

PREA Facility Audit Report: Final

Name of Facility: Spokane Residential Reentry Center (RRC)

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/15/2019

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Robert Palmquist | Date of Signature: 04/15/2019 |

| AUDITOR INFORMATION | |
|-------------------------------------|-------------------------|
| Auditor name: | Palmquist, Robert |
| Address: | |
| Email: | rpalmquist@cccscorp.com |
| Telephone number: | |
| Start Date of On-Site Audit: | 03/11/2019 |
| End Date of On-Site Audit: | 03/13/2019 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Spokane Residential Reentry Center (RRC) |
| Facility physical address: | 925 W Broadway Ave, Spokane, Washington - 99201 |
| Facility Phone | 509-622-5600 |
| Facility mailing address: | |
| The facility is: | <input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit |
| Facility Type: | <input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correctional facility |

| Primary Contact | | | |
|-----------------------|--------------------------|--------------------------|--------------|
| Name: | Carlos Solorza | Title: | Director II |
| Email Address: | carlos.solorza@p-h-s.com | Telephone Number: | 509-535-3572 |

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

| Facility PREA Compliance Manager | | | |
|----------------------------------|----------------|-----------------------|--------------------------|
| Name: | Carlos Solorza | Email Address: | Carlos.Solorza@p-h-s.com |

| Facility Health Service Administrator | | | |
|---------------------------------------|--|--------------------------|--|
| Name: | | Title: | |
| Email Address: | | Telephone Number: | |

| Facility Characteristics | | | |
|--|-------------------------|-------------------|----------------------------|
| Designed facility capacity: | | 70 | |
| Current population of facility: | | 55 | |
| Age Range | <i>Adults: 20 to 78</i> | <i>Juveniles:</i> | <i>Youthful Residents:</i> |
| Facility security level/resident custody levels: | | Minimum Custody | |
| Number of staff currently employed at the facility who may have contact with residents: | | 31 | |

| AGENCY INFORMATION | |
|--|--|
| Name of agency: | Pioneer Human Services |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 7440 W Marginal Way S, Seattle, Washington - 98108 |
| Mailing Address: | |
| Telephone number: | 206-768-1990 |

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

Agency-Wide PREA Coordinator Information

| | | | |
|--------------|--------------|-----------------------|------------------------|
| Name: | Rebecca Judy | Email Address: | rebecca.judy@p-h-s.com |
|--------------|--------------|-----------------------|------------------------|

AUDIT FINDINGS

Narrative:

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

The Prison Rape Elimination Act audit for the Spokane Residential Re-entry Center, (SRRC) operated by Pioneer Human Services (PHS) from the initial notification through this auditor's summary report began in February 2019 with a review of documentation provided by PHS staff. The documentation included facility information, and documents to support the 39 standards. The Pre-Audit questionnaire provided the necessary information to complete a substantial portion of the PREA Audit Compliance Tool. The onsite portion of the audit was conducted on March 11 - 13, 2019. On the morning of March 11th, the Auditor met with the Facility Director, who is also the PREA Compliance Manager, and the Assistant Director. On the afternoon of March 13, the Auditor met with the PHS PREA Coordinator and the Vice President of Adult and Juvenile Re-entry. The Auditor explained the audit process, reviewed the Pre-audit Questionnaire and answered questions about various interpretations of the PREA standards. The auditor was provided access to and observed all areas of the facility. The tour included the Intake, reception and screening areas, all housing units, the recreation area, cafeteria, and programming areas.

The video monitoring system is available to the reception staff and they monitor cameras 24/7. There is information posted about PREA and the information is available to non-English speaking residents. The intake paperwork provided to new residents was reviewed and it contained specific information about PREA. Intake staff review this information with all new residents during their admission to the facility. Central files are not maintained in the Intake area, upon completion of orientation paperwork the information is forwarded to the Case Managers. All central files are maintained by the Case Managers.

Intake staff when queried indicated that all questions pertaining to risk of sexual abuse or predatory behavior were completed by Case Management staff within minutes of the initial intake processing. The Case Managers utilize an extensive form that includes a review of mental, physical or developmental disability, age, physical build, previous incarceration, criminal history, prior convictions, perceived sexual orientation, prior sexual victimization and the residents perceived vulnerability. Both the Case Managers and the Intake staff indicated that all information concerning a resident was reviewed and utilized to determine housing and program assignments.

The housing units had signs informing residents of their right to be free of sexual abuse. There were signs informing residents how to report incidents of sexual abuse. The signs were posted in both English and Spanish. In addition, there was information provided concerning local services provided by the Sexual Assault and Family Trauma Center at Lutheran Community Services.

The Resident Monitors indicated supervisory staff make rounds throughout the facility and that all staff of the opposite gender knock and announce their presence on the unit. The Auditor spoke with several residents during the tour who indicated they were aware of the information concerning PREA and that staff always announce their presence when entering the housing unit or the bathrooms. The residents further indicated that they had experienced no privacy issues and that staff were professional.

Throughout the tour Resident Monitors were visible and interacting with residents. There were no specific blind spots noted during the tour. Residents stated that staff are always available to answer questions and assist with issues.

The auditor was provided office space in the facility from which to work and conduct confidential staff and resident interviews. Formal interviews were conducted with facility staff and residents.

Residents were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections generally and specifically their knowledge of reporting mechanisms available to residents to report abuse or harassment. Staff members were questioned using the DOJ protocols that allow the auditor to determine their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and first responder duties. In total the auditor conducted forty-seven (43) interviews involving twenty (20) residents, twelve (12) staff and three (3) staff members from the Sexual Assault and Trauma Family Center at Lutheran Community Services.

The auditor reviewed training files for twenty (28) staff members to determine compliance with training mandates and twenty (24) personnel files to determine compliance with background check procedures. Twenty (20) resident files were reviewed to evaluate screening/intake procedures and resident education requirements.

The auditor toured the facility escorted by the Director and observed among other things the facility configuration, location of cameras and mirrors, staff supervision of residents, Unit layout including shower/toilet areas, placement of posters and PREA informational resources, security monitoring, resident entrance and search procedures, and resident programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilets are in each housing area and residents are allowed privacy when utilizing toilets. Notices of the PREA audit were posted throughout the facility. The auditor was given access to the entire facility.

To obtain information about rape crisis and advocacy services provided at the facility, an interview was conducted with the Director of the Lutheran Community Services Sexual Assault Family Trauma Response Center. This agency serves victims of sexual assault. Specific services include medical advocacy, legal advocacy and general advocacy for victims in Spokane County. Community education and prevention training are also provided.

Following the on-site portion of the audit, a final audit report was submitted to the SRRC Director and PREA Coordinator within the required time frame.

AUDIT FINDINGS

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

Since being founded in 1963, Pioneer has expanded from a single halfway house in Seattle to an organization that offers an integrated array of treatment, housing, employment and training services in nearly 60 locations across Washington State. Unlike most nonprofits, Pioneer is a social enterprise organization that operates a diverse line of businesses to provide on the job training and work experience for the people it serves. Research shows that the keys to long-term success and stability for individuals with addiction and criminal histories are: treatment, housing and employment. For over 50 years, Pioneer Human Services has helped people reentering society from prison or jail as well as those who are overcoming chemical addition and mental illness.

The Spokane Residential Re-entry Center (SRRRC) houses both males and females who are in the custody of the Federal Bureau of Prisons, under the supervision of the US Probation or the Pre-trial Services. The facility houses a maximum population of 75 residents. The building is fully secure and is staffed 24/7/365. There are fully separated female and male residential sleeping areas that include several restrooms and showers.

SRRRC has a digital camera system with 23 high resolution cameras that monitor key interior and exterior areas of the facility. Full recording and live view capabilities are available at staff work stations.

SRRRC helps residents’ transition back into the community through an array of different programs including drug treatment, family rebuilding and employment services. While in the program, residents are expected to find employment or enroll in school, establish restitution payments, develop a budget, create a savings plan and find housing before being released.

AUDIT FINDINGS

Summary of Audit Findings:
The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

| | |
|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 41 |

Number of Standards Exceeded: 0

Number of Standards Met: 41

Standards 115.211 through 115.403

115.211,115.212,115.213,115.215,115.216,115.217,115.218,115.221,115.222,115.231,115.232,115.233,115.234,115.235,115.241,115.242,115.251,115.252,115.253,115.254,115.261,115.262,115.263,115.264,115.265,115.266,115.267,115.271,115.272,115.273,115.276,115.277,115.278,115.282,115.283,115.286,115.287,115.288,115.289,115.401,115.403

Number of Standards Not Met: 0

No corrective action, this is the final report.

The PREA Coordinator provided extensive documentation in conjunction with the Pre-Audit questionnaire. This documentation was reviewed before the audit and any discrepancies on the Auditor's part were cleared up well in advance of the on-site visit. The SRRC Staff provided full access to the facility, full access to documentation and the use of office facilities during the onsite visit. The staff members interviewed for this audit were professional and knowledgeable concerning their responsibilities as first responders. They understood the need to monitor potentially vulnerable residents and they were diligent in their efforts to manage the diverse population of offenders.

The residents were aware of the PREA standards, the majority knew how to report incidents of sexual abuse or harassment. They were aware of reporting procedures and most were aware of the availability to have a family member or close friend make a report. There are PREA posters in English and Spanish throughout the facility.

A total of twenty (20) residents were interviewed (27%), one (3) female, seventeen (17) male. Of the seventeen male residents, one male refused to participate. There were no residents who were identified as gay or lesbian. There were no residents who reported being the victim of a sexual assault while incarcerated. A total of twenty-three (23) staff interviews were conducted. Interviews for random staff included both resident monitors and case managers and included all shifts. The specialized staff interviews included staff who conduct risk assessments, administrative staff, investigative staff and incident review team members.

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>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy provides the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures and investigative guidelines. Finally, the policy provides for data collection and data reporting. In addition, the Organization Chart for PHS was reviewed.</p> <p>In order to make a determination of compliance, interviews were conducted with the PREA Coordinator and the Director (PREA Compliance Manager). Both the Director and the PREA Coordinator indicated they had enough time to coordinate the facilities’ PREA compliance efforts. Both individuals were knowledgeable concerning PREA and articulated the vision of zero tolerance at SRRRC.</p> <p>In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units had signs informing residents of their right to be free of sexual abuse. There were signs informing residents how to report incidents of sexual abuse. The signs were posted in both English and Spanish. In addition, there was information provided concerning local services provided by Lutheran Community Services Sexual Assault and Family Trauma Advocacy Program. This program meets victims of sexual trauma in hospitals, police stations or their own homes in order to provide immediate assistance after a trauma.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Pioneer Human Services (PHS) has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The agency has an upper level agency wide PREA Coordinator. The facility has a PREA Compliance Manager. Both the PREA Coordinator and the Compliance Manager indicated they have enough time to manage and oversee the implementation of PREA standards.</p> <p>The Spokane Residential Re-entry Center (SRRRC) facility has a zero-tolerance policy and training program that meets the requirements for this standard. The Prison Rape Elimination Act (PREA) policy (REV 2/2019) provides the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures and investigative guidelines. Finally, the</p> |

policy provides for data collection and data reporting.

The overriding approach taken by SRRC to eliminate or prevent sexual abuse and sexual harassment of its residents is to ensure uniformity of implementation of the agency's zero tolerance policy in all facilities operated by Pioneer Human Services (PHS) through facility policy and procedure. This includes providing definitions of prohibited behaviors regarding sexual abuse and sexual harassment and prescribing sanctions against staff and/or residents who engage in sexual abuse or sexual harassment. In the event of an allegation of sexual abuse or sexual harassment, SRRC has developed a coordinated response plan that ensures the safety and security of the alleged victim while providing for a comprehensive and systematic investigation into the allegation.

The policy applies to all PHS staff, to include employees (including full-time, part-time, temporary and on-call), volunteers and contractors, as well as residents, at SRRC.

SRRC utilizes the following strategies to reduce and/or prevent sexual abuse and sexual harassment at the facility:

1. Designating a staff member as the SRRC PREA Compliance Manager (PCM) who will ensure that SRRC is in full compliance with all PREA standards.
2. Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment.
3. Screening for risk of sexual victimization and abusiveness.
4. Requiring all staff (including contractors and volunteers) to promptly report all reported or suspected incidents of sexual abuse, sexual harassment and retaliation.
5. Responding promptly and effectively to all reports of sexual abuse, sexual harassment and retaliation by ensuring that staff (including contractors and volunteers) cooperates fully with any investigation.
6. Administering sanctions for those found to have participated in prohibited behavior.
7. Providing medical and mental health care to victims and abusers.
8. Performing an annual evaluation to assess how SRRC can improve its zero-tolerance policy and procedures.
9. Ensuring that SRRC is audited for PREA compliance at least every three years.

The agency has a PREA Coordinator. The PREA Coordinator indicated she had enough time to manage and oversee the implementation of PREA standards. The auditor reviewed the PREA Policy and the PHS Organizational Chart. In addition, interviews were conducted with the PREA Coordinator and the Director. The Director supported the efforts of the PREA Coordinator and the PREA Coordinator indicated she had enough time to coordinate the facility's PREA compliance efforts.

| | |
|---------|---|
| 115.212 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | This standard is not applicable. Pioneer Human Services is a private Non-Profit group, they do not contract with other agencies for services. The U.S. Government contracts with Pioneer Human Services for confinement beds. |

| | |
|---------|--|
| 115.213 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and supporting documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy provides the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment; pages 2-3 provides details concerning the staffing plan. Additionally, the Full Monitoring Reports conducted by Federal Bureau of Prisons staff (2016, 2017 and 2018) were reviewed. These documents articulate the extent to which SRRC complies with the contract to house federal offenders in designated Re-entry Centers. The 2018 staffing plan was reviewed.</p> <p>In order to make a determination of compliance, interviews were conducted with the PREA Coordinator and the PREA Compliance Manager concerning staffing levels, monitoring reports and vulnerability assessments.</p> <p>In order to make a determination of compliance, the auditor observed appropriate staffing levels throughout the facility.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC implements a staffing plan that provides adequate levels of staffing. In addition to staff members, there is video monitoring available to protect residents from sexual abuse. The staffing plan is reviewed on a yearly basis by both the Compliance manager and the Coordinator. The Spokane Residential Re-entry Center (SRRC) houses residents who have been released from Federal Bureau of Prisons Facilities. Pioneer Human Services is contracted by the Federal Bureau of Prisons to provide Reentry services for these individuals. The staffing plan was developed in conjunction with the contractual requirements of the Federal Bureau of Prisons. The staffing plan is consistently complied with, there have been no deviations from the staffing plan in the past 12 months. The facility staffing plan is reviewed on a yearly basis, this review includes a vulnerability analysis that looks at the physical plant, video monitoring systems and the overall allocation of resources. Interviews with the Director and the PREA Coordinator indicate that during each yearly monitoring visit (conducted by the Bureau of Prisons) the Director and the PREA Coordinator review the staffing plan with Bureau of Prisons contract monitoring staff.</p> <p>The Staffing plan review includes a review of any judicial findings (none), or inadequacies from federal investigative or internal/external oversight agencies (none). The plan reviews the facilities architectural weaknesses. The review includes a review of the population statistics for the previous year and a review of the population for the day in which the review took place.</p> <p>The SRRC staff plan indicates a staff member of the same sex as the residents shall be on duty. This staff member shall be directly responsible for supervision which involves physical contact (pat searches) or activities commonly afforded reasonable protection against opposite sex observation or supervision (use of toilet/shower facilities).</p> <p>There is substantial compliance with this standard.</p> |



| | |
|---------|--|
| 115.215 | Limits to cross-gender viewing and searches |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 481">In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy provides the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment; pages 3-4 provides specific information concerning resident searches.</p> <p data-bbox="252 537 1444 739">In order to make a determination of compliance, interviews were conducted with seven random staff members. These staff members had participated in training for conducting appropriate pat searches and strip searches. Each of the staff members had participated in training concerning appropriate methods to conduct cross gender pat searches and how to appropriately conduct searches involving members of the LGBTQI community.</p> <p data-bbox="252 795 1460 1041">In order to make a determination of compliance, the auditor observed the room utilized to conduct private pat and strip searches. This room does not allow the resident to be exposed, all pat searches and strip searches are conducted in an area that is not accessible to either residents or staff other than the staff member conducting the search. The auditor observed private toilets and showers with locked interior doors in each housing unit. The auditor observed staff members announcing their presence when entering the housing units.</p> <p data-bbox="252 1097 1484 1646">The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC does not conduct cross gender strip searches. There have been no circumstances in the past 12 months where a cross gender search has taken place. No residents are restricted from participation in any programs. All pat searches are conducted by same sex individuals. There have been no deviations from this policy. SRRC has taken extensive care to ensure all residents shower, perform bodily functions and change clothing outside the view of all staff. Staff announce their presence when entering a housing unit. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. All staff (100%) have participated in training on searches of transgender and intersex residents in a professional and respectful manner. All residents interviewed on this subject indicated they are pat searched by same sex staff. All staff interviewed on this subject indicated they are aware of the search policy and have not deviated from the policy.</p> <p data-bbox="252 1702 1436 1859">Opposite gender staff announce their presence when entering a resident housing unit. The auditor questioned line staff during the tour about their announcements in the unit. All staff questioned during the tour indicated they made announcements every time they entered a unit.</p> <p data-bbox="252 1915 1468 2116">The SRRC has a policy and practice of searches conducted in accordance with the resident’s gender identity and asking residents to identify the gender of staff with whom they would feel most comfortable conducting the search. Cross gender pat searches are not conducted at SRRC. The PREA Coordinator indicated that even in emergency situations a female staff member would be made available to conduct a pat search on a female resident.</p> |

The Auditor reviewed training curricula and interviewed formally and informally both staff and residents on the issues of strip searches, bodily cavity searches, pat searches and searches of transgender and intersex residents and opposite gender unit announcements. The Auditor is satisfied there is substantial compliance with this standard.

| | |
|---------|--|
| 115.216 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy provides the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment, page 4 provides specific information concerning residents with disabilities and residents who are limited English proficient . In addition, the auditor reviewed the PHS Contract with the Dynamic Language Center.</p> <p>In order to make a determination of compliance, interviews were conducted with seven staff members who conduct initial intake interviews and four Case managers who conduct in-depth intake interviews.</p> <p>In order to make a determination of compliance, the auditor observed the intake paperwork, the information provided concerning PREA and had staff explain what procedures would be followed if a resident was experiencing difficulty in understanding the material. Intake information is available in English and Spanish and if necessary, can be printed in large fonts for individuals who have difficulty reading the documents.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC has procedures to provide disabled residents with the opportunity to participate in efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, SRRC has agreements with interpreters to assist in providing effective communication with residents who do not understand English. Specifically, the Dynamic Language Center provides interpreters (150 languages) in spoken and sign language. The Dynamic Language Center provides on-demand phone interpreting and on-site services. Residents with intellectual disabilities are given extra attention during the intake process to ensure they understand the information provided. If necessary, the assigned Case Manager aids in this process. The SRRC does not rely on resident interpreters.</p> <p>SRRC staff members have not experienced many incarcerated blind or deaf residents. However, the intake staff members are prepared to provide information in a format that will allow residents with limited reading skills, hearing disabilities, intellectual disabilities or low vision, to know and understand all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For residents with limited reading skills staff members will read information to the residents.</p> <p>The auditor conducted intake staff interviews, in each of the interviews staff indicated they not only provide PREA information to residents, but they would take the time to insure the residents understood the material provided. The staff indicated that they had never participated in an intake of either a deaf or blind resident. However, they were prepared to provide information concerning the entire intake process to residents who were either blind or Deaf.</p> <p>The auditor reviewed samples of PREA Posters in both English and Spanish. The PREA</p> |

information provided to residents is also available in Spanish. Finally interviews with facility staff indicate a variety of methods are available to ensure residents understand the material as it is presented to them.

The Auditor reviewed the intake procedures, the printed materials for residents, and reporting mechanisms. At the time of the audit there were no Deaf or blind residents present in the population.

Intake staff are prepared to provide materials to residents who have limited sight. Documents in large print font are available or can be quickly printed.

The SRRC provides printed materials written in large font and plain language. The handbooks are available in Spanish and English.

SRRC has an established relationship with the Dynamic Language Center that can meet the language needs of its resident population. The SRRC takes any extra measures (one on one) when providing PREA related material to residents with disabilities. Intake staff were able describe what steps the facility takes to make sure that residents with disabilities, Deaf residents, and residents who are limited English proficient understand agency sexual abuse and sexual harassment policies and know how to report and get help if they have been victimized.

There substantial compliance with this standard.

| | |
|---------|---|
| 115.217 | Hiring and promotion decisions |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 616">In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy provides the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment, pages 1-3 provides information concerning employee hiring and promotion practices. The Agency policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring.</p> <p data-bbox="252 660 1484 907">In order to make a determination of compliance, an interview was conducted with a Human Resource staff member (Administrative-Headquarters). The Human Resource staff member confirmed there had been 57 (total for PHS Federal Re-Entry Centers) new employees hired within the past 12 months, all criminal background checks were completed appropriately. Background checks are completed every five years for current employees and employees who fail to disclose information concerning misconduct can be terminated from employment.</p> <p data-bbox="252 963 1444 1086">In order to make a determination of compliance, the auditor observed the Human Resource files on new and current employees. All files were in order and contained appropriate documentation concerning background checks.</p> <p data-bbox="252 1142 1484 1814">The following describes how the evidence above was used to draw the final conclusion regarding compliance. Agency policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. Additionally, staff who have worked at correctional facilities are required to provide an institutional work history. That information is used to contact prior employers to detect any information on substantiated allegations of sexual abuse or a resignation pending investigation for an allegation of sexual abuse. Interviews with Human Resource staff confirm these efforts. There have been 57 (total for PHS Federal Re-Entry Centers) new employees hired within the past 12 months, all criminal background checks were completed appropriately. Background checks are completed every five years for current employees and employees who fail to disclose information concerning misconduct can be terminated from employment. Interviews with Human Resource staff confirm that five-year checks are completed and that appropriate sanctions are available for staff who fail to report misconduct. The auditor notes that criminal background checks on employees are required every five years and completed by Human Resource staff.</p> <p data-bbox="252 1870 1404 2072">The Auditor reviewed policies, application materials, personnel review materials, and personnel files. As indicated by the Administrative Officer any deception, misinformation and/or misinformation by omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment with the Agency.</p> <p data-bbox="252 2128 1300 2161">The Background investigation includes a review of the following criteria: Criminal</p> |

History/Activity: Any applicant with the following criminal/traffic conviction history or criminal/illegal activity shall normally be disqualified from employment. Any Conviction of any crime consisting of engaging or attempting to engage in sexual activity in the community by using force, overt or implied threats of force or coercion are disqualified from employment. An NCIC criminal history check is completed on every applicant.

PHS considers any incidents of sexual harassment during the application process.

Based on the PREA Policy, Employment screening procedures; a review of the employee application packet, a review of the personnel files and the interview with the Human Resource staff (Administrative-Headquarters), the Auditor has determined that PHS as an agency and SRRC as a facility, substantially complies with this standard.

| 115.218 | Upgrades to facilities and technology |
|---------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC has not designed or acquired any new facility or implemented any substantial expansion or modification of existing facilities since the last PREA audit. SRRC updated the video monitoring system in May of 2017. Specifically a camera on the third floor was replaced and a new 32 channel video recorder was installed. The PREA Compliance Manager and the PREA Coordinator were involved in the decision to upgrade the video recording system. In his interview the Agency Head indicated the importance of utilizing technology to enhance the protection of residents from incidents of sexual abuse.</p> <p>There is substantial compliance with this standard.</p> |

| | |
|---------|---|
| 115.221 | Evidence protocol and forensic medical examinations |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 828">In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy provides the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment pages 5 -6 and page 8 provides guidance on evidence protocol, forensic medical examinations and specialized training. The auditor reviewed the Memorandum of Understanding between PHS and the Lutheran Community Services Sexual Assault Family Trauma (SAFeT). The auditor reviewed the SAFeT brochure that is provided to residents. Finally, the auditor reviewed the Spokane County Sheriff’s Office Policy 616 Sexual Assault Investigations. This document provides detailed information concerning how all incidents of sexual assault are coordinated between various agencies within Spokane County. This document provides information on evidence protocols, forensic medical examinations and specialized training need for interviewers who work with sexual assault victims.</p> <p data-bbox="252 884 1380 952">In order to make a determination of compliance, an interviews were conducted with the Director of the SAFeT, the Director of SRRC and the PREA Coordinator.</p> <p data-bbox="252 1008 1484 1254">The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS is responsible for conducting administrative sexual abuse investigations. Criminal investigations are conducted by Spokane County Sheriff’s Office and if necessary, the FBI. Appropriate protocols are in place to conduct sexual assault Investigations in Spokane County. Those protocols are detailed in Spokane County Sheriff’s Office Policy 616, Sexual Assault Investigations.</p> <p data-bbox="252 1310 1476 1646">In the event of an incident all victims are provided access to forensic medical examinations at a health care facility (Sacred Heart Medical Center). All residents who experience sexual abuse have access to forensic medical examinations at an outside facility, without financial cost, pursuant to RCW 7.68.170. This state law states, “Examination costs of sexual assault victims paid by state. No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault”.</p> <p data-bbox="252 1702 1460 1904">Examinations are performed by Sexual Assault Nurse Examiners. However Sacred Heart Medical Center does not have 24/7/365 coverage of SANE trained nurses. Sacred Heart Medical Center does have Nurses on all shifts in the Emergency Department who have been trained in collecting forensic evidence from a victim of sexual assault. There have been no incidents at SRRC that required a forensic medical exam in the past 12 months.</p> <p data-bbox="252 1960 1460 2161">The auditor reviewed the Memorandum of Understanding between PHS and the Lutheran Community Services Sexual Assault Family Trauma Response Center (SAFeT). Additionally, the auditor interviewed the Director of the SAFeT. Both the agency and the Sexual Assault Center indicated a victim of a sexual assault would be provided an advocate and services for intervention and related assistance. The Director of the Sexual Assault Center indicated an</p> |

advocate would support the victim through the forensic examination and investigatory interviews. The PREA Coordinator established an appropriate Memorandum of Understanding that meets the requirements to provide services to victims of sexual abuse or harassment.

PHS is responsible for conducting administrative sexual abuse investigations. Criminal investigations are conducted by the Spokane County Sheriff's Office. In addition, because the residents are under federal jurisdiction an investigation can also be conducted by either the Federal Bureau of Investigation or the Office of the Inspector General. These agencies follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both criminal prosecutions and administrative proceedings which take place after the criminal process is completed. More specifically the auditor reviewed the Spokane Sheriff's Office Policy 616, Sexual Assault Investigations. The purpose of this policy is to provide an effective, coordinated systems response in Spokane County for victims of sexual assault.

Based on the policy review, a review of the MOU, a review of the brochures provided to residents, a review of the Spokane County Sheriff Office Policy 616, Sexual Assault Investigations, interviews with the Director, PREA Coordinator and the Director of the Sexual Assault Center, the Auditor has determined the SRRC substantially complies with this standard.

| | |
|---------|---|
| 115.222 | Policies to ensure referrals of allegations for investigations |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 450">In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); specifically page 6 provides information concerning referrals of allegations for investigations.</p> <p data-bbox="252 499 1461 573">In order to make a determination of compliance, interviews were conducted with the Director, PREA Coordinator and the Investigator.</p> <p data-bbox="252 622 1442 745">In order to make a determination of compliance, the auditor observed signs in both English and Spanish informing residents about how to report an incident of sexual assault or sexual harassment.</p> <p data-bbox="252 795 1477 1391">The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRRC and PHS ensure both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Appropriate procedures are in place to ensure investigation will be completed. PHS has procedures in place that require investigations by appropriate Law Enforcement Agencies and staff at PHS have been trained to conduct administrative investigations involving sexual abuse or harassment. If an administrative investigation potentially involves criminal behavior the investigation is referred to a Law Enforcement agency. Criminal investigations are conducted by the Spokane County Sheriff's Office. In addition, because the residents are under federal jurisdiction an investigation may be conducted by either the Federal Bureau of Investigation or the Office of the Inspector General. These agencies follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for both criminal prosecutions and administrative proceedings which take place after the criminal process is completed. PHS is responsible for conducting administrative sexual abuse investigations.</p> <p data-bbox="252 1440 1485 1776">The agency documents all referrals. The PHS Web site provides information concerning PREA and the PREA Policy is posted on the Web site. The PREA Policy specifically states: An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations and the appointing authority, the agency responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment shall have in place a policy governing the conduct of such investigations.</p> <p data-bbox="252 1825 1445 1899">In the past 12 months there has been zero administrative investigations for sexual abuse or sexual harassment and no criminal investigations for sexual abuse.</p> <p data-bbox="252 1948 1445 2022">Based on a review of the policy, and interviews with the Director, PREA Coordinator and the Investigator, the Auditor concludes there is substantial compliance with this standard.</p> |

| | |
|---------|---|
| 115.231 | Employee training |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 533">In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019; pages 6-7 provide information concerning training requirements. The auditor reviewed the initial hire staff training material, the PREA Training Curriculum for all Residential Re-Entry Staff and the standards of employee conduct. The auditor reviewed twenty-eight (28) Employee Training records.</p> <p data-bbox="252 584 1425 658">In order to make a determination of compliance, interviews were conducted with seven (7) random staff.</p> <p data-bbox="252 710 1453 875">In order to make a determination of compliance, the auditor observed several informational signs throughout the facility detailing how to make a report of sexual assault or sexual harassment. In addition, the auditor observed staff making announcements when entering a housing unit.</p> <p data-bbox="252 927 1473 1473">The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC trains employees on zero tolerance and an employee's responsibilities to prevent, detect, report and respond to incidents of sexual abuse and harassment. Employees are informed of the residents' right to be free from sexual abuse and to be free from retaliation for reporting incidents of sexual abuse and harassment. Employees are trained on the dynamics of sexual abuse in confinement, the reactions of victims and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with residents and how to effectively communicate with all residents. In addition, mandatory reporting laws are reviewed. The training is tailored to the residents at SRRC. SRRC houses both male and female residents. All employees have been trained, they are trained annually, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.</p> <p data-bbox="252 1525 1437 1691">Employees are aware of SRRC's current sexual abuse and sexual harassment policies and standard operating procedures. SRRC documents that employees understand the training they have received. The Auditor reviewed employee training records and the PREA Coordinator provided copies of training records for the employees.</p> <p data-bbox="252 1742 1477 1908">The auditor reviewed twenty-eight (28) Employee Training records, each file reviewed contained documentation on the date of hire, PREA Training Dates and Acknowledgement documents. The training records indicate PREA training occurred in 2015, 2016 and 2017 and for new employees in 2018.</p> <p data-bbox="252 1960 1481 2157">Staff members who were interviewed by the Auditor indicated a clear understanding of the Prison Rape Elimination Act. The random staff interviewed were able to recall information from the training such as the zero tolerance for sexual assault and sexual harassment, professional and gender specific pat search procedures, how to respond to sexual assaults and duties of the first responder. Staff members recalled how to avoid inappropriate relationships with</p> |

residents, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training and their knowledge of the training curriculum.

SRRC complies with this standard.

| | |
|---------|--|
| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy states on page 1 that the policy applies to all PHS staff, to include employees (including full-time, part-time, temporary and on-call), volunteers and contractors. The auditor reviewed the Residential Re-Entry Volunteer Manual.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC does not have volunteers entering the facility to conduct on site treatment or provide Religious programming for residents. All treatment or other programming is provided off site. Community services are coordinated by the resident and it is the resident's responsibility. Other individuals who enter SRRC for repairs, IT, phone, physical plant, etc., are always supervised by staff and they do not have contact with residents. However, these individuals are provided with information concerning PREA and the Zero Tolerance policy. The auditor notes that even though there are no volunteers at the present time, SRRC is anticipating expanding services to include volunteers. For this reason, the Volunteer Manual has been developed and a training curriculum has been established.</p> <p>There is substantial compliance with this standard</p> |

| | |
|---------|--|
| 115.233 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); page 7 provides information relative to resident education. Various brochures concerning the sexual assault center services, the resident handbook and the intake paperwork was reviewed. The auditor also reviewed signed documents by both staff and residents indicating distribution and receipt of PREA related material. Finally, the auditor reviewed twenty (20) resident files documenting admission date, orientation date, risk assessment date, and comprehensive education date. The auditor further notes that each resident meets with his or her case manager on a weekly basis for the first six weeks a resident is at SRRC and once every two weeks after the initial six weeks. These visit are documented by the case managers.</p> <p>In order to make a determination of compliance, interviews were conducted with intake staff, staff who conduct Risk Assessments and residents.</p> <p>In order to make a determination of compliance, the following observations were made during the on-site tour of the facility : Throughout the facility there is information posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Additionally, there is information available to all residents concerning the Lutheran Community Services Sexual Assault Family Trauma (SAFeT) Response Center. Finally, the auditor observed residents meeting with case managers throughout the duration of the audit.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Residents receive information on zero tolerance, how to report incidents of sexual abuse and harassment, their right to be free from sexual abuse and harassment and to be free from retaliation for reporting incidents. In addition, residents are informed about how SRRC will respond to such incidents.</p> <p>Intake Staff interviews verify that residents receive the appropriate information. In addition to this information residents are provided a handbook that also provides information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed all residents receive this information. Interviews with residents also confirm that SRRC Staff provide information on reporting incidents of sexual abuse. The agency documents the receipt of this information. Subsequent to the intake process SRRC Case Management staff provide additional information to residents concerning PREA in both video and written format. Interpretation services are provided for residents who may not be able to understand the presented material. Resident education is provided in formats accessible to all residents, including those who are limited English proficient, Deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.</p> <p>Throughout the facility there is information posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Residents can receive support services from a</p> |

sexual assault advocate, who is someone from a community sexual assault program that provides confidential information, medical or legal advocacy, counseling, or support to victims of sexual assault. A pre-designated victim advocate will also be available to support victims at the hospital whenever a forensic medical examination is done. The victim advocacy service for SRRC is the Lutheran Community Services Sexual Assault Family Trauma Response Center (SAFeT). Resident interviews confirm this information is available.

The Auditor also reviewed a random sample of resident files, each file reviewed contained documentation to support a resident's initial intake and the information concerning PREA that was provided during intake and information concerning the resident's participation in the comprehensive PREA education.

There is substantial compliance with this standard. During the random resident interviews all residents indicated they had received a handbook and had been seen by the Case Manager for a PREA assessment.

| | |
|---------|---|
| 115.234 | Specialized training: Investigations |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 750">In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); page 8 contains information concerning specialized training for investigators. The auditor reviewed training certificates for the investigators one from the Moss group and one from the National Institute of Corrections. The auditor notes the curriculum Specialized Training: Investigating Sexual Abuse in Confinement Settings is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.234 requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.234.</p> <p data-bbox="252 795 1348 873">In order to make a determination of compliance, interviews were conducted with two investigators for PHS.</p> <p data-bbox="252 918 1476 1736">The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS conducts administrative investigations involving sexual abuse and sexual harassment. The investigator has received training in conducting investigations in confinement settings. This training was on line and coordinated by the Moss Group. The title of the training is "Investigating Sexual Abuse in a Confinement Setting". That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The auditor reviewed the training certificate and interviewed the Investigator. The Investigator as aware of his responsibilities during an investigation; he indicated that upon notification of an allegation the investigation would begin immediately. Any allegation that potentially involved criminal behavior would require police involvement. The training he took from the Moss Group covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection and victim advocacy. Securing and processing the scene for evidence. Securing all evidence maintaining the integrity of the evidence. Seeing to the needs of the victim, providing advocacy support from Mental Health Staff. The investigator stated he would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with resident victims, assailants, and witnesses. Understanding of the dynamics of resident sexual violence. Establishing good working relationships with outside agencies hospitals, prosecutors, and other investigators.</p> <p data-bbox="252 1780 1476 2072">The investigator noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. The investigator indicated that if the incident was criminal in nature, he would not collect specific physical and DNA evidence, he would aid the investigating agency by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of prior sexual abuse and he would provide any information on prior investigations involving either the victim or the perpetrator.</p> <p data-bbox="252 2116 1452 2150">The agency PREA Policy indicates, PHS shall provide specialized training to its investigators</p> |

who conduct PREA investigations. Training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action. Documentation shall be maintained showing that investigating staff have completed required training in conducting sexual abuse investigations in a confinement setting. In addition to the Investigator interview, the auditor was provided documentation to substantiate the training for the investigators.

Based on the review of the training records and investigator interview the Auditor determines there is substantial compliance with this standard.

| | |
|----------------|--|
| 115.235 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Not Applicable. SRRC does not provide in house medical and mental health staff. Residents are referred to community providers. |

| | |
|---------|---|
| 115.241 | Screening for risk of victimization and abusiveness |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 481">In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); specifically page 8-9 provides information concerning screening for risk of victimization and abusiveness. The auditor also reviewed the risk assessment form.</p> <p data-bbox="252 537 1420 660">In order to make a determination of compliance, interviews were conducted with staff who conduct screening for risk of victimization and abusiveness. In addition, interviews were conducted with residents.</p> <p data-bbox="252 705 1476 907">In order to make a determination of compliance, the auditor observed residents meeting with Case Managers during the time of the on-site visit. These meetings were conducted in an effort to determine how the resident was adjusting to life outside of prison. The residents were questioned on a number of issues including job opportunities, financial status, level of safety and in several cases drug and alcohol treatment follow-up.</p> <p data-bbox="252 963 1484 1556">The following describes how the evidence above was used to draw the final conclusion regarding compliance. All residents are provided Risk Assessments upon intake. The policy provides that assessments are conducted within the first 72 hours. The Auditor notes that these assessments are done almost immediately after the initial intake. The assessment includes a determination of the residents mental health and physical health, the age of the resident, the physical build of the resident, previous incarcerations, criminal history, prior sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the resident's perception of his or her vulnerability. Residents are reassessed within 30 days or if additional information is received. Residents are not disciplined for failing to answer any questions. All information gathered during intake is shared with only those staff that have a need to know. Sensitive information is not shared unnecessarily. Interviews with Case Management staff confirmed the use of the assessment tool. In addition, resident interviews indicated the use of the assessment tool.</p> <p data-bbox="252 1612 1468 1892">Interviews with Case Management staff confirmed the use of the assessment tool. The Case Management staff indicated their responsibilities included assessing all residents especially those with special needs or those who may be vulnerable or express feelings of vulnerability. The Case Managers indicated the need to provide safe housing, and program resources that ensured a safe environment for all residents. The Auditor reviewed the files of several residents. The files contained the appropriate Intake forms and Assessment forms, they were signed and dated by both staff and residents.</p> <p data-bbox="252 1948 1436 2116">The auditor notes that if a resident identifies as transgender, the intake staff include information which indicates the residents preferred gender identification, name preference, where they would prefer to be housed (male or female unit) and if they prefer a male or female officer for the purpose of conducting pat searches.</p> |

The auditor interviewed four staff members who conduct risk assessments (Case Managers). Each of the staff members interviewed was aware of their responsibilities in conducting risk assessments. The Case Managers indicated they conduct face to face interviews, they consider all aspects, suicide, mental health, drug issues, sexual assault victim, gang activity, physical build, verbal and social skills, special needs residents, safety. When asked about reassessment of residents their responses were similar. Reassessments are done at a minimum of every 30 days. However, informal checks are conducted almost daily. As noted, Case Managers meet with residents formally once a week for the first six weeks of their stay at the SRRC and formally every two weeks (after the initial six weeks) until release.

Based on a review of the intake process, a review of the risk assessment form, and interviews with Intake staff, Case Management staff and residents, there is substantial compliance with this standard.

| | |
|---------|--|
| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); specifically pages 9-10 provides information on use of screening information.</p> <p>In order to make a determination of compliance, interviews were conducted with the PREA Coordinator and staff who conduct risk assessments.</p> <p>In order to make a determination of compliance, the auditor observed residents meeting with Case Managers during the time of the on-site visit.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRRC utilizes the intake information to make decisions on housing assignments. The needs of each resident are taken into consideration. Work and education programs are off site in the community, SRRRC staff do not share intake information with community providers. Although no transgender or intersex offenders are currently in the population, Case Management staff indicated they would determine housing on a case by case basis and have appropriate facilities available to ensure the safety of all residents. The PREA Coordinator stated during her interview the Agency would consider a transgender or intersex resident's own views with respect to safety. Transgender or intersex residents would be involved in decisions concerning housing placement.</p> <p>Residents at SRRRC engage in job search and education endeavors in the community at their own direction. Any offer of employment and education is reviewed, verified and approved by the assigned Case Manager and/or Director. Any potential conflict, such as another resident working at the same employer, is reviewed for any confirmed conflict prior to final approval. PREA Risk Assessment outcomes would be taken into consideration during this review.</p> <p>Interviews with Case Management staff, the Director, and the PREA Coordinator clearly indicates the facilities efforts to ensure a safe living environment for all residents, there is substantial compliance with this standard.</p> |

| | |
|---------|--|
| 115.251 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 10-11 provides information on ways to report incidents of sexual assault or sexual harassment. The auditor reviewed the Resident Handbook, information concerning the Prison Rape Elimination Act of 2003 (PREA) is found in Appendix E. The auditor reviewed the Intake Brochure provided to each resident and the staff brochure provided to each staff member. The auditor reviewed the current contract with Specialty Answering Services. The auditor also reviewed the PHS web site which provides information on how to report an act of sexual harassment or sexual abuse.</p> <p>In order to make a determination of compliance, interviews were conducted with both random staff and residents. The auditor also had informal conversations with the PREA Coordinator and the Director concerning the contract with Specialty Answering Services.</p> <p>In order to make a determination of compliance the following observations were made during the on-site tour of the facility: The housing units had signs informing residents of their right to be free of sexual abuse. There were signs informing residents how to report incidents of sexual abuse. The signs were posted in both English and Spanish. In addition, there was information provided concerning local services provided by Lutheran Community Services Sexual Assault and Family Trauma Center.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Residents have multiple ways to report allegations of sexual abuse and sexual harassment. There is an external PREA hotline that is not recorded. They can report verbally or in writing. Third party reports can be made to any staff or directly to PHS headquarters. Residents may file a grievance, residents also may contact the US Office of Inspector General. Staff can privately report to a supervisor, headquarters or they may use the hotline. These multiple methods of reporting are posted throughout the facility, they are available in the handbook and they are reviewed with the resident during intake and subsequent follow up with the Case Manager. Resident interviews confirm knowledge of the reporting procedures. Staff interviews confirm knowledge of reporting procedures.</p> <p>Third party reports can be made to any staff including the Director. The PHS web site provides the following information concerning reporting: Reporting Sexual Victimization: If you need to report an allegation of sexual victimization, or to report an allegation of sexual victimization on behalf of an individual who is or was in a Pioneer facility or program, please follow the guidelines below. In all reports, it's critical that you provide as many details as possible, including: The names and locations of alleged persons involved; The names of any witnesses to the alleged incident; A brief description of the alleged incident; Date, time and location of where the alleged incident occurred; Your contact phone number and address if you wish to do so. The external PREA hotline at 1-855-999-2021 (can remain anonymous) In writing to: PREA coordinator, PO Box 18377, Seattle WA 98118-0377 In person or by phone to any facility staff; By email: PREA@p-h-s.com.</p> |

Staff can privately report to a supervisor, or other designated official. Staff can report anonymously to the Human Resource department or directly to the PREA Coordinator.

Residents and staff at SRRRC have several methods available to make reports concerning sexual abuse or sexual harassment. There is substantial compliance with this standard.

| | |
|---------|---|
| 115.252 | Exhaustion of administrative remedies |
| | <p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1476 448">In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); specifically pages 11-12 provide information concerning the exhaustion of administrative remedies .</p> <p data-bbox="252 492 1476 873">The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS has an administrative procedure to address sexual abuse grievances. PHS does not impose a time limit, no informal grievance process is required. If an allegation is made against a staff member that staff member is not involved in the grievance process. There is an initial response within 48 hours and a final agency decision within 90 days. Third parties can submit and if necessary assist the resident in filing a grievance. There is an established procedure for emergency grievance and an initial response within 48 hours with a final decision within 5 days. If a grievance is filed in bad faith the resident may be disciplined.</p> <p data-bbox="252 918 1476 1176">All allegations of abuse or harassment, when received by staff, would immediately result in the implementation of protocols established in the PREA Policy. Those protocols require an immediate investigation. If the allegation involves a staff member the subject of the complaint would not be involved in the investigation. Residents are not required to use an informal grievance procedure and there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="252 1220 1476 2150">The SRRC permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits and refrains from requiring a resident to use any informal grievance process. The staff member who is the subject of the complaint is never involved in the resolution of the complaint and has no part in the investigation process. All grievances concerning sexual abuse/harassment are investigated by management staff, the grievance is never referred to the staff member who is the subject of the grievance. A final decision is made on all grievances within 90 days. The SRRC has never been unable to resolve a grievance concerning sexual assault/harassment within 90 days. No extensions of time have been requested. However, the SRRC would notify the resident in writing of any such extension and provide a date by which a decision will be made if that situation occurred. The SRRC allows third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, access to filing grievances on behalf of residents relating to allegations of sexual abuse/harassment. The SRRC allows residents to file emergency grievance alleging that he or she is subject to a substantial risk of imminent sexual abuse. Upon receipt of such a grievance the SRRC immediately responds with corrective action to provide for the safety of the resident. The resident would be removed from the immediate area placed in a safe environment and a subsequent investigation would be completed into the grievance. SRRC would provide an initial response to the resident within 48 hours and the resident would receive a final decision within 5 calendar days. The final decision and response to the grievance would include how the SRRC responded to the emergency, what steps were taken to provide for the safety of the resident and what actions were taken to prevent the situation from occurring again. It would also include information concerning the alleged perpetrator and</p> |

what actions had been taken concerning the alleged perpetrator. The SRRC would treat an emergency grievance concerning imminent sexual abuse with an immediate investigation. The staff member receiving the grievance would immediately seek to provide safety for the resident. SRRC does discipline residents for filing a grievance related to alleged sexual abuse in bad faith, however the Investigator must justify the disciplinary case against the resident within the context of the final report.

In the past 12 months zero grievances have been filed that alleged sexual abuse or sexual harassment. No third-party claims on behalf of residents have been filed in the last 12 months.

| | |
|---------|---|
| 115.253 | Resident access to outside confidential support services |
| | <p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1484 526">In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); page 13 provides information concerning resident access to outside confidential support services. In addition, the auditor reviewed the MOU between SAFeT and SRRC, the Resident Handbook and the Staff PREA Brochure.</p> <p data-bbox="252 582 1452 705">In order to make a determination of compliance, interviews were conducted with the Director of SAFeT and random residents who had received information and recalled information concerning SAFeT.</p> <p data-bbox="252 750 1484 873">In order to make a determination of compliance, the auditor observed the information provided concerning local services provided by Lutheran Community Services that was available throughout the facility and provided to residents during intake and risk assessment interviews.</p> <p data-bbox="252 918 1484 1691">The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS has established a Memorandum of Understanding with the Lutheran Community Services Sexual Assault Family Trauma Response Center (SAFeT). These advocates provide support related to sexual assault. Advocates are a component of the standard response to a report of sexual abuse/sexual harassment within the facility. They facilitate follow-up, whenever possible, between the resident and an advocate by mail, telephone, or in person while the victim resides at the SRRC. SRRC provides residents with confidential, 24-hour access to the SAFeT via the phone. SRRC respects the confidential nature of communication between the advocates and their clients. Advocates are cleared to enter the SRRC for meetings and training sessions, or to meet with clients. Advocates are provided private meeting space for counseling sessions. SRRC facilitates the placement of information placards with instructions on how to access the crisis line in areas visible to residents. The SAFeT provides advocacy-based counseling and crisis intervention services. Advocates provide follow-up services and crisis intervention contacts to victims of sexual assault at the SRRC. Advocates maintains confidentiality of communications with clients residing at the SRRC. Residents have access to the mailing address, telephone numbers including a toll-free number that provides confidential communication between residents and the SAFeT.</p> <p data-bbox="252 1736 1484 2150">The auditor interviewed a staff member from SAFeT. During the interview the SAFeT Staff member indicated that a MOU was in place with the SRRC and that Victim Advocates were available to assist victims and would initially meet any victims at the hospital. Victim Advocates have received Sexual Assault Advocacy Training. The training included: How to detect and assess signs of sexual abuse and sexual harassment; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The staff member from SAFeT indicated that at the initiation of services to a resident, Advocates would disclose the limitations of confidentiality. Victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis intervention services and the nature and</p> |

scope of the services would be determined according to the professional judgment of the hospital staff and Advocacy staff. Finally, follow up services would be provided as necessary and that the level of care was consistent with community standards.

Based on the interview with the staff member from SAFeT, a review of the MOU between the SRRC and the SAFeT, and the interviews with residents, there is substantial compliance with this standard.

| | |
|---------|---|
| 115.254 | Third party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); page 13 provides information on third party reporting. The auditor reviewed the PHS Web site which provides information to the public on how to report resident sexual abuse or sexual harassment on behalf of a resident. The auditor also reviewed the PREA Zero Tolerance pamphlet for family and friends of residents.</p> <p>In order to make a determination of compliance, interviews were conducted with random residents who confirmed their knowledge of third-party reporting capabilities.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS has established a method to receive third party reports of sexual abuse. This information is available on the PHS website (www.phs.org). Information is available to the public on how to report resident sexual abuse or sexual harassment on behalf of the residents. The telephone Line for the public is: 1-855-999-2021.</p> <p>The SRRC provides a PREA Zero Tolerance pamphlet for family and friends of residents. This pamphlet provides specific information about PREA, contact information, reporting information and information to assist in identifying victims of sexual assault. The pamphlet and website were examined by the auditor. Resident interviews confirm awareness of the third-party reporting capabilities.</p> |

| | |
|---------|---|
| 115.261 | Staff and agency reporting duties |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 450">In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). Pages 13-14 provide guidance on an official response following a resident report and staff and agency reporting duties.</p> <p data-bbox="252 499 1414 573">In order to make a determination of compliance, the auditor interviewed random staff, the Director and the PREA Coordinator.</p> <p data-bbox="252 622 1477 1043">The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff members are also required to report any retaliation against residents or staff who has reported an incident of sexual assault or sexual harassment. Regardless of its source, SRRC employees who receive information concerning resident on resident sexual misconduct at SRRC, or who observe an incident of resident on resident sexual misconduct or have reasonable cause to suspect a resident is a victim of sexual misconduct, must: Immediately report the information or incident directly to their immediate Supervisor. If necessary, (alleged criminal behavior) Law Enforcement will be notified.</p> <p data-bbox="252 1093 1477 1346">Any SRRC employee who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report, may face disciplinary action, up to and including termination of employment. All SRRC staff have a duty to report any allegation of sexual abuse as required by mandatory reporting laws (RCW 26.44.030). Residents are informed of the limitations of confidentiality between residents and staff.</p> <p data-bbox="252 1357 1445 1693">Aside from reporting to the designated supervisors or officials and designated State or local service agencies, SRRC 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. Although no complaints have been received from a member of the public, a procedure has been established for third party reports to be sent to the PHS PREA Coordinator. If an allegation is received the PREA Coordinator would inform one of the Investigators begin an investigation. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="252 1742 1430 1861">PHS Policy requires that immediate action is taken to protect residents from sexual abuse. Staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the resident.</p> <p data-bbox="252 1910 1318 1944">Based on the above information there is substantial compliance with this standard.</p> |

| | |
|---------|--|
| 115.262 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). Pages 13-14 provide guidance on an official response following a resident report and staff and agency reporting duties.</p> <p>In order to make a determination of compliance, the auditor interviewed random staff, the facility Director and the PREA Coordinator.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Review of policy and interviews with the PREA Coordinator and Random Staff demonstrated the appropriate protective measures that would be taken in the event it was found that a resident was at imminent risk of sexual abuse. Additionally, all staff interviewed indicated specific knowledge of the protective measures that should be taken in the event a resident was subject to substantial risk of imminent sexual abuse.</p> <p>The auditor reviewed the PREA policy, The PREA Policy outlines a staff members response to any allegation of sexual misconduct. As stated the in procedures, upon learning that a resident is subject to a substantial risk of imminent sexual abuse, PHS shall take immediate action to protect the resident by separating the victim from perpetrator and attending the needs of the victim while not impeding in the investigation. Staff who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim's behalf to ensure the victim receives prompt medical and mental health, as appropriate to his or her needs, and the circumstances of the alleged offense.</p> <p>Staff interviews revealed that staff members were formally trained on and understand how to ensure residents are kept safe in the event they are at risk for imminent sexual abuse. Upon receipt of information that a resident is subject to a substantial risk of imminent sexual abuse, the SRRC staff all indicated immediate action would be taken. Specifically, at a minimum, housing and/or programming changes would be initiated to separate or limit a threat between residents. All the random staff interviews indicated a similar answer.</p> <p>PHS Policy requires that immediate action is taken to protect residents from sexual abuse. Although there have been no incidents in the past 12 months at the SRRC, staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the safety of the resident.</p> |

| | |
|---------|--|
| 115.263 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). Page 14 provides guidance on reporting to other confinement facilities.</p> <p>In order to make a determination of compliance, interviews were conducted with the Director and the Agency Head Designee.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Upon receiving an allegation that a resident was sexually abused while confined at another facility, PHS policy requires notification to the head of the facility and to appropriate Law Enforcement authorities within 72 hours. This notification is documented. There have not been any reports from a resident that they were sexually abused at another facility in the past 12 months.</p> <p>Interviews with both the Director and the Vice President indicate compliance with this procedure.</p> |

| | |
|---------|---|
| 115.264 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). Pages 14 – 15 provide guidance on staff first responder duties. In addition, the auditor reviewed the Coordinate Response plan.</p> <p>In order to make a determination of compliance, the auditor interviewed seven (7) random staff.</p> <p>In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: During the tour informal discussions were conducted by the auditor with Resident Monitors concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussion staff indicated the most important step was to keep the victim safe and believe what the victim had stated and proceed to take action as necessary to ensure the safety of the victim.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRC staff members were interviewed concerning first responder responsibilities. Staff members are aware of their responsibility in this area. The staff members interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim to not take any action that would compromise the evidence, and if possible ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact their supervisor who would contact the Director (Investigator).</p> <p>The staff interviewed indicated they had received training that included the duties of a first responder. A first responder is required to: Separate the alleged victim and abuser; Preserve and protect the crime scene; request the alleged victim to not destroy evidence and ensure the alleged abuser does not destroy evidence. A non-security staff first responder is required to request the victim to not destroy evidence and then notify a detention staff member.</p> <p>Interviews with staff clearly indicate they understand the duties of a first responder. Additionally, PREA Policy clearly describes the steps to be taken in response to an allegation of sexual abuse, assault or harassment. Those steps include, separate the parties, cell reassignment, secure the scene, follow evidentiary practices, medical evaluation, notification of Mental Health for follow-up and the need to monitor those who reported the incident for a minimum of 90 days to ensure no retaliation has occurred due to reporting or cooperation.</p> <p>During the past 12 months SRRC has not had any incidents of sexual assault.</p> <p>Based on the interviews and the availability of information available to staff concerning their duties as first responders, there is substantial compliance with this standard.</p> |

| | |
|---------|---|
| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). Pages 14 – 16 provide guidance on staff first responder duties. In addition, the auditor reviewed the Coordinate Response plan.</p> <p>In order to make a determination of compliance, the auditor interviewed random staff, the Director and the PREA Coordinator.</p> <p>In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: During the tour informal discussions were conducted by the auditor with Resident Monitors concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each of these informal discussion staff indicated the most important step was to keep the victim safe and believe what the victim had stated and proceed to take action as necessary to ensure the safety of the victim.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRRC has a written plan that includes, immediate notification to the facility Director, PREA Coordinator, law enforcement and sexual assault advocates. The Director stated during his interview that staff are trained to follow the PREA Response Plan that includes but is not limited to, separating the involved individuals, contacting law enforcement, maintaining evidence integrity, contacting the PREA Coordinator, Community Partners, and assisting in transport if necessary.</p> <p>The Coordinated Response plan delineates specific responsibilities for both First Responders and the Director. First Responders are expected to ensure that alleged victim and abuser are separated. Ensure that supportive staff (of the same sex, if possible) remains with alleged victim. All security staff and potential first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Notify 911 if emergent. Notify Director/PREA Compliance Manager. Ensure that evidence (crime scene) is preserved and protected for evidence collection. This includes securing or partitioning off the area where the incident occurred. Law enforcement will collect evidence from the scene. Request that the alleged victim does not take actions that could destroy physical evidence. This may include washing, brushing teeth, changing clothes, urination, and defecation, eat, or drink. Evidence collection is possible up to 120 hours after alleged incident. Ensure that alleged perpetrator is monitored. Ensure that alleged perpetrator does not destroy physical evidence. This may include washing, brushing teeth, changing clothes, urination, and defecation, eat, or drink.</p> <p>The Director’s responsibilities include notifying the Bureau of Prisons & Director of Residential Programs. Gather information from first responder. If not present, assess need to return to facility. If incident involves a staff member, they are to report back to program to facilitate a response. Ensure first responders have access to response protocols. Ensure that First</p> |

Responder and Medical responsibilities are met. Ensure that the crime scene is secure. Coordinate access and resources as needed for: Transport to hospital for victim, Support staff for victim, coordinate law enforcement/FBOP access to staff, residents and facility. Provide victim timely information about and access to emergency contraception and preventive treatment for sexually transmitted infection in accordance with professional standards of care. Offer sexual assault victim advocate services – Call SAFeT. Communicate pertinent information to Sacred Heart Hospital. Request that evidence is preserved for both the alleged victim and when possible, the perpetrator. Request that the alleged victim not take any actions that could destroy physical evidence and ensure that the perpetrator not take any actions that could destroy physical evidence. This may include not being allowed to shower or clean up, brush teeth, change clothes, or eat. Convene Incident Review team to review incident. Monitor progress of investigations, both internal and external. Upon investigation completion, inform resident on whether allegation was substantiated, unsubstantiated or unfounded and document notification. For allegations of staff abuse that are substantiated or unsubstantiated, inform resident when the staff member is no longer employed at the facility; or the agency learns that the staff member has been indicted or convicted for a charge related to the sexual abuse within the facility. For allegations of abuse by other residents, inform the resident when the perpetrator has been indicted or convicted for the charge related to the sexual abuse.

Based on the interviews with random staff, the Director and the PREA Coordinator and a review of the Coordinated Response Plan, there is substantial compliance with this standard.

| | |
|----------------|---|
| 115.266 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>In order to make a determination of compliance the auditor interviewed Human Resource staff and Designated Agency Head.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance.</p> <p>PHS has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. There is no collective bargaining agreement that would prohibit immediate action to protect residents. The Agency Head and HR staff confirm there is no prohibition against removing alleged staff sexual abusers from contact with residents.</p> |

| | |
|---------|---|
| 115.267 | Agency protection against retaliation |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 450">In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). Pages 15-16 provide guidance on agency protection against retaliation.</p> <p data-bbox="252 499 1461 577">In order to make a determination of compliance, the auditor interviewed the Director who is a designated staff member to monitor retaliation.</p> <p data-bbox="252 627 1461 920">The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS prohibits retaliation against both residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. The SRRC Director (Compliance Manager) is the designated staff member to monitor retaliation. Multiple measures are available that include removal of alleged staff and alleged resident abusers, housing changes and advocate support. Monitoring can last for at least 90 days and includes periodic status checks. The SRRC Director was aware of his requirements for monitoring.</p> |

| | |
|---------|--|
| 115.271 | Criminal and administrative agency investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 16 – 17 provides guidance on investigations. The auditor reviewed the Spokane County Sheriff’s Office Policy 616 Sexual Assault Investigations. The auditor reviewed the Moss Group curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings. Finally, the Auditor reviewed one administrative investigative file.</p> <p>In order to make a determination of compliance, the auditor interviewed two PHS investigators.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. The SRRRC conducts administrative investigation allegations of sexual abuse and sexual harassment, the investigations begin upon staff notification, the investigations are thorough. Third party reports if received are investigated in the same manner as a direct report. Any report of sexual abuse that appears to be criminal in nature is referred to Law Enforcement. All four investigators have received training by the NIC or the Moss Group, specifically, “Investigating Sexual Abuse in a Confinement Setting” Investigators gather and preserve direct and circumstantial evidence; however, crime scenes are secured to prevent any contamination and the lead Law Enforcement agency collects physical and DNA evidence. All electronic monitoring data, records, resident files, staff memorandums are collected by PHS investigator and provided to the lead Law Enforcement agency. PHS Investigators would interview alleged victims, suspected perpetrators, and witnesses for administrative investigations. Under normal circumstances the lead Law Enforcement agency will conduct their own interviews during a criminal investigation. PHS Investigators do not conduct compelled interviews, if necessary those interviews would be conducted by the lead Law Enforcement agency in consultation with the lead Prosecutors office. During his interview the PHS Investigator stated that the credibility of an alleged victim, suspect, or witness was based on the individual and not on his status as a resident or staff.</p> <p>Residents are not subject to polygraph examination or other truth telling devices.</p> <p>Administrative investigations are thorough and provide information detailing staff actions in response to an incident and whether staff actions in any manner contributed to the abuse. All administrative investigations are documented in written reports and include investigative findings based on information provided by the evidence collected.</p> <p>Criminal investigations are documented and maintained by the lead Law Enforcement agency. The PHS Investigator is provided a summary of the case and the case disposition. All evidence collected during a criminal investigation is maintained by the lead Law Enforcement agency. The lead Law Enforcement agency refers cases for criminal prosecution based on their investigations. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.</p> |

SRRC retains all written investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. An investigation is never terminated due to the departure of the alleged abuser or victim. If a staff member is terminated or resigns the investigation continues until resolution.

The PHS Investigator works with the lead Law Enforcement agency and fully cooperates with that agency during the investigation.

The facility reports that in the last 12 months there has been zero allegations of sexual harassment.

The SRRC has four (4) individuals who have received the specialized training for conducting sexual abuse investigations as required by PREA standard 115.234. SRRC has procedural guidelines for administrative investigations. Upon the completion of an administrative or criminal investigation SRRC will conduct a follow up investigation for Human Resource action as necessary.

The PHS Investigators indicated during their interviews that the training they received included good interpersonal communication skills with resident victims, assailants, and witnesses. Understanding of the dynamics of resident sexual violence. Establishing good working relationships with outside agencies hospitals, prosecutors, and investigators and establishing procedures for evidence collection. They indicated the training also included information on the proper use of the Miranda and Garrity warnings.

The Auditor reviewed the PREA Policy and the Moss Group curriculum, Specialized Training: Investigating Sexual Abuse in Confinement Settings. This training is designed to address the requirements outlined in the Prison Rape Elimination Act (PREA) standard 115.234 requiring specialized training for individuals tasked with investigating alleged incidents of sexual abuse in confinement settings. Additionally, this curriculum contains the information fundamental to understanding the concepts required by PREA standard 115.234 and best practice in investigating incidents of sexual abuse. The course provides training on legal Issues and liability, trauma and victim response, medical and mental health care, first response and evidence collection, adult and juvenile interviewing and report writing.

Based on the review of policy, and the interview with the PHS Investigators there is substantial compliance with this standard.

| | |
|----------------|--|
| 115.272 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the auditor interviewed two PHS investigators.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. The Investigative Officers were interviewed concerning the evidential standard for administrative investigation. Their response to the question of the evidential standard for an administrative investigation was the same for both Investigators. According to both investigators the standard of evidence was as follows: "The evidence standard for administrative investigation is a "preponderance of the evidence". The Investigative Officers received specialized training relevant to PREA. Specifically, "Investigating Sexual Abuse in a Confinement Setting". The Investigative Officers were interviewed and explained to the auditor in detail the steps to be taken during a PREA related investigation.</p> |

| | |
|----------------|--|
| 115.273 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 17-18 provide guidance on reporting to residents upon completion of the investigation.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Residents are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the resident's unit; the staff member is or is not employed; the staff member has been indicted and/or the staff member has been convicted. In addition, if the alleged abuser is a resident, the resident victim would be informed if the alleged abuser was indicted and or convicted. All notifications are documented.</p> |

| | |
|---------|--|
| 115.276 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 18-19 provide guidance on disciplinary sanctions for staff.</p> <p>In order to make a determination of compliance, the auditor interviewed the Human Resource Specialist.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Staff shall be subject to disciplinary action, up to and including termination, for violating PHS PREA policies. Disciplinary sanctions for violations of PHS policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. All terminations for violations of the PREA policy, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. PHS will track all staff terminations, as well as licensing notifications, at the corporate level. The Human Resource specialist indicated there has been no staff terminations for violations of agency sexual abuse or sexual harassment policies at SRRC in the past 12 months. Human Resource staff indicate appropriate notifications would be made to licensing boards or other agencies.</p> <p>The Auditor reviewed the PHS PREA Policy. The auditor also interviewed the Human Resource Specialist. Based on the PHS PREA Policy, and the interview with Human Resources there is substantial compliance with this standard.</p> |

| | |
|---------|---|
| 115.277 | Corrective action for contractors and volunteers |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 450">In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 18-19 provide guidance on disciplinary sanctions for staff, contractors and volunteers.</p> <p data-bbox="252 495 1469 573">In order to make a determination of compliance, the auditor interviewed the Human Resource Specialist.</p> <p data-bbox="252 618 1469 1133">The following describes how the evidence above was used to draw the final conclusion regarding compliance. Pursuant to the PHS PREA policy, Contract staff and volunteers who are found to have committed staff sexual misconduct will be terminated from service and prohibited from contact with residents. For contract staff terminations, the PREA compliance manager (Director) will notify the contract staff/organization in writing with a copy to the PREA coordinator, who will alert all facilities of the termination. SRRC does not have volunteers entering the facility to conduct on site treatment or provide Religious programming for residents. All treatment or other programming is provided off site. Community services are coordinated by the resident and it is the resident's responsibility. Other individuals who enter SRRC for repairs, IT, phone, physical plant, etc., are always supervised by staff and they do not have contact with residents. However, these individuals are provided with information concerning PREA and the Zero Tolerance policy.</p> <p data-bbox="252 1178 1461 1256">There have been no incidents of contractors or volunteers violating PHS PREA policies within the past 12 months.</p> |

| | |
|---------|--|
| 115.278 | <p>Disciplinary sanctions for residents</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); page 19 provides guidance on disciplinary sanctions for residents. In addition, the auditor reviewed the SRRRC Resident Handbook which contains information concerning disciplinary actions that can be taken against a resident up to and including removal from the program.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident on resident sexual abuse or following a criminal finding of resident on resident sexual abuse. The sanctions are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the resident during the disciplinary hearing process. The residents are provided the opportunity to work with a community provider to correct underlying reasons or motivations for the abuse. However, residents must make their own arrangements to work with a community provider to correct the underlying reasons or motivations for the abuse. The SRRRC is a community confinement center and services for residents are provided by community providers and it is the residents responsibility to seek out and utilize the services provided in the community. Residents can be disciplined for sexual contact with staff if the staff member did not consent to such contact. PHS prohibits all sexual activity between residents and disciplines residents for such activity.</p> <p>In the past 12 months, there have been zero administrative findings of resident-on-resident sexual abuse and there have been zero criminal findings of guilt for resident-on-resident sexual abuse at the SRRRC.</p> <p>There is substantial compliance with this standard.</p> |
|---------|--|

| | |
|---------|--|
| 115.282 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation were reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 19-20 provides information on medical and mental health care screenings and history of sexual abuse. Additionally, the auditor reviewed the information provided by SAFeT and the RCW 7.68.170.</p> <p>In order to make a determination of compliance, the auditor interviewed the Director, the PREA Coordinator, and the Director from SAFeT.</p> <p>In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The auditor observed bulletin board material and brochures detailing the services provided by SAFeT.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRRC procedure states that residents would be taken or referred to Sacred Heart Hospital for unimpeded access to emergency medical treatment and crisis intervention services. Sacred Heart Hospital sexual assault protocol makes it possible for victims of sexual assault to receive prompt and compassionate emergency care from medical professionals who understand victimization; and streamline the examination time and the medical evidence-gathering process.</p> <p>Access to information about emergency contraception and sexually transmitted infections prophylaxis would be provided by Medical Staff at the hospital. Pursuant to RCW 7.68.170 Examination costs of sexual assault victims paid by state: "No costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the state pursuant to this chapter".</p> <p>Based on interviews with the Director, the PREA Coordinator, and the advocate from SAFeT, a review of the information provided by SAFeT and the RCW 7.68.170, there is substantial compliance with this standard.</p> |

| | |
|---------|--|
| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 20-21 provides guidance on ongoing medical and mental health care for sexual abuse victims and abusers.</p> <p>In order to make a determination of compliance, the auditor interviewed the Director and Case Managers concerning mental health treatment for residents in the community. Additionally, the auditor spoke with an advocate from SAFeT concerning appropriate follow-up services and care of victims of sexual assault.</p> <p>In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The auditor observed bulletin board material and brochures detailing the services provided by SAFeT.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. SRRRC and PHS provide ongoing medical and mental health care for sexual abuse victims and abusers through community providers, specifically Sacred Heart Hospital and SAFeT. Appropriate follow-up services, treatment plans and continuing care upon release from custody are available. All treatment is provided by community providers, if necessary pregnancy tests and follow-up care would be provided. Appropriate STD tests as medically indicated would be provided. There would be no cost to the resident for this care. The PHS PREA policy and appropriate MOU's are in place to meet the needs of the victim.</p> <p>PHS does offer to information concerning mental health evaluation for abusers and treatment by a mental health practitioner. These services are provided in the community. It is the resident's responsibility to meet with community providers. Case Mangers would provide information to the resident concerning various agencies who could potentially provide mental health evaluations and treatment.</p> <p>The auditor reviewed the PREA policy and spoke with the Director and Case Managers concerning mental health treatment for residents in the community. Additionally, the auditor spoke with an advocate from SAFeT concerning appropriate follow-up services and care of victims of sexual assault.</p> <p>There is compliance with this standard, services are available for both victims and abusers.</p> |

| | |
|---------|--|
| 115.286 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); pages 21-22 provide guidance on sexual abuse incident reviews.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. At the conclusion of the investigative process, PHS and SRRC staff would review the incident regardless of the outcome of the investigation. The review would be scheduled within 30 days of the conclusion of the investigation. The review team consists of the Vice President of Reentry Programs, the PREA Coordinator, PREA Compliance Manager and relevant staff involved in the investigation. The review team would determine if a change in procedure was necessary, if it was motivated by any class affiliation, sexual orientation, or other group dynamic. A review of the monitoring technology would be conducted to assess its effectiveness. The physical barriers of the facility and the staffing pattern would also be evaluated. There would be a final report of the incident with appropriate recommendations.</p> <p>In the past 12 months there have been zero investigations conducted for sexual abuse staff on resident.</p> <p>Based on a review of the policy there is substantial compliance with this standard.</p> |

| 115.287 | Data collection | | | | | | | | | | | | | | | | | | |
|---------|---|---------------|-------------|---------------|------|---|---|------|---|---|------|---|---|------|----|---|------|----|---|
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); page 22 provides guidance on Data collection. In addition, the auditor reviewed the data collection instrument, the PHS PREA definitions and the PHS annual PREA review for the past several years.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Uniform data is collected which accurately tracks allegations of sexual abuse. The data is aggregated annually. The PREA Coordinator is responsible for collecting the data necessary to answer all questions from the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Violence. The annual review is posted on line and was reviewed by the Auditor.</p> <p>PHS provides access to their annual reviews on the web at https://pioneerhumanservices.org/prea-policy. The annual reviews from 2014 through 2017 are available on the web site. A snapshot of the data reveals the following. This data is for all facilities operated by PHS.</p> <p>Data Snapshot:</p> <table data-bbox="252 1052 654 1299"> <thead> <tr> <th>Year</th> <th>Allegations</th> <th>Substantiated</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>3</td> <td>0</td> </tr> <tr> <td>2016</td> <td>7</td> <td>3</td> </tr> <tr> <td>2015</td> <td>5</td> <td>1</td> </tr> <tr> <td>2014</td> <td>10</td> <td>1</td> </tr> <tr> <td>2013</td> <td>11</td> <td>2</td> </tr> </tbody> </table> <p>Each facility operated by PHS is detailed in the Annual Report and any corrective actions taken in response to substantiated investigations is detailed in the reports.</p> <p>Based on the Auditors review of the uniform data collected and reported, there is substantial compliance with this standard.</p> | Year | Allegations | Substantiated | 2017 | 3 | 0 | 2016 | 7 | 3 | 2015 | 5 | 1 | 2014 | 10 | 1 | 2013 | 11 | 2 |
| Year | Allegations | Substantiated | | | | | | | | | | | | | | | | | |
| 2017 | 3 | 0 | | | | | | | | | | | | | | | | | |
| 2016 | 7 | 3 | | | | | | | | | | | | | | | | | |
| 2015 | 5 | 1 | | | | | | | | | | | | | | | | | |
| 2014 | 10 | 1 | | | | | | | | | | | | | | | | | |
| 2013 | 11 | 2 | | | | | | | | | | | | | | | | | |

| | |
|----------------|--|
| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019). The policy provides guidance on record retention, data storage and destruction. In addition, the auditor reviewed the data collection instrument, and the PHS annual PREA review for the past several years.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. PHS reviews the data and identifies problem areas, takes corrective action and prepares a final report. The report provides an assessment of the agency's progress in addressing sexual abuse. The Agency Head reviews the report and it is available on line at https://pioneerhumanservices.org/prea-policy.</p> <p>Each facility operated by PHS is detailed in the Annual Report and any corrective actions taken in response to substantiated investigations is detailed in the reports.</p> <p>Based on the Auditors review of the Annual Reports, there is substantial compliance with this standard.</p> |

| | |
|----------------|---|
| 115.289 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>In order to make a determination of compliance, the following policy and other documentation was reviewed: The Prison Rape Elimination Act (PREA) policy (REV 2/2019); page 22 provides guidance on data storage and destruction. In addition, the auditor reviewed the data collection instrument, and the PHS annual PREA review for the past several years.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance. Required data is collected, maintained and is available on line. PHS maintains this data for 10 years after the date of the initial collection. The data collected includes, incident reports, investigation reports, electronic evidence, law enforcement referrals, criminal investigation reports, administrative investigation reports, PREA review committee reports, and retaliation monitoring reports. Personal identifiers are removed prior to any publication of data.</p> |

| | |
|----------------|--|
| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This is SRRC's second PREA audit. The initial PREA Audit was conducted in March 2016.</p> <p>PHS currently operates three Federal Residential Re-entry Centers. All three centers participated in audits during the previous audit cycle.</p> <p>The auditor was provided access to, and was permitted to observe, all areas of the facility. The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information). The auditor reviewed a sampling of documents and records from the previous three years. The auditor interviewed staff, supervisors and administrators. The auditor was permitted to conduct private interviews with residents. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to interview community-based victim advocates.</p> |

| | |
|----------------|--|
| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This is SRRC's second audit. The previous audit was conducted March 7 – 9 2016. Upon completion of the final report in 2016, PHS published the results of the audit on its web site. This task was completed within 90 days of the completion of the audit. Each of the previous audits completed on PHS programs is available on the web site https://pioneerhumanservices.org/prea-policy.</p> |

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 OR the response to 115.212(a)-1 is NO.) | 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 agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? | 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.) | na |

| 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 less than 50 residents) | 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 less than 50 residents) | 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 implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical 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 with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |

| 115.216 (b) | 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, or 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? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |

| | | |
|--------------------|--|-----|
| 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? | yes |

| | | |
|--------------------|--|-----|
| 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? | yes |

| | | |
|--------------------|---|-----|
| 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 | |
| | Unless prohibited by law, 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.) | na |

| | | |
|--------------------|--|-----|
| 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.) | yes |

| 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? | yes |
| | 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 entity 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). | na |

| 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 such publication 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? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |

| | | |
|--------------------|---|-----|
| 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? | yes |

| | | |
|--------------------|---|-----|
| 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 have received 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? | no |
| | 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? | no |
| | 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? | no |
| | 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? | no |

| | | |
|--------------------|--|----|
| 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 medical staff at the facility does 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? | no |

| 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? | yes |

| 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? | 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? | 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? | yes |

| 115.251 (a) | Resident reporting | |
|-------------|---|-----|
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

| 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? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |

| 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.) | yes |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

| 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.) | yes |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

| 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 and 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.) | 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.) | 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.) | no |
| | 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.) | yes |

| | | |
|--------------------|--|-----|
| 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 inmates, residents, and detainees? | 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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) | yes |