

PREA Facility Audit Report: Final

Name of Facility: Tacoma Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/25/2018

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: 10/25/2018

AUDITOR INFORMATION	
Auditor name:	Palmquist, Robert
Address:	
Email:	rpalmquist@cccscorp.com
Telephone number:	
Start Date of On-Site Audit:	09/24/2018
End Date of On-Site Audit:	09/26/2018

FACILITY INFORMATION	
Facility name:	Tacoma Residential Reentry Center
Facility physical address:	1902 Milwaukee Way, Tacoma, Washington - 98421
Facility Phone	253-274-0209
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:	Joe Miller	Title:	Director II
Email Address:	joe.miller@p-h-s.com	Telephone Number:	253-274-0209

Facility Director			
Name:	Joe Miller	Title:	Director II
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Facility PREA Compliance Manager			
Name:		Email Address:	
Name:	Joe Miller	Email Address:	Joe.Miller@p-h-s.com

Facility Health Service Administrator			
Name:	Not Applicable	Title:	
Email Address:		Telephone Number:	

Facility Characteristics			
Designed facility capacity:	75		
Current population of facility:	34		
Age Range	<i>Adults: 18-75</i>	<i>Juveniles: 18-20</i>	<i>Youthful Residents:</i>
Facility security level/resident custody levels:	Miniumum Custody		
Number of staff currently employed at the facility who may have contact with residents:	16		

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 Tacoma Residential Reentry Center, (TRRC) operated by Pioneer Human Services (PHS) from the initial notification through this auditor's summary report began in September 2018 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 September 24, 25 and 26, 2018. On the morning of September 24th, the Auditor met with the Director of Reentry Programs, who is also the agency PREA Coordinator and the Director of TRRC, who is also the PREA Compliance Manager. 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 contains 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 Center of Pierce County.

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 interviews. Resident interviews were conducted in a private area in each housing unit. Formal personal 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 inmates 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 (47) interviews involving twenty-two (22) inmates and eleven (11) staff.

The auditor reviewed training files for twelve (12) staff members to determine compliance with training mandates and 10 personnel files to determine compliance with background check procedures. Forty-four (44) inmate files were reviewed to evaluate screening/intake procedures and inmate education requirements. The Tacoma Residential Re-entry Center reported one allegation of sexual abuse or sexual harassment in the past 12 months. The auditor was able to review this investigation, and related documentation. The file was organized and contained a detailed report including the dates and documentation concerning inmate notification.

The auditor toured the facility escorted by the PREA Coordinator 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, inmate entrance and search procedures, and inmate programming. The auditor noted that shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy (in the female units). Toilets are in each cell and inmates are allowed privacy when utilizing their 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 Sexual Assault Center of Pierce County. This agency serves victims of sexual assault. Specific services include medical advocacy, legal advocacy and general advocacy for victims in Pierce County. Community education and prevention training are also provided.

Forty-five days following the on-site portion of the audit, a final audit report was submitted to the TRRC Director and PREA Coordinator.

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 addiction and mental illness.

The Tacoma Residential Reentry Center (TRRC) 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 and under supervision from Washington State Juvenile Rehabilitation. 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 main restrooms. There is excellent visibility from the control office across a shared common space, direct visibility to the multi-purpose and dining areas. Fully glazed light well/landscaped court with see-through views to Activity, Study/PC stations. The entry to Women's residences are close to the control office and directly visible by staff. There is also direct visible entry to the Men's residence.

In addition to providing Reentry services for federal offenders the TRRC operates a Community Reentry Skills Center (CRSC) for the State of Washington. The CRSC is a residential reentry program for young adults between the ages of 18-20 and is co-located in the Tacoma Residential Reentry Center. The facility currently assists residents transitioning back into the community through an array of programs to include job-readiness training, family rebuilding classes, treatment and counseling, resource services and job search assistance. The primary focus of the CRSC is to strengthen community reentry outcomes through employment readiness support, occupational training, cognitive-behavioral and substance use treatment and case management. Young adults over the age of 18 are sent to the Reentry Skills Center from one of the Juvenile Rehabilitation secure facilities. This is a step-down program from secure facilities and is for young adults who meet the qualifications for enrollment.

TRRC 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.

TRRC helps residents' transition back into the community through an array of different programs including drug treatment, family rebuilding, resource, and employment services. While in our 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 not met:	0

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 TRRC 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 inmates 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-two (22) inmates were interviewed (100%), one (1) female, twenty-one (21) male. A total of twenty-five (25) staff interviews were conducted. Interviews for random staff included both correctional officers 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
<ul style="list-style-type: none"> • 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
<p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Tacoma Residential Re-entry Center (TRRC) facility has a zero-tolerance policy and training program that meets the requirements for this standard. The Prison Rape Elimination Act Prevention, Investigation and Reporting (PREA 06/2018) 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.</p> <p>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 notes that the TRRC Director assists in the PREA implementation and provides input to the Coordinator to ensure compliance.</p> <p>The auditor reviewed the Policy PREA 06/2018 and the TRRC Organizational Chart. In addition, interviews were conducted with the PREA Coordinator and the TRRC 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.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This standard is Not Applicable. The Tacoma Residential Re-entry Center does not contract with other entities for the confinement of inmates.</p>

115.213	Supervision and monitoring
	<p data-bbox="321 201 902 231">Auditor Overall Determination: Meets Standard</p> <p data-bbox="321 273 568 302">Auditor Discussion</p> <p data-bbox="321 340 1433 882">TRRC 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 Tacoma Residential Reentry Center (TRRC) 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.</p> <p data-bbox="321 928 1425 1117">The Auditor reviewed the staffing plan. The Staffing plan review includes a review of any judicial findings (no), or inadequacies from federal investigative or internal/external oversight agencies (no). 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 data-bbox="321 1163 1430 1310">The TRRC 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 data-bbox="321 1356 1417 1503">The auditor observed appropriate staffing levels throughout the facility; interviews with the Director and PREA Coordinator confirm the staffing plan is adhered to. A review of the yearly BOP monitoring report and a review of the vulnerability assessments, confirm substantial compliance with this standard.</p>

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="331 201 914 233">Auditor Overall Determination: Meets Standard</p> <p data-bbox="331 270 578 302">Auditor Discussion</p> <p data-bbox="331 344 1435 806">TRRC 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. TRRC 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="331 852 1395 995">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="331 1047 1422 1236">The TRRC 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 TRRC. 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> <p data-bbox="331 1283 1419 1430">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.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="326 205 906 233">Auditor Overall Determination: Meets Standard</p> <p data-bbox="326 275 570 302">Auditor Discussion</p> <p data-bbox="326 344 1430 533">TRRC has procedures to provide disabled residents with the opportunity to participate in the center's efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, TRRC and PHS has agreements with interpreters to assist in providing effective communication with residents who have disabilities. The TRRC does not rely on resident interpreters in any manner.</p> <p data-bbox="326 575 1406 926">TRRC 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, TRRC has agreements with interpreters to assist in providing effective communication with residents who have disabilities. 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.</p> <p data-bbox="326 968 1425 1199">TRRC 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 data-bbox="326 1241 1425 1430">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 had 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 data-bbox="326 1472 1403 1629">The auditor reviewed samples of PREA Posters in both English and Spanish. The PREA 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.</p> <p data-bbox="326 1671 1425 1787">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.</p> <p data-bbox="326 1829 1419 1902">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.</p> <p data-bbox="326 1944 1430 2018">The TRRC provides printed materials written in large font and plain language. The handbooks are available in Spanish and English.</p>

TRRC has an established relationship with the Dynamic Language Center that can meet the language needs of its resident population. The TRRC takes any extra measures (one on one) when providing PREA related material to residents with disabilities. Intake staff were able to 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 26 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 TRRC Human Resource staff.</p> <p>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>The Background investigation includes a review of the following criteria: Criminal 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.</p> <p>PHS considers any incidents of sexual harassment during the application process.</p> <p>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 Administrative Officer, the Auditor has determined that PHS as an agency and TRRC as a facility, substantially complies with this standard.</p>

115.218	Upgrades to facilities and technology
	<p data-bbox="332 199 917 231">Auditor Overall Determination: Meets Standard</p> <p data-bbox="332 268 576 300">Auditor Discussion</p> <p data-bbox="332 342 1323 415">TRRC has not designed or acquired any new facility or implemented any substantial expansion or modification of existing facilities since the last PREA audit.</p> <p data-bbox="332 457 1421 531">TRRC has not updated the video monitoring system, electronic surveillance system, or other monitoring technology, since the last PREA audit.</p> <p data-bbox="332 573 1437 919">Prior to their first PREA Audit conducted in October 2015, there was extensive work done on the design of the building to meet appropriate PREA standards. A vulnerability study was completed, and the recommendations of that study were incorporated into the final design. Upon completion of the building an additional vulnerability analysis was conducted with recommendations that included adding video surveillance to areas that would enhance the Center's ability to protect residents from sexual abuse. Several staff were involved in these vulnerability assessments including both the Coordinator and the Compliance Manager. In her interview the PREA Coordinator indicated the importance of utilizing technology to enhance the protection of residents from incidents of sexual abuse.</p> <p data-bbox="332 961 925 993">There is substantial compliance with this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="326 205 902 233">Auditor Overall Determination: Meets Standard</p> <p data-bbox="326 275 570 302">Auditor Discussion</p> <p data-bbox="326 344 1435 533">PHS is responsible for conducting administrative sexual abuse investigations. Criminal investigations are conducted by a Law Enforcement agency. Those agencies include, Tacoma Police Department, Pierce County Sheriff's Department, Washington State Patrol, the Federal Bureau of Prisons and the US Office of Inspector General. The outside agencies listed have appropriate protocols in place to conduct sexual assault investigations.</p> <p data-bbox="326 575 1435 890">In the event of an incident all victims are provided access to forensic medical examinations at a health care facility (St. Joseph's Hospital). 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, "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="326 932 1435 1205">Examinations are performed by Sexual Assault Nurse Examiners. St. Joseph Hospital does not provide 24/7/365 employee SANE nurses. However, St. Joseph Hospital is part of a group of hospitals that contracts for SANE nurses to respond if needed. The company, Rapid Save Investigation (RSI) is a nursing agency that provides hospitals with sexual assault patient care and forensic evidence collection. RSI guarantees 24/7/365 call coverage to all contracted medical facilities. RSI employs only state or nationally certified SANE nurses with a minimum of one-year experience. The auditor confirmed the availability of SANE staff.</p> <p data-bbox="326 1247 1435 1320">There have been no incidents at TRRC that required a forensic medical exam in the past 12 months.</p> <p data-bbox="326 1362 1435 1677">The auditor reviewed the Memorandum of Understanding between PHS and the Sexual Assault Center of Pierce County. Additionally, the auditor interviewed the Director of the Sexual Assault Center. 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 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.</p> <p data-bbox="326 1719 1435 1992">PHS is responsible for conducting administrative sexual abuse investigations. Criminal investigations are conducted by the responding agency either Pierce County Sheriff's office or the Tacoma Police Department. In addition, because the residents are federal residents an investigation is also 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.</p>

Based on the policy review and interviews with the Director, PREA Coordinator and the Director of the Sexual Assault Center, the Auditor has determined the TRRC substantially complies with this standard.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>TRRC 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 either the Pierce County Sheriff's office or the Tacoma Police Department. In addition, because some of the residents are federal residents an investigation is also 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>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>In the past 12 months there has been one administrative investigation for sexual harassment and no criminal investigations. The investigation was initially referred to the Tacoma Police Department however the Police Department stated no criminal violation had been committed. The Administrative Investigation conducted by a Trained PHS investigator, however, the subject of the allegation had failed to meet probationary standards and was released from employment prior to the investigation completion. Although the investigation was completed, no action was taken as the employee had already been released from employment based on actions unrelated to the formal PREA investigation.</p> <p>Based on a review of the policy, a review of the one investigation conducted, a review of the Incident Review Committee report 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="329 205 911 233">Auditor Overall Determination: Meets Standard</p> <p data-bbox="329 275 574 302">Auditor Discussion</p> <p data-bbox="329 344 1435 764">TRRC 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 TRRC. TRRC 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="329 814 1398 961">Employees are aware of TRRC's current sexual abuse and sexual harassment policies and standard operating procedures. TRRC 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="329 1010 1409 1157">The auditor reviewed 10 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 2016 and 2017 and for new employees in 2018.</p> <p data-bbox="329 1205 1438 1549">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 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.</p> <p data-bbox="329 1598 737 1625">TRRC complies with this standard.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>TRRC 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 TRRC 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>There is substantial compliance with this standard.</p>

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="331 268 574 300">Auditor Discussion</p> <p data-bbox="331 342 1419 489">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 TRRC will respond to such incidents.</p> <p data-bbox="331 531 1435 951">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 TRRC Staff provide information on reporting incidents of sexual abuse. The agency documents the receipt of this information. Subsequent to the intake process TRRC 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 data-bbox="331 1003 1435 1350">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 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 TRRC is Rebuilding Hope – Sexual Assault Center for Pierce County. The 24-hour phone number is (800) 756-7273. Resident interviews confirm this information is available.</p> <p data-bbox="331 1392 1419 1539">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.</p> <p data-bbox="331 1591 1419 1696">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.</p>

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 National Institute of Corrections. 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>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>The agency PREA Policy indicates, PHS shall provide specialized training to its investigators 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 a total of four investigators within the Agency.</p> <p>Based on the review of the training records and investigator interview the Auditor determines there is substantial compliance with this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Not Applicable. TRRC 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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 the mental, physical and developmental disability of the resident, 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>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 Manager 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>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> <p>The auditor interviewed two 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.</p> <p>Based on a review of the intake process, a review of the risk assessment form, a review of inmate files and interviews with Intake staff, Case Management staff and residents, there is substantial compliance with this standard.</p>

115.242	Use of screening information
	<p data-bbox="329 205 911 237">Auditor Overall Determination: Meets Standard</p> <p data-bbox="329 275 574 306">Auditor Discussion</p> <p data-bbox="329 346 1438 688">TRRC 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, TRRC 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 data-bbox="329 737 1414 926">Residents at TRRC 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 data-bbox="329 972 1370 1077">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
	<p data-bbox="321 205 899 237">Auditor Overall Determination: Meets Standard</p> <p data-bbox="321 279 565 310">Auditor Discussion</p> <p data-bbox="321 352 1421 699">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 data-bbox="321 741 1101 772">Third party reports can be made to any staff including the Director.</p> <p data-bbox="321 814 1429 1287">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. Reporting differs between federal, state and juvenile facilities. 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. Reporting Options for Federal Bureau of Prisons (FBOP – federal reentry). The external PREA hotline at 1-844-868-0055 (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> <p data-bbox="321 1329 1372 1402">Staff can report anonymously to the Human Resource department or directly to the PREA Coordinator.</p> <p data-bbox="321 1444 1367 1518">Residents and staff at TRRC have several methods available to make reports concerning sexual abuse or sexual harassment. There is substantial compliance with this standard.</p>

115.252	Exhaustion of administrative remedies
	<p data-bbox="332 205 914 237">Auditor Overall Determination: Meets Standard</p> <p data-bbox="332 275 578 306">Auditor Discussion</p> <p data-bbox="332 348 1435 615">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 are allowed to 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="332 659 1435 888">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. Inmates are not required to use an informal grievance procedure and there is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.</p> <p data-bbox="332 932 1435 1902">The TRRC permits inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits and refrains from requiring an inmate 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 TRRC has never been unable to resolve a grievance concerning sexual assault/harassment within 90 days. No extensions of time have been requested. However, the TRRC would notify the inmate in writing of any such extension and provide a date by which a decision will be made if that situation occurred. The TRRC allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, access to filing grievances on behalf of inmates relating to allegations of sexual abuse/harassment. The TRRC allows inmates 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 TRRC immediately responds with corrective action to provide for the safety of the inmate. The inmate would be removed from the immediate area placed in a safe environment and a subsequent investigation would be completed into the grievance. TRRC would provide an initial response to the inmate within 48 hours and the inmate would receive a final decision within 5 calendar days. The final decision and response to the grievance would include how the TRRC responded to the emergency, what steps were taken to provide for the safety of the inmate and what actions were taken to prevent the situation from occurring again. It would also include information concerning the alleged perpetrator and what actions had been taken concerning the alleged perpetrator. The TRRC 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 inmate.</p> <p data-bbox="332 1946 1414 2018">TRRC does discipline inmates for filing a grievance related to alleged sexual abuse in bad faith, the Investigator must justify the disciplinary case against the resident within the context</p>

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 inmates have been filed in the last 12 months.

Based on the Policy Review, there is substantial compliance with this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PHS has established a Memorandum of Understanding with the Sexual Assault Center for Pierce County. 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 TRRC. TRRC provides residents with confidential, 24-hour access to the Sexual Assault Center via the phone. TRRC respects the confidential nature of communication between the advocates and their clients. Advocates are cleared to enter the TRRC for meetings and training sessions, or to meet with clients. Advocates are provided private meeting space for counseling sessions. TRRC facilitates the placement of information placards with instructions on how to access the crisis line in areas visible to residents. The Sexual Assault Center provides advocacy-based counseling and crisis intervention services. Advocates provide follow-up services and crisis intervention contacts to victims of sexual assault at the TRRC. Advocates maintain confidentiality of communications with clients residing at the TRRC. Residents have access to the mailing address, telephone numbers including a toll-free number that provides confidential communication between residents and the Sexual Assault Center.</p> <p>The auditor interviewed the Director of the Sexual Assault Center. During the interview the Director indicated that a contract was in place with the TRRC 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 Director 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 scope of the services would be determined according to the professional judgment of the SANE and Advocacy staff. Finally, follow up services would be provided as necessary and that the level of care was consistent with community standards.</p> <p>Based on the interview with the Director of the Sexual Assault Center for Pierce County, a review of the MOU between the TRRC and the Center, and the interviews with residents, there is substantial compliance with this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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: 1-844-868-0055.</p> <p>The TRRC 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. Inmate interviews confirm awareness of the third-party reporting capabilities.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="332 205 914 237">Auditor Overall Determination: Meets Standard</p> <p data-bbox="332 275 574 306">Auditor Discussion</p> <p data-bbox="332 346 1429 688">TRRC 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, TRRC employees who receive information concerning resident on resident sexual misconduct at TRRC, 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="332 737 1429 961">Any TRRC 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 TRRC 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="332 972 1404 1119">Aside from reporting to the designated supervisors or officials and designated State or local service agencies, TRRC prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="332 1167 1396 1350">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="332 1398 1429 1581">PHS Policy requires that immediate action is taken to protect residents from sexual abuse. There was one incident in the past 12 months at the TRRC. The incident was reported immediately and investigated within six days of the initial report. 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="332 1629 1356 1745">Based on the above information, specifically, the PREA Policy, interviews with the PREA Coordinator and the Director and the mandatory reporting requirements for the State of Washington, there is substantial compliance with this standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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 TRRC 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 TRRC, 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>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 been no reports from a resident that they were sexually abused at another facility in the past 12 months. Interviews with both the Director and the Vice President indicate compliance with this procedure.</p>

115.264	Staff first responder duties
	<p data-bbox="332 205 914 237">Auditor Overall Determination: Meets Standard</p> <p data-bbox="332 275 578 306">Auditor Discussion</p> <p data-bbox="332 346 1422 611">TRRC 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 data-bbox="332 659 1385 728">The staff interviewed indicated they had received training that included the duties of a first responder.</p> <p data-bbox="332 777 1425 924">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 data-bbox="332 972 1414 1236">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, room 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. During the past 12 months TRRC has not had any incidents of sexual assault.</p> <p data-bbox="332 1285 1398 1392">Based on the interviews with staff, a review of the PREA Policy 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>TRRC 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 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 Rebuilding Hope! Sexual Assault Center of Pierce County. Communicate pertinent information to St. Joseph Medical Center. 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</p>

	<p>of abuse by other residents, inform the resident when the perpetrator has been indicted or convicted for the charge related to the sexual abuse.</p> <p>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.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PHS prohibits retaliation against both residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. The TRRC 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 TRRC Director was aware of his requirements for monitoring.</p> <p>Based upon a review of the PREA Policy, and interviews with the Director, PREA Coordinator and the Agency Head, there is substantial compliance with this standard.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The TRRC 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"</p> <p>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 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.</p> <p>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 an inmate 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> <p>TRRC 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.</p> <p>The PHS Investigator works with the lead Law Enforcement agency and fully cooperates with that agency during the investigation.</p> <p>The facility reports that in the last 12 months there has been one allegation of sexual</p>

harassment. This incident resulted in an administrative investigation. The incident did not involve criminal behavior, the case was discussed with Law Enforcement who clearly indicated not criminal behavior had occurred and they declined to investigate the allegation.

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

The PHS Investigator indicated during his interview that the training he received included good interpersonal communication skills with resident victims, assailants, and witnesses. Understanding of the dynamics of inmate sexual violence. Establishing good working relationships with outside agencies hospitals, prosecutors, and investigators and establishing procedures for evidence collection. He 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.

In addition, the Auditor reviewed one administrative investigative file and interviewed the PHS investigator. The review of the investigative file included the date of the allegation, date of investigation initiation, whether it involved staff or inmate or both. The classification of sexual abuse or sexual harassment, the case disposition, was the disposition justified, who the investigating officer was and the date of notification to the resident.

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

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Investigative Officer was interviewed concerning the evidential standard for administrative investigation. His response to the standard of evidence was as follows: "The evidence standard for administrative investigation is a "preponderance of the evidence". The Investigative Officer has received specialized training relevant to PREA. Specifically, "Investigating Sexual Abuse in a Confinement Setting". The Investigative Officer was 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>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> <p>The auditor reviewed the investigative file and the notification to advising the resident of the investigation outcome.</p> <p>Based on interviews with the Director and the Investigative Officer and a review of the investigative file, there is compliance with this standard.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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.</p> <p>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.</p> <p>During the past 12 months there was one allegations of staff sexual harassment at TRRC. An investigation was completed concerning this incident. However, the staff member was terminated prior to the conclusion of the investigation for reasons unrelated to the administrative sexual harassment investigation.</p> <p>The Auditor reviewed the PHS PREA Policy and the investigative file. The auditor also interviewed the Human Resource Specialist. Based on the PHS PREA Policy, the investigative file and the interview with Human Resources there is substantial compliance with this standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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.</p> <p>TRRC 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.</p> <p>Other individuals who enter TRRC 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>There have been no incidents of contractors or volunteers violating PHS PREA policies within the past 12 months.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="332 199 917 231">Auditor Overall Determination: Meets Standard</p> <p data-bbox="332 262 576 294">Auditor Discussion</p> <p data-bbox="332 336 1421 651">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.</p> <p data-bbox="332 682 1437 882">The TRRC 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 data-bbox="332 913 1404 1039">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 TRRC.</p> <p data-bbox="332 1071 917 1113">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>TRRC procedure states that residents would be taken or referred to St. Joseph Hospital for unimpeded access to emergency medical treatment and crisis intervention services. St. Joseph 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>Mental Health care is offered by the Sexual Assault Center of Pierce County and their advocate would be at the hospital with the resident victim. The Sexual Assault Center of Pierce County provides advocacy services free of charge to any victim/survivor of sexual assault or abuse, recent or past. Access to information about emergency contraception and sexually transmitted infections prophylaxis would be provided by Medical Staff at the hospital.</p> <p>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 Director of the Sexual Assault Center of Pierce County and a review of the information provided by Rapid Save Investigation (see 115.221) 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>TRRC and PHS provide ongoing medical and mental health care for sexual abuse victims and abusers through community providers, specifically St. Joseph's hospital and the Pierce County Sexual Assault Center. 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>TRRC does offer to residents, 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 the Director of the Pierce County Sexual Assault Center concerning appropriate follow-up services and care of victims of sexual assault. There is compliance with this standard, services are available for both victims and abusers. However, as indicated, it is the residents responsibility to meet with Community Providers.</p>

115.286	Sexual abuse incident reviews
	<p data-bbox="321 197 902 226">Auditor Overall Determination: Meets Standard</p> <p data-bbox="321 268 565 298">Auditor Discussion</p> <p data-bbox="321 340 1419 684">At the conclusion of the investigative process, PHS and TRRC 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 data-bbox="321 730 1365 957">In the past 12 months there was one administrative investigation conducted for sexual harassment. The Administrative Investigation conducted by a Trained PHS investigator, however, the subject of the allegation had failed to meet probationary standards and was released from employment prior to the investigation completion. The investigation was completed, no action was taken as the employee had already been released from employment based on actions unrelated to the formal PREA investigation.</p> <p data-bbox="321 1003 1425 1386">The Review Committee met to review the investigation within 30 days of the conclusion of the investigation. The Review Committee included the appropriate administrative and investigative staff. The committee considered the motivation for the incident such as race, sexual orientation, gang affiliation or other group dynamics. Physical barriers were reviewed and if the incident took place in an area subject to video monitoring. Staffing requirements and available technology were also considered. This investigation was unsubstantiated, but the committee recommended additional training for all TRRC staff. The training focused on staff boundaries and appropriate conversations with residents. The training was assigned to a Supervisor and the completion date for the training was defined. The Supervisor had 30 days to complete the task. The training was completed.</p> <p data-bbox="321 1432 1414 1503">Based on a review of the investigation and subsequent Review by the Incident Review Team, there is substantial compliance with this standard.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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.</p> <p>Data Snapshot: Year Allegations Substantiated 2017 3 0 2016 7 3 2015 5 1 2014 10 1 2013 11 2</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 uniform data collected and reported, there is substantial compliance with this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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>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> <p>The auditor reviewed the data and confirmed the data is maintained on a secure server, with limited access. Specifically the PREA Coordinator and CEO have access to the stored data.</p> <p>There is compliance with this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This is TRRC's second PREA audit. The initial PREA Audit was conducted in October 2015.</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 TRRC's second audit.</p> <p>The previous audit was conducted October 5-7, 2015. Upon completion of the final report in 2015, 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)	na
	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)	na

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.)	na

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).	yes

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.	no

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?	no

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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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