrative remedies (d)(1-3) addresses 115.252(e).

Pursuant to the PAQ, the Director self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a client 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. 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.

Zero emergency grievances alleging substantial risk of imminent sexual abuse were filed in the last 12 months.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 12, section entitled Exhaustion of administrative remedies (e)(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 client for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the client filed the grievance in bad faith. In the last 12 months, zero client grievances alleging sexual abuse resulted in disciplinary action by the agency against the client for having filed the grievance in bad faith.

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

In view of the above, the auditor finds SRRC non-compliant with 115.252.

115.253	Resident access to outside confidential support services
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1481 416">Pursuant to the PAQ, the Director self reports the facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse.</p> <p data-bbox="280 427 1437 539">The facility provides clients 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.</p> <p data-bbox="280 551 1437 707">Additionally, the facility provides clients with access to such services by enabling reasonable communication between clients and these organizations in as confidential a manner as possible. Finally, the auditor's review of the LCS tri-fold pamphlet reveals substantial compliance with 115. 253(a)-1 and 2.</p> <p data-bbox="280 748 1481 904">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section entitled Resident access to outside confidential support services (a) addresses 115.253(a). Page 58 of the SRRC Resident Handbook, section entitled Support Services also addresses 115.253(a).</p> <p data-bbox="280 945 1481 1312">All seven random client interviewees state there are service(s) available outside the facility for dealing with sexual abuse, if needed. Three interviewees state there are counseling services while another interviewee states that PHS provides such services. Three interviewees state the information regarding the service(s) is/are available in the SRRC Client Handbook, pamphlet issued at intake, on poster(s), or the Acknowledgment. All seven interviewees state the numbers are free to call and all seven interviewees state they can communicate with people from those services anytime. Anytime is defined as when the client telephones are available, pursuant to authorization from staff, or when the client uses their own cell phone.</p> <p data-bbox="280 1352 1481 1464">The Director self reports that zero clients who reported a sexual abuse at SRRC were housed in the facility at the time of the on-site visit. Accordingly, the auditor was unable to conduct such interview(s).</p> <p data-bbox="280 1505 1481 1706">The auditor's review of the aforementioned client PREA brochure reveals substantial compliance with 115.253(a), relevant posters, as well as, the SRRC Client Handbook. The same have been amended prior to commencement of the on-site audit to update information relevant to 115.253 provisions. Accordingly, further corrective action is not required.</p> <p data-bbox="280 1747 1481 1904">The PC self reports that SRRC clients are provided the LCS tri-fold brochure upon intake and copies are made available at community bulletin areas within the facility. The auditor did observe the presence of the LCS tri-fold brochure posted on bulletin boards throughout the facilities.</p> <p data-bbox="280 1944 1481 2056">The auditor did test the LCS contact number for VA assistance as identified in the aforementioned resources. The telephone call was placed on a cordless telephone located at the control center at Site 1. The auditor spoke with a VA who explained</p>

the process and agreement between LCS and SRRC.

The auditor notes that the telephone call was toll free and zero information regarding the caller was required. Therefore, anonymity is maintained.

Pursuant to the PAQ, the Director self reports the facility informs clients, prior to giving them access to outside support services, of the extent to which such communications will be monitored. Specifically, the facility informs clients, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

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

Five of seven random client interviewees state that what they say to people from these services remains private. Five interviewees state their conversations could be told to or shared with someone else. Interviewees state communication regarding a criminal act, sexual abuse within the facility, or self injurious behavior warrant such sharing.

The auditor has determined that clients are advised, prior to giving them access to outside support services, of the extent to which such communications will be monitored by virtue of the aforementioned PHS tri-fold brochure for clients. This document is provided to clients in the incoming PREA packet.

In view of the above, the auditor finds SRRC substantially compliant with 115.253(b).

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 clients 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 entitled Resident access to outside confidential support services (c) addresses 115.253(c). The auditor's review of the aforementioned MOA reveals substantial compliance with 115.253(c).

In view of the above, the auditor finds SRRC substantially compliant with 115.253.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports the facility provides a method to receive third-party reports of client sexual abuse or sexual harassment. The Director further self reports the facility publicly distributes information on how to report client sexual abuse or sexual harassment on behalf of clients.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section entitled Third Party Reporting (a) addresses 115.254(a).</p> <p>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. The auditor's review of the Sexual Harassment, Abuse, and Assault Zero Tolerance Policy Information for Family & Friends tri-fold pamphlet also demonstrates substantial compliance with 115.254(a). The PC asserts that this document is available to visitors/family/friends/attorneys, etc. as they enter the facilities.</p> <p>In view of the above, the auditor finds SRRC substantially compliant with 115.254.</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Director self reports the agency:</p> <p>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;</p> <p>Requires all staff to report immediately and according to agency policy, retaliation against clients or staff who reported such an incident; and</p> <p>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>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 13, section VI(a) addresses 115.261(a).</p> <p>Eight of 10 random staff interviewees state the agency requires staff to immediately report to the Director, PCM, on-call, shift supervisor, or PC:</p> <p>Any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility;</p> <p>Retaliation against clients or staff who reported such an incident; and</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>The remaining interviewees state the information must be provided to the above individual in one hour in one case and within 24 hours of becoming aware of the incident in the other.</p> <p>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>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(e) addresses 115.261(b).</p> <p>The auditor notes that hard copy investigations and electronic copies are maintained in the corporate office as the primary investigators are assigned at that location. Hard copy documents are maintained in locked cabinets in the respective locked offices and electronic copies are maintained in password protected systems.</p> <p>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</p>

inform clients of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. As previously mentioned, medical and mental health staff are not employed at SRRC and accordingly, the medical/mental health staff interviews were not facilitated.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(f) addresses 115.261(c).

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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(g) addresses 115.251(d).

The Director asserts that zero clients under the age of 18 are housed at SRRC. Sexual abuse of vulnerable adults would be reported to the FBOP and they would then handle the matter. The PCM corroborates the assertion of the Director.

Pursuant to the PAQ, the Director self reports that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section VI(h) addresses 115.261(e).

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 corporate investigators. As reflected throughout this report, one allegation of sexual abuse/harassment has been received during the last 12 months and the same was completed in a timely manner.

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

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports when the agency or facility learns that a client is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the client (e.g., 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 client was subject to a substantial risk of imminent sexual abuse.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section entitled Agency Protection Duties (a) addresses 115.262(a).</p> <p>The Agency Head interviewee asserts 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 Seatac, WA, subject to approval by FBOP monitor(s).</p> <p>The Director asserts the client is immediately removed from the danger zone and FBOP officials are alerted should a client be determined to be in imminent danger of sexual abuse. If movement to Site 2 or vice versa is prudent, FBOP officials would have to approve the same.</p> <p>All 10 random staff interviewees state that if they learn a client is at risk of imminent sexual abuse, they immediately remove the affected client from the danger zone, placing them in a safe place.</p> <p>In view of the above, the auditor finds SRRC substantially compliant with 115.262.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 622">Pursuant to the PAQ, the Director self reports the agency has a policy requiring that upon receiving an allegation that a client 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 or PHS indicating that a client was sexually abused while confined at another facility.</p> <p data-bbox="280 663 1477 779">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section entitled Reporting to other confinement facilities (a) addresses 115.263(a).</p> <p data-bbox="280 819 1422 936">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="280 976 1477 1093">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section entitled Reporting to other confinement facilities (b) addresses 115.263(b).</p> <p data-bbox="280 1133 1461 1205">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="280 1245 1477 1361">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 14, section entitled Reporting to other confinement facilities (c) addresses 115.263(c).</p> <p data-bbox="280 1402 1414 1563">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 the PREA standards. In the last 12 months, zero allegations of sexual abuse originating at SRRC, were received from other facilities.</p> <p data-bbox="280 1603 1477 1720">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="280 1760 1477 1966">The Agency Head interviewee asserts that the Director of the respective facility 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. As the interviewee assumed his duties recently, he is not aware of any 115.263(d) reports regarding SRRC.</p> <p data-bbox="280 2007 1461 2078">The Director asserts that a complete sexual abuse investigation is initiated and completed when an allegation of sexual abuse, alleged to have originated at SRRC,</p>

is received from another facility. There are no examples of receipt of such allegations during this audit period.

In view of the above, the auditor finds SRRC substantially compliant with 115.263.

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1477 418">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 data-bbox="280 454 1437 568">Upon learning of an allegation that a client 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 data-bbox="280 580 1469 694">Upon learning of an allegation that a client 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 data-bbox="280 705 1469 947">Upon learning of an allegation that a client 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 data-bbox="280 958 1469 1200">Upon learning of an allegation that a client 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 data-bbox="280 1211 1390 1245">In the last 12 months, zero allegations of sexual abuse were received at SRRC.</p> <p data-bbox="280 1281 1477 1440">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 14 and 15, section entitled Staff first responder duties a(1-4) addresses 115.264(a). The auditor also notes 115.264(a) requirements are clearly articulated in the SRRC PREA Coordinated Response Plan.</p> <p data-bbox="280 1476 1469 1590">Six of 10 random staff interviewees were able to properly cite 1st Responder Duties as articulated at 115.264(a). Both the random security staff and the non-security staff interviewees accurately cited their 115.264(a) responsibilities.</p> <p data-bbox="280 1626 1469 1832">Pursuant to the PAQ, the Director self reports agency policy requires that if the first staff responder is not a security staff member, that first 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, that responder shall be required to notify security staff.</p> <p data-bbox="280 1843 1461 1877">Zero allegations of sexual abuse were received at SRRC during the last 12 months.</p> <p data-bbox="280 1912 1477 2027">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 14 and 15, section entitled Staff first responder duties (b) addresses 115.264(b).</p>

	<p>The auditor has learned that all SRRC staff receive the same first responder duties training. In view of the above, the auditor finds SRRC substantially compliant with 115.264.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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, investigator, and facility leadership.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 15, section entitled Coordinated response a(1) addresses 115.265(a). The auditor's review of the SRRC PREA Coordinated Response Plan reveals substantial compliance with 115.265(a).</p> <p>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 policy memorandum. The plan and a power point presentation are provided to all staff during PREA ART.</p> <p>In view of the above, the auditor finds SRRC substantially compliant with 115.265.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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(s) or other agreement(s) 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>Since there are no deviations from standard, the auditor finds SRRC substantially compliant with 115.266.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1484 582">Pursuant to the PAQ, the Director self reports the agency has a policy to protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PCM (AD) or designee is designated as the retaliation monitor at SRRC.</p> <p data-bbox="280 622 1477 739">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 15, section entitled Agency protection against retaliation a addresses 115.267(a).</p> <p data-bbox="280 779 1453 981">The PHS PC asserts that zero retaliation monitoring was facilitated at SRRC during the last 12 months. The auditor notes that, as reflected in the two sexual harassment investigations facilitated during the last 12 months, the alleged perpetrators were not allowed to complete the security tasks which allegedly gave rise to the allegation, with the alleged victims.</p> <p data-bbox="280 1021 1430 1223">Pursuant to the PAQ, the Director self reports the agency shall employ multiple protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="280 1263 1461 1541">The Facility Director and designated staff member charged with retaliation monitoring assert that the PCM is designated as the retaliation monitor at SRRC. She makes the initial contact with victims of sexual abuse and formally follows up every 90 days. She documents meeting minutes on the internal drive and informal meetings (periodic status checks) are documented in the notes section of management software. She closely monitors potential victims to assess key indicators of retaliation.</p> <p data-bbox="280 1581 1453 1859">The retaliation monitor asserts she plays an integral role in terms of retaliation monitoring. She monitors both staff and clients and facilitates follow-up meetings. To offset retaliation, she may direct staff to increase sexual safety rounds, work with the FBOP to remove the perpetrator from the facility and assess the perpetrator's associates to determine if they pose a threat of retaliation to the victim. Relocation of the victim's housing within the facility may be employed to enhance supervision and safety.</p> <p data-bbox="280 1899 1453 2065">With respect to staff victims, staff may be referred to the Employee Assistance Program and clients may be referred for community mental health follow-up. Staff work shifts may be modified and/or, if feasible, a worksite change may be employed.</p>

The auditor notes that the Agency Head interviewee corroborates the above statements regarding retaliation monitoring.

The retaliation monitor interviewee asserts she does initiate contact with clients who have reported sexual abuse. Contact is made monthly with intermittent and random contacts.

Pursuant to the PAQ, the Director self reports the facility monitors the conduct or treatment of clients or staff who reported sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by clients 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. The Director further self reports zero occasions of retaliation occurred during the last 12 months.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 16, section entitled Agency protection against retaliation (b)(1)(i-iv) and (b)(4) addresses 115.267(c).

The Director and retaliation monitor interviewees assert that that the retaliation monitor looks for the following key indicators of retaliation with respect to staff and client victims of retaliation:

Client Isolation;
Withdrawal;
Sleeping habit changes;
Eating changes;
Behavior contrary to normal baseline;
Hygiene decompensation;
Changes in associations;
Positioning closer to staff;
Client ceases programming or alters programming pattern; and/or
Accrual of greater number of misconduct reports.

Staff:

Excessive sick calls;
Increased shift/post change requests;
All of the aforementioned client key indicators; and/or
Increased write-ups.

If it is determined there is a continuing need, retaliation monitoring could be extended throughout the sexual abuse victim's or victim's (of retaliation) entire stay.

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

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and

Reporting, page 16, section entitled 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 entitled Agency protection against retaliation (b)(6) addresses 115.267(e).

The Agency Head and retaliation monitor interviewees 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 SRRC substantially compliant with 115.267.

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Director self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 16 and 17, section VII(a-l) addresses 115.271(a).</p> <p>The administrative investigative staff interviewee states the PC would receive sexual abuse allegation(s) from the Hotline or other reporting sources and the SRRC 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>The administrative investigative staff interviewee further states that anonymous and third-party reports of sexual abuse/harassment are handled in the same manner as any others.</p> <p>The auditor's review of the two administrative sexual harassment investigations completed during the last 12 months reveals substantial compliance with 115.271(b), (c), (e), (f), (h), (i), and (j).</p> <p>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>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(c) addresses 115.271(b).</p> <p>The administrative investigative staff interviewee states 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>Pursuant to the PAQ, the Director self reports investigators shall:</p> <ul style="list-style-type: none"> 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>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 17, section VII(d) addresses 115.271(c).</p> <p>The administrative investigative staff interviewee states that the following steps are</p>

employed in any administrative sexual abuse/harassment investigation:

The investigative staff interviewee states 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- hours);

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 (0 to one hour); and

Write report (two hours).

The administrative investigative staff interviewee states he secures video, staff and client statements, staff/investigative/client files, interview notes, and any prior complaints.

Pursuant to the PAQ, the Director self reports when the quality of evidence appears to support criminal prosecution, outside investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

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

The administrative investigative staff interviewee states that SPD is responsible for the conduct of compelled interviewees.

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 client or staff. No agency shall require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding 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 administrative investigative staff interviewee states that credibility of an alleged victim, suspect, or witness is judged on an individual basis and is not based on status as client or staff. Specifically, credibility is determined where there is more evidence that substantiates the fact pattern than not.

The administrative investigative interviewee states that under no circumstances would he require a client to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

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 states that he facilitates an analysis of the code of conduct 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(s);
Rationale regarding findings; and
Any recommendations.

As administrative sexual abuse/harassment investigators are employed at the corporate office, both hard copy and electronic copies of investigative materials are securely stored and maintained at that office. Electronic documents are stored in a password protected system.

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 administrative investigative interviewee states that the format for a criminal report 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 administrative investigative staff interviewee states that SPD is responsible for referring cases for prosecution. A clear violation of the RCW must be present and evidence must meet the "probable cause" standard, for purposes of prosecution referral.

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 (if criminal reports are provided to the facility) 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 administrative investigative staff interviewee states 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 PCM assert that communication between the facility and outside agency facilitating the investigation is accomplished by either the assigned investigator or the PC. The administrative investigative staff interviewee states he acts as a facilitator or liaison between PHS and SPD when a criminal investigation is completed.

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

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section entitled Reporting to residents (c) addresses 115.272(a).</p> <p>The administrative 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>The auditor's review of both administrative sexual harassment investigative reports completed during the last 12 months reveals substantial compliance with 115.272.</p> <p>In view of the above, the auditor finds SRRC substantially compliant with 115.272.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1038 221">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1477 705">Pursuant to the PAQ, the Director self reports the agency has a policy requiring that any client 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. The Director further self reports that two criminal and/or administrative investigations of alleged client sexual abuse were completed by the facility during the last 12 months. Pursuant to follow-up with the PHS PC, the auditor learned that both incidents of sexual harassment occurred during the last 12 months.</p> <p data-bbox="280 748 1477 862">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 17 and 18, section entitled Reporting to residents (a)(1-3) addresses 115.273(a).</p> <p data-bbox="280 904 1430 1099">The Director asserts the facility does notify a client who makes an allegation of sexual abuse/harassment when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PC makes such notifications. The investigative staff interviewee corroborates the assertion of the Director.</p> <p data-bbox="280 1142 1477 1467">The auditor's review of the aforementioned sexual harassment investigations reveals that one incident occurred on May 15, 2022 and the alleged victim was notified, in writing, on June 10, 2022 that the investigation revealed the allegation was unsubstantiated. In the second incident that occurred in March, 2022, the PC verbally advised the alleged victim of the investigative determination of unsubstantiated. The same was documented in the investigative report. As 115.273(a) requires notification of the victim only in sexual abuse cases, the auditor finds that the above exceeds standard expectations.</p> <p data-bbox="280 1509 1477 1704">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 client of the outcome of the investigation. The Director further self reports that zero investigations of alleged client sexual abuse in the facility were completed by an outside agency in the last 12 months.</p> <p data-bbox="280 1747 1477 1861">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section entitled Reporting to residents (b) addresses 115.273(b).</p> <p data-bbox="280 1904 1430 2018">At the time of the on-site audit, the PC and the Director advised the auditor that zero clients who reported a sexual abuse incident at SRRC were housed at the facility.</p> <p data-bbox="280 2060 1430 2094">Pursuant to the PAQ, the Director self reports following a client's allegation that a</p>

staff member has committed sexual abuse against the client, the facility subsequently informs the client (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a client in an agency facility during the last 12 months.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section entitled Reporting to residents (d)(1-4) addresses 115.273(c).

Pursuant to the PAQ, the Director self reports following a client's allegation that he or she has been sexually abused by another client in an agency facility, the agency subsequently informs the alleged victim whenever:

The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section entitled Reporting to residents (e)(1 and 2) addresses 115.273(d).

Pursuant to the PAQ, the Director self reports the agency has a policy that all notifications to clients described under this standard are documented. The Director further self reports that in the last 12 months, one written notification to a client was provided pursuant to this standard. However, as previously stated above, the auditor finds that such notification was documented in the investigative report in terms of the second matter.

As reflected in the narrative for 115.273(a), the incidents, in question, constituted sexual harassment and accordingly, written notification was not required.

Accordingly, the auditor views the same as above and beyond standard expectations.

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

In view of the above, the auditor finds that SRRC exceeds standard requirements with respect to 115.273.

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115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1394 456">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="280 499 1477 571">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="280 613 1461 685">Pursuant to the PAQ, the Director asserts that in the last 12 months, zero staff from the facility have violated agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 728 1469 1048">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 SRRC 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="280 1090 1477 1162">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 18 and 19, section VIII(c) addresses 115.276(c).</p> <p data-bbox="280 1205 1422 1359">The auditor notes that pursuant to his review of the aforementioned sexual harassment investigations, he finds that neither investigation was substantiated based on the evidence discovered. Accordingly, there was no basis for staff disciplinary action.</p> <p data-bbox="280 1402 1422 1722">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 SRRC 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="280 1765 1477 1836">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="280 1879 1445 1912">In view of the above, the auditor finds SRRC substantially compliant with 115.276.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Director self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is 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 is prohibited from contact with clients.</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 clients.</p> <p>PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 18, section VIII(b)(1) 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 clients 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, facility 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 SRRC substantially compliant with 115.277.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 584">Pursuant to the PAQ, the Director self reports that clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a client engaged in client-on-client sexual abuse or a criminal finding of guilt for client-on-client sexual abuse. The Director further self reports that in the last 12 months, zero administrative or criminal findings of guilt for client-on-client sexual abuse, occurred at the facility.</p> <p data-bbox="280 622 1477 741">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section entitled Disciplinary sanctions for residents (a) addresses 115.278(a).</p> <p data-bbox="280 779 1469 936">Pursuant to the PAQ, the Director self reports sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories.</p> <p data-bbox="280 974 1477 1093">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section entitled Disciplinary sanctions for residents (b) addresses 115.278(b).</p> <p data-bbox="280 1131 1457 1375">The Director asserts that PHS staff issue misconduct reports to client(s) in the case of client sexual misconduct, following an investigation. The misconduct report investigation (facilitated by the Director or PHS PC) and Center Discipline Committee (CDC) report(s) are also facilitated by PHS staff. The FBOP Discipline Hearing Officer (DHO) reviews the CDC report(s) and facilitates a hearing in absentia.</p> <p data-bbox="280 1413 1477 1742">The perpetrator is generally administratively removed from the facility and permanent removal (sanction) is subsequently imposed by FBOP staff. Disallowance of Good Conduct Time (GCT) can be recommended pursuant to the CDC process and the sanction is then imposed by the FBOP DHO if deemed appropriate. The sanctions are proportionate to the nature and circumstances of the abuses committed, the clients' disciplinary histories, and the sanctions imposed for similar offenses by other clients with similar histories, as determined by the FBOP DHO. Additionally, mental disability or mental illness is addressed by the FBOP DHO.</p> <p data-bbox="280 1780 1465 1899">Pursuant to the PAQ, the Director self reports the disciplinary process shall consider whether a client'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="280 1937 1477 2056">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 19, section entitled Disciplinary sanctions for residents (c) addresses 115.278(c).</p>

Pursuant to the PAQ, the Director self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. As such, the facility does not consider whether to require the offending client to participate in such interventions as a condition of access to programming or other benefits.

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

In view of the previously cited fact that medical and mental health staff are not employed at SRRC, the auditor finds 115.278(d) not applicable to SRRC. The PC asserts that all clients 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 respective SRRC program staff during the referral process. If therapy is indicated, the client's assigned case manager connects the client with community resources, as necessary.

As there is no evidence of SRRC violation of either standard or policy, the auditor finds SRRC substantially compliant with 115.278(d).

Pursuant to the PAQ, the Director self reports the agency disciplines clients 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 entitled Disciplinary sanctions for residents (e) addresses 115.278(e).

There is no evidence substantiating client discipline within the 115.278(e) context.

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 entitled Disciplinary sanctions for residents (f) addresses 115.278(f).

Pursuant to the PAQ, the Director self reports the agency prohibits all sexual activity between clients. If the agency prohibits all sexual activity between clients and disciplines clients 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 entitled Disciplinary sanctions for residents (g) addresses 115.278(g). Page 57 of the SRRC Client Handbook, section entitled PREA, NOTE: also addresses 115.278(g).

	In view of the above, the auditor finds SRRC substantially compliant with 115.278.
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115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1465 582">Pursuant to the PAQ, the Director self reports client 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 SRRC.</p> <p data-bbox="280 622 1477 734">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section entitled Access to emergency medical and mental health services (a) addresses 115.282(a).</p> <p data-bbox="280 775 1398 851">The auditor has learned that affected clients are treated in community medical facilities and accordingly, the community standard of care requirement is met.</p> <p data-bbox="280 891 1474 1093">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 sexual 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="280 1133 1477 1335">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section entitled Access to emergency medical and mental health services (a) addresses 115.282(b). A discussion of 115.282(b) requirements and findings is clearly addressed in the narratives for 115.221(a), 115.262(a), and 115.264(a).</p> <p data-bbox="280 1375 1449 1532">Pursuant to the PAQ, the Director self reports client 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="280 1572 1477 1729">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section entitled Access to emergency medical and mental health services (b) addresses 115.282(c). 115.282(c) requirements are addressed in the narrative for 115.221(c).</p> <p data-bbox="280 1769 1468 1971">Pursuant to the SANE interviewee [See narrative for 115.221(c)], timely information is provided to victims about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The same are provided as part of the forensic examination.</p> <p data-bbox="280 2011 1458 2078">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</p>

abuser or cooperates with any investigation arising out of the incident.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section entitled Access to emergency medical and mental health services (c) addresses 115.282(d).

The PHS PC asserts that during the last 12 months, zero client-on-client sexual abusers have been housed at SRRC.

In view of the above, the auditor finds SRRC substantially compliant with 115.282.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Director self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section entitled Ongoing medical and mental health care for sexual abuse victims and abusers (a) addresses 115.283(a).

The PHS PC self reports during the last 12 months, zero clients self reported they have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. However, if a referral to a medical/mental health practitioner was necessary, the same would be facilitated by the assigned case manager. The PC also asserts that zero client-on-client sexual abusers have been housed at SRRC during the last 12 months.

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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section entitled Ongoing medical and mental health care for sexual abuse victims and abusers (b) addresses 115.283(b).

As previously mentioned throughout this report, medical/mental health staff are not employed at SRRC. Similarly, during the last 12 months, zero clients reported historical sexual abuse in a jail, prison, community confinement facility, or juvenile facility.

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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 20, section entitled Ongoing medical and mental health care for sexual abuse victims and abusers (c) addresses 115.283(c).

Pursuant to the PAQ, the Director self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

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

As previously mentioned, zero sexual abuse incidents have occurred during the last 12 months wherein 115.283(d) and (e) steps were required.

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.

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

Pursuant to the PAQ, the Director self reports client victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

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

As reflected in the narrative for 115.221(c), such tests are administered in conjunction with the forensic examination. Treatment strategies with respect to 115.283 requirements are clearly articulated throughout the SANE interviewee's statement.

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.

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

Pursuant to the PAQ, the Director self reports the facility attempts to conduct a mental health evaluation of all known client-on-client 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 entitled Ongoing medical and mental health care for sexual abuse victims and abusers (h) addresses 115.283(h).

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

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1445 667">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. However, pursuant to the auditor's review of two investigations conducted during the last 12 months, he finds the incidents constituted sexual harassment and accordingly, 115.286 requirements were not necessary.</p> <p data-bbox="280 705 1477 781">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="280 819 1409 936">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="280 974 1477 1050">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="280 1088 1477 1205">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="280 1243 1477 1319">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="280 1357 1477 1473">The Director asserts that a sexual abuse incident review team (SAIR) is utilized at SRRC. 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="280 1512 1477 1713">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, PCM, and PC.</p> <p data-bbox="280 1751 1477 1827">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="280 1865 1445 2067">The Director asserts the information gleaned from SAIR reviews is used to strengthen "all things PREA" 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 correction and positive change. Additionally, the SAIR considers the following:</p>

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;

Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The incident review team interviewee validates the statement of the Director as reflected above.

The PCM asserts SAIRs are completed by telephone or ZOOM with all required players in attendance. The same serves as a documented record of proceedings.

The PC asserts that any documented 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 for non-implementation is documented.

In regard to victims under the age of 18 and vulnerable adults, the PC and PCM assert that neither category of residents are housed at SRRC. However, if a vulnerable adult was housed at SRRC and he/she was sexually abused, the matter is reported to the FBOP and they handle further reporting.

Pursuant to the PAQ, the Director self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section X(e) addresses 115.286(e).

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

115.287	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 456">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="280 497 1477 568">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (a) addresses 115.287(a).</p> <p data-bbox="280 609 1477 725">The auditor's review of a PHS document entitled PHS PREA Definitions and the Data Collection Instrument reveals that a standardized set of definitions and instrument are used to address 115.287(a).</p> <p data-bbox="280 766 1437 837">Pursuant to the PAQ, the Director self reports the agency aggregates the incident based sexual abuse data at least annually.</p> <p data-bbox="280 878 1477 949">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (b)(3) addresses 115.287(b).</p> <p data-bbox="280 990 1477 1061">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="280 1102 1477 1263">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="280 1303 1477 1375">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (b) addresses 115.287(c).</p> <p data-bbox="280 1415 1477 1487">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="280 1527 1437 1644">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="280 1684 1477 1756">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (b) addresses 115.287(d).</p> <p data-bbox="280 1796 1477 1912">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="280 1953 1477 2069">Pursuant to the PAQ, the Director self reports PHS does not contract with other private facilities for confinement of clients committed to their care. Accordingly, 115.287(e) is not applicable to SRRC.</p>

As reflected in the narrative for 115.212, the auditor concurs with this assessment.

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 SRRC.

In view of the above, the auditor finds SRRC substantially compliant with 115.287.

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1474 456">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> <p data-bbox="280 499 655 533">Identifying problem areas;</p> <p data-bbox="280 539 979 573">Taking corrective action on an ongoing basis; and</p> <p data-bbox="280 580 1425 656">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.</p> <p data-bbox="280 698 1474 775">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection b(1-3) addresses 115.288(a).</p> <p data-bbox="280 817 1474 1093">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 on a regular basis and aggregated to enhance "all things PREA." Corrective action is closely monitored and the same is taken on an ongoing basis. Training, facility enhancements, and/or facility procedures may be modified as the result of this regular review of relevant information.</p> <p data-bbox="280 1135 1474 1290">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="280 1332 1437 1574">The PCM asserts that she does not write the Annual PREA Report. Hard copies of investigations are maintained by the Director of Transitional Services and the PC, dependent upon the administrative investigator. Both investigators maintain administrative investigative materials in password protected electronic system at the corporate office. Corrective action, as identified by relevant data, is accomplished on an ongoing basis.</p> <p data-bbox="280 1617 1461 1693">Agency officials do complete an Annual PREA Report, as evidenced by the PHS PC's afore-referenced assertion.</p> <p data-bbox="280 1736 1445 1890">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="280 1933 1474 2049">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (b)(3) and (c) addresses 115.288(b).</p>

The auditor's review of the 2019, 2020, and 2021 PHS PREA Annual Reports reveals substantial compliance with 115.288(b). Comparisons in terms of data are clearly delineated and as zero substantiated allegations of sexual abuse were realized during the last 12 months, SAIR recommendations for corrective action were not documented.

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.

As previously reflected in this report, the Agency Head interviewee only recently assumed duties as vice-president (VP). Effective with the 2022 Annual Report, he will be the signatory on the same.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (d) addresses 115.288(c).

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.

Evidence clearly demonstrates compliance with 115.288(c) as of the 2021 report.

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. In such cases, the agency indicates the nature of the material redacted.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (d)(1) addresses 115.288(d).

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. Pursuant to the auditor's aforementioned review of PHS PREA Annual Reports, he finds no evidence of 115.288(d) redactions.

In view of the above, the auditor finds SRRC substantially compliant with 115.288.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1398 416">Pursuant to the PAQ, the Director self reports the agency ensures that incident based and aggregate data are securely retained.</p> <p data-bbox="280 456 1477 533">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Record retention (a) addresses 115.289(a).</p> <p data-bbox="280 573 1469 725">The PC and PCM assert 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="280 766 1453 882">Data is maintained at the corporate office. SAIR and retaliation monitoring documents are maintained by the SRRC PCM under lock and key. Corrective action is taken on an ongoing basis based on the data collected.</p> <p data-bbox="280 922 1398 1039">During the on-site audit, the auditor found no deficiencies in terms of standard provision, policy, or practice. The PCM maintains hard copies of retaliation monitoring documents, as well as, hard copies of SAIR reports.</p> <p data-bbox="280 1079 1414 1232">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="280 1272 1477 1348">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 22, section entitled Data collection (d) addresses 115.289(b).</p> <p data-bbox="280 1388 1477 1545">The auditor's review of the PHS/SRRC website reveals relevant data is captured in PREA Annual Reports posted on the same. The data is clearly aggregated. Pursuant to the narrative articulated in 115.212, SRRC does not contract with other private companies/agencies to house clients designated to the custody and control of SRRC.</p> <p data-bbox="280 1585 1453 1783">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="280 1823 1477 1939">PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, pages 22 and 23, sections entitled Data collection (d) and Record retention (c) address 115.289(c).</p> <p data-bbox="280 1980 1461 2056">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>

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.

PHS Policy entitled Prison Rape Elimination Act (PREA) Prevention, Investigation, and Reporting, page 23, section entitled Record retention (c) addresses 115.289(d).

As previously mentioned in the narratives for 115.287 and 115.288, the auditor has found no violations of 115.289(d) in terms of data maintenance.

In view of the above, the auditor finds SRRC substantially compliant with 115.289.

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1445 501">The previous Final SRRC PREA Report was completed on April 15, 2019 and thus, SRRC is substantially compliant with 115.401(a). The auditor's review of the PHS website reveals that the Tacoma Residential Reentry Center (TRRC) and Pioneer Friendship House Residential Reentry Center (PFH RRC) were audited during 2021.</p> <p data-bbox="280 542 1417 577">The auditor was provided all appropriate access to the facility, clients, and staff.</p> <p data-bbox="280 618 1437 779">Throughout the audit process, the auditor collaborated with the PHS PC and SRRC staff to secure necessary supporting documentation. While vacations inhibited collection of evidence throughout the holiday seasons, information was subsequently provided in a timely manner.</p> <p data-bbox="280 819 1321 891">Staff were very facilitative throughout the entire audit process. Interview scheduling and the conduct of the same flowed in an efficient manner.</p> <p data-bbox="280 931 1334 967">The auditor was able to interview both staff and clients in private settings.</p> <p data-bbox="280 1008 1465 1120">The auditor received zero correspondence from clients prior to or during the on-site audit. Pursuant to client interviews, the auditor was not alerted to any concerns regarding mail procedures applicable to the auditor.</p> <p data-bbox="280 1160 1445 1196">In view of the above, the auditor finds SRRC substantially compliant with 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This document is considered an Interim PREA Report in view of identified corrective action requirements. All previous Final PREA Audit Reports have been published on the PHS website.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	no

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if 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
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	no
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	no
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	no
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	no
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	no
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	no
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	no
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	no
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	no
	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?	no
	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?	no

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	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
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	no
	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.)	no
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	no
	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.)	no
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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

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

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes