

PREA Facility Audit Report: Final

Name of Facility: CAAP Community Corrections Program

Facility Type: Community Confinement

Date Interim Report Submitted: 01/24/2020

Date Final Report Submitted: 06/04/2020

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: Melinda Allen	Date of Signature: 06/04/2020

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Address:	
Email:	preaaudit@gmail.com
Telephone number:	
Start Date of On-Site Audit:	01/06/2020
End Date of On-Site Audit:	01/07/2020

FACILITY INFORMATION	
Facility name:	CAAP Community Corrections Program
Facility physical address:	3835 Lamar Avenue, Memphis, Tennessee - 38118
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Dorothy Bolden-Nicks
Email Address:	dbolden@caapincorporated.com
Telephone Number:	9017940915

Facility Director	
Name:	Dorothy Bolden-Nicks
Email Address:	dbolden@caapincorporated.com
Telephone Number:	9017940915

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Rosie Crawford
Email Address:	rcrawford@caapincorporated.com
Telephone Number:	O: (901) 360-0442 ext.

Facility Characteristics	
Designed facility capacity:	40
Current population of facility:	11
Average daily population for the past 12 months:	13
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	18-50
Facility security levels/resident custody levels:	community Confinement
Number of staff currently employed at the facility who may have contact with residents:	8
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	CAAP, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4041 Knight Arnold Road, Memphis, Tennessee - 38118
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Flora King	Email Address:	fking@caapincorporated.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 Cocaine Alcohol Awareness Program PREA audit was conducted January 06-07, 2020. The auditor wishes to extend its appreciation to Director Bolden and her staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor. The auditor also wishes to compliment the facility for their work in organizing the audit files for the on-site audit. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit.

Prior to conducting the onsite visit to the facility, the auditor requested that the facility compile a comprehensive list of clients, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the auditor would sample during the onsite portion of the PREA audit. From these lists, the auditor selected representative samples for interviews (i.e., clients and staff) and document reviews during the onsite portion of the audit. The listings requested by the auditor in the pre-onsite audit phase included:

1. Complete client roster (provide based on actual population on the first day of the onsite portion of the audit)
2. Youthful inmates (if any)
3. Clients with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Clients who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates (identify all Clients in each category)
6. Clients in segregated housing (no segregation units at this facility)
7. Clients who reported sexual abuse
8. Clients who reported sexual victimization during risk screening
9. Complete staff roster (indicating title, shift, and post assignment)
10. Specialized staff which included:

Agency contract administrator

Line staff who supervise youthful inmates, if any

Education staff who work with youthful inmates, if any

Program staff who work with youthful inmates, if any

Medical staff (none)

Mental health staff (none)

Non-medical staff involved in cross-gender strip or visual searches

Administrative (human resources) staff

SAFE and/or SANE staff

Volunteers who have contact with inmates

Contractors who have contact with inmates

Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)

Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)

Staff who perform screening for risk of victimization and abusiveness

Staff who supervise Clients in segregated housing

Staff on the sexual abuse incident review team

Designated staff member charged with monitoring retaliation

First responders , security staff (individuals who have responded to an incident of sexual abuse)

First responders , non-security staff (individuals who have responded to an incident of sexual abuse) Intake staff

11. All grievances made in the 12 months preceding the audit

12. All incident reports from the 12 months preceding the audit

13. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit including:

Total number of allegations, Number determined to be substantiated, unsubstantiated, or unfounded

Number of cases in progress and the Number of criminal cases investigations, Number of administrative case investigations

14. All hotline calls made during the 12 months preceding the audit

Upon arrival to the Cocaine and Alcohol Awareness Program, the auditor met with the facility leadership to include Director Bolden, Compliance Manager Rosie Crawford, and PREA Coordinator Flora King. The auditor explained the audit process and expectations for the audit. The auditor was given a through tour of the facility after the in-brief meeting. After the on-site review, the auditor began the interviews and review of files and proof documentation.

The facility provided the auditor the requested listings of documents, files and records. From this information, the auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

Personnel and Training Files.

The facility has 8 full and part-time staff. The auditor reviewed 5 personnel records that included 2 individuals hired within the past 12 months as well as 3 existing staff members. Additionally, the auditor reviewed one staff member who received a promotion in the last year. The sample included a variety of job functions and post assignments, including both supervisory/leadership and line staff. The facility does not have any volunteers or contractors who have contact with inmates. Additionally, the auditor reviewed training files for the staff members that were selected randomly from the listing of all staff.

Client Files

On the first day of the onsite phase of the audit, the client population was 11. A total of 11 client records were reviewed by the auditor. There was only one dorm in use at the time of the audit, therefore all clients selected were from the same dorm. The auditor was only able to locate two targeted clients to interview and review file. One of the targeted clients met criteria for three separate targeted interviews.

Medical and Mental Health Records (none) as the facility does not have Medical or Mental Health Staff.

During the past year, no clients reported sexual abuse; there was one clients that had reported prior sexual victimization. This individual was interviewed.

Grievances

In the past year, the facility received 57 grievances; the facility did not receive any grievances alleging sexual abuse or sexual harassment. The auditor reviewed all of the grievances.

Incident Reports (none)

The facility reported there were no incident reports for the 12 months prior to the audit.

Investigation Files.

During the past 12 months, there were no allegations of sexual abuse or sexual harassment.

The Auditor conducted the following number of client interviews during the onsite phase of the audit:

Random clients (Total) = 9

Targeted clients * (Total) = 2

Total Inmates Interviewed = 11

The breakdown of the number of targeted inmate interviews is as follows:

Youthful Inmates (0 identified)

Clients with a Physical Disability (1 identified)

Clients who are Blind, Deaf, or Hard of Hearing (1 identified)

Clients who are LEP (0 identified)

Clients with a Cognitive Disability (0 identified)

Clients who Identify as Lesbian, Gay, or Bisexual (1 identified – 1 interviewed)

Clients who Identify as Transgender or Intersex (0 identified)

Clients in Segregated Housing for High Risk of Sexual Victimization (0 identified)

Clients Who Reported Sexual Abuse (0 identified)

Clients Who Reported Sexual Victimization During Risk Screening (1 identified)

Total targeted client interviews* = 04

In an attempt to complete the minimum number of client interviews, all clients were interviewed.

When the on-site audit was completed, the auditor conducted an exit debrief. While the auditor could not give the facility a final ruling/finding, as there was a lot of proof documentation interviews to review, the auditor did discuss areas where the facility had questions as to the compliance with specific standards. The auditor did give an overview of the audit and thanked the staff for their hard work and commitment toward compliance with the Prison Rape Elimination Act. After the on-site audit, the auditor reviewed proof documents secured while on-site and began to triangulate the evidence for compliance with the PREA Standards.

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.

The Cocaine and Alcohol Awareness Program (CAAP) is located in Memphis, Tennessee Shelby County. The facility is accredited by CARF, the Commission on Accreditation of Rehabilitation Facilities, a nationally recognized standard of excellence. The facility houses female residents only. The facility provides dining, recreation, and a multitude of programs geared toward substance abuse and addiction. The facility accommodates residents that were recently released from custody of the Tennessee Department of Corrections or that have violated their felony probation. At the time of the audit, the facility held eleven residents. There is one building that houses the residents. The facility has two open bay dormitories. Clients can be treated at this facility up to 365 days. CAAP is a minimum security facility with a maximum capacity of 40 clients. One dorm is currently closed based on the number of clients present in the facility at the time of the audit. There are no segregation or isolation cells. Clients who qualify may work outside of the facility. CAAPs provides three phases to the program. Each phase involves focusing on core issues including anger management, conflict resolution, relapse prevention, parenting skills, GED preparation and job readiness

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

The interim report was provided on January 24, 2020, to the Cocaine and Alcohol Awareness Program reporting 02 exceed standards; 34 met standards; 05 do not meet standards.

Exceeds Standards: (Two)

115.231, 115.233

Meets Standards: (Thirty-four)

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

Does Not Meet Standard: (Five)

115.251, 115.252, 115.264, 115.287, 115.288

The recommended corrective action for each standard is detailed below.

115.251

Ensure that the PREA Hotline is functioning properly and that all calls are being reported to the facility. The number provided and tested in 2016 was for the Family Safety Center 1-865-522-7273.

115.252

Revise Client Handbook and curriculum to include information on how to file an Emergency Grievance. Ensure that clients know that they can submit an Emergency Grievance without referring to the staff member that is the subject of the complaint and that the grievance may not be referred to the offending staff member. Revise Grievance form to indicate a mechanism for denoting the grievance as an Emergency Grievance for Sexual Abuse or Sexual Harassment. Once the Handbooks and Grievance forms are revised, clients need to be educated on this element. To satisfy this standard the auditor will need to review the revised handbook, grievance form and roster of training for all clients currently housed at CAAP.

115.264

Retrain staff on emergency procedures for responding to claims of sexual abuse. There are four requirements.

- a. Separate the alleged perpetrator and victim.
- b. Secure the scene.
- c. 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,
- d. Request that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating,

Once staff have been retrained in these critical elements, provide copies of the training roster and curriculum for the training to the auditor.

115.287

Create an annual report for each year that the facility has been tracking PREA incidents. There should be a report for each year (2015, 2016, 2017, 2018). The document labeled as CC PREA 2016 Annual Report is actually the 2016 PREA Final Report as provided by the Auditor. This should be posted as the 2016 PREA Audit or something similar that distinguishes it as a different document. The annual reports should also compare the number of incidents from year to year and detail what the agency had done to curtail incidents in the facility. This could be done in a simple chart depicting allegations and the various types of allegation.

115.288

Create an annual report for each year that the facility has been tracking PREA incidents. There should be a report for each year (2015, 2016, 2017, 2018). The document labeled as CC PREA 2016 Annual Report is actually the 2016 PREA Final Report as provided by the Auditor. This should be posted as the 2016 PREA Audit or something similar that distinguishes it as a different document. The annual reports should also compare the number of incidents from year to year and detail what the agency had done to curtail incidents in the facility. A report is required for each year, even if there were no allegations or incidents of sexual abuse or sexual harassment. This could be done in a simple chart depicting allegations and the various types of allegation. Use the report to show your success at preventing sexual abuse.

Corrective Action Updates:

115.251 On January 12, 2020 the correct telephone numbers were posted for the hotline. At some point the poster had been replaced and the incorrect telephone number had been posted.

115.252 On May 5, 2020 the facility provided the auditor with updates added to the Resident Handbook.

115.264 On May 7, 2020 the facility provided the auditor with proof of completion of retraining and

curriculum used for the training.

115.287 On January 9, 2020 the 2019 Annual PREA Report was posted to the facilities website. This includes aggregated data as well as a comparison to the 2018 data.

115.288 On January 9, 2020 the 2019 Annual PREA Report was posted to the facilities website. This includes aggregated data as well as a comparison to the 2018 data.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CAAPS has a written policy, PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections dated 2015 and revised 4-12-16, which mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct.</p> <p>The auditor interviewed the Agency Head Designee, Director, PREA Coordinator, and a staff member in charge of monitoring retaliation in order to determine compliance. During the facility review, the auditor observed Resident Program Manuals and PREA signage displayed throughout the facility.</p> <p>The Agency Head Designee, the PREA Coordinator, and a staff member in charge of monitoring retaliation were interviewed. Staff interviewed acknowledged the agencies zero tolerance policy, articulated the agencies protocols and explained on-going efforts to address this standard. Several staff members and residents were interviewed. All acknowledged the agencies zero tolerance culture and on-site information (signage). The resident manual includes definitions of inappropriate behaviors as well as sanctions for the behaviors. The auditor observed resident manuals as well as telephone numbers and information pertinent to reporting PREA incidents. The written policy outlines the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Residents are provided with PREA information at intake/orientation, which is taught by the PREA Coordinator. The training curriculum includes a PowerPoint and an opportunity for discussion.</p> <p>Residents receive an Resident Handbook that includes information on reporting a PREA incident. The agency head designee, PREA Compliance Manager, investigative staff, line staff and residents all reported in interviews that sexual harassment and sexual abuse is against the facility rules and can lead to legal prosecution and/or other sanctions.</p> <p>The agency shall employs an upper-level, agency-wide PREA coordinator, with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The facility employs an Alcohol and Drug Counselor that serves as the PREA Coordinator. The PREA Coordinator reports to the Program Director.</p> <p>The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates. The facility has created a written policy stating how they will implement the PREA standards, including strategies for reducing and preventing sexual abuse and harassment to residents. When interviewed, the PREA Coordinator stated that she has sufficient time and authority to oversee the efforts to comply with PREA.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CAAPs does not contract with any facilities for the confinement of their residents.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to comply with 115.13, the facility will need to be able to provide a documented analysis of each of the factors dictated in the Standard. The Staffing Study provided provides a list of items reviewed for the purposes of the staffing study but does not provide the documented analysis of each factor required in the standard.</p> <p>The facility documents if the staffing plan is not complied with. Agency policy requires additional staff to report to the facility in the event of a shortage to include contracted staff and if not available, the director may come in to cover the shift.</p> <p>The facility completes a written annual review of the staffing plan.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CAAPs policies prohibit pat searches of residents. Policy also prohibits staff from performing intrusive or invasive body cavity searches under all circumstances; staff is permitted to do a visual inspection of a resident's mouth cavity only. Policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. CAAPs policy ensures that residents are able to shower, perform bodily functions, and change clothing with privacy.</p> <p>During the on site review of the facility, the auditor observed the shower and toilet areas and determined that residents are afforded privacy to shower, change clothes and use the toilets.</p> <p>The facility only employ female staff members. There are no opposite gender that enter the housing unit and the shower/toilet area. Interviews with residents and staff confirmed that this is the policy and actual practice of the program.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>CAAPs PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015, revised 4/12/16.</p> <p>Interviews conducted include:</p> <p>Interviews with PREA Coordinator and Director Interviews with random residents Interviews with random selection of staff</p> <p>The auditor also reviewed training documents and curriculum.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed: PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 Revised 4/12/2016.</p> <p>Interviews: PREA Coordinator and Director Random facility staff and residents regarding use of interpreters</p> <p>Observations during the onsite review: Observation of PREA posters and brochure translated into Spanish and PREA Training Materials for inmate education</p> <p>CAAPs policy requires the program to ensure residents with special needs 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 harassment. Policy further prohibits the use of residents/clients as interpreters when dealing with first responder situations or any allegation/investigations of sexual abuse or harassment. CAAPs has a couple of interpreters that work for them in order facilities that they would use first. If unavailable, CAAPS would use the language line provided by the State Department of Corrections. PREA posters and brochures are located throughout the facility in English and Spanish. CAAPs reports that there have been no instances in the past 12 months where resident interpreters have been used.</p>

115.217	Hiring and promotion decisions
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 663">CAAPs does not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who have 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="252 707 1289 786">In order to make a determination of compliance, the following policies and other documentation were reviewed:</p> <p data-bbox="252 797 1461 909">PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 HR Files of Staff</p> <p data-bbox="252 965 1485 1043">In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered:</p> <p data-bbox="252 1055 1129 1088">PREA Coordinator, Program Manager, and HR Administrative Staff.</p> <p data-bbox="252 1144 1469 1223">In order to make a determination of compliance, the following observations were made during my on-site tour of the facility:</p> <p data-bbox="252 1267 1433 1346">Visually reviewed documentation of records checks and interviews for employees. Secured copies that indicated checks were completed.</p> <p data-bbox="252 1402 1378 1480">The following describes how the evidence above was used to draw the final conclusion regarding compliance:</p> <p data-bbox="252 1525 1485 1906">The facility has a policy to not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents if they have engaged in sexual abuse, accused or adjudicated guilty of attempting to abuse persons in confinement. This auditor reviewed records that indicate that the agency does background checks both in Tennessee and nationally. The agency has hired another company to complete the background checks. While the agency has documentation proof of the completion of a criminal background check and a review of the sex offender registry. The agency also checks to determine if the potential employee/promotion has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	No additions or revisions since the last audit.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to make a determination of compliance, the following policies and other documentation were reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16, personnel files, files of contractors and volunteers. There was no indication that there had been any recent promotions at CAAP.</p> <p>In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered: Administrative staff.</p> <p>In order to make a determination of compliance, the following observations were made during my on-site tour of the facility: CAAP completes a thorough criminal background investigation, and records reflect an attempt regarding incidents of sexual harassment prior to hiring, promoting or enlisting services of contractors who may have contact with the residents.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance:</p> <p>CAAP completes a thorough criminal background investigation, and an attempt regarding incidents of sexual harassment prior to hiring, promoting or enlisting services of contractors who may have contact with the residents. The auditor reviewed the log of background checks for staff, contractors and volunteers.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CAAP does not conduct criminal investigations. All criminal investigations are referred to the Memphis Police Department for investigation. CAAP can complete an administrative investigation and have staff appropriately trained to complete same. The Agency head indicated that if they had a case in CAAP most likely they would use the Tennessee Department of Corrections to conduct the Administrative Investigation, though the SART team staff on site have been properly trained to conduct the investigation as well.</p> <p>Staff that receives the allegation of an incident are required to notify the Program Manager and the PREA Coordinator immediately or no less than 24 hours after receiving the allegation. The facility documents all allegations of abuse.</p> <p>The PREA SART team will initiate and complete an in-house investigation of all allegations of sexual abuse and sexual harassment.</p> <p>If the investigation is suspected to be of a criminal nature the team will refer the incident promptly, thoroughly and objectively to the MEMPHIS POLICE DEPARTMENT (MPD) to determine if a criminal investigation is warranted. CAAPs have attempted to enter an MOU with the Memphis Police Department but were advised that it was unnecessary as the MPD would respond to any criminal allegations at the facility.</p>

115.231	<p>Employee training</p> <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>In order to make a determination of compliance, the following policies and other documentation were reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16. Review of training curriculum, documentation of completion of training. Sample of staff training records. Copies of examinations.</p> <p>In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered:</p> <p>Random sample of staff, PREA Coordinator, Program Director.</p> <p>In order to make a determination of compliance, the following observations were made during my on-site tour of the facility:</p> <p>None.</p> <p>The following describes how the evidence above was used to draw the final conclusion regarding compliance:</p> <p>The facility has provided training for the staff. The curriculum was adopted from the PREA Resource Center and modified to meet the needs of CAAPs. The training is tailored to the gender of the residents at the employee's facility. The employees shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. CAAP only houses female residents. All employees are retrained annually. The agency documents through employee signature or electronic verification that employees understand the training they have received.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>CAAPs does not have any volunteers that have contact with clients in the facility. In the event a contractor (maintenance) worker enters the building an announcement is made and all clients go to the dayroom area quarantined from the contractors. Contractors and volunteers are required to sign in when they enter the facility. A notice of being a zero tolerance facility and how to report an incident is noted in the logbook.</p>

115.233	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP PREA Acknowledgement Form PREA PowerPoint Slides Handbook PREA Posters and Classroom worksheet materials. Copies of examinations</p> <p>Interviews of random clients, facility intake staff and facility staff members who provides the comprehensive PREA training for residents Review of client files Interview of Intake Staff Interview of PREA Coordinator</p> <p>CAAPs reports that 72 clients have been admitted in the past 12 months and all have been provided comprehensive age-appropriate information within 7 days of intake. All clients in the CAAPs are provided PREA orientation materials at intake. Staff interviewed indicate that intake education normally happens on the first day the client is admitted. Clients are provided the CAAPs Handbook which includes the a section with PREA information. These documents provide detailed information about PREA, the agency’s zero tolerance policy, key definitions of certain conduct, how a youth can protect themselves, and how to report sexual abuse or harassment. This PREA standard requires that within 30 days of intake, clients must receive comprehensive education regarding PREA. CAAPs provides comprehensive education within three days of the clients arrival. Interviews with staff that provide the comprehensive PREA education/orientation indicate this training is normally done within the first day or two after the client enters the facility. The orientation includes PowerPoint slides and a verbal discussion of PREA. Upon completion of the training, offenders are required to take sign an acknowledgement of having received the training as well as an acknowledgment. Clients are also given an examination to test their knowledge of PREA. This exceeds the requirements of this standard. This documentation is maintained in the offender's file. If a clients has a audio/visual problem the intake staff will ensure that the client receives the appropriate assistance to ensure comprehension of the materials. Clients sign the PREA Acknowledgement Statement form a to demonstrate they have received PREA training and they understand their rights under PREA and specifically understand the ways they can report sexual abuse and sexual harassment. The facility ensures key information about PREA is continuously and readily available and visible to clients. PREA posters were observed in the housing unit as well as common areas where clients spend time such as the cafeteria, dayroom, programs area, etc. CAAP displays PREA posters in common areas of the facility</p>

with the abuse hotline number in bold print. Posters are displayed in English and Spanish.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Training curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting Training curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting Training documentation for staff completing the specialized training Interview of Investigators Interview of Agency Head Interview of PREA Coordinator</p> <p>Agency policy requires all investigators to complete specialized training for conducting investigations in confinement taught through the National Institute of Corrections. This training satisfies the basic requirement for this standard. Training documentation is maintained for all individuals that have completed the specialized investigator training. The facility has two trained investigators. Interviews with the Agency Head indicate that he would probably contact the Tennessee Department of Corrections PREA Investigators to conduct investigations of allegations of sexual abuse or sexual harassment in the CAAPs facility. All criminal cases would be investigated by the Memphis Police Department.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	CAAP does not employ any Medical or Mental Health Staff.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Completed Screening Instrument Reassessment Forms</p> <p>Interview with counselor who completes the intake screening process Interviews with PREA Coordinator Random sample of clients</p> <p>The facility has a policy that requires the client's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The auditor reviewed any documentation of reassessments at the facility. None of the reassessments reviewed were required based on a referral, request, incident of sexual abuse or receipt of additional information that require an additional assessment. The facility has a policy that states a resident will not be disciplined for refusing to answer or disclose information in response to questions in paragraphs, page 24. The policy states, "(h) Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(l), (d)(7), (d)(8), or (d)(9) of this section." The facility has developed a screening tool. Residents are not disciplined for refusing to answer these sensitive questions. The completed risk screening assessment tools are stored in the client's files which are secured in the PREA Coordinator's office. Access to the files is limited to those staff members that need to know the information contained in the assessments.</p>

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed: PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Completed Screening Instrument</p> <p>Interview with counselor who completes the intake screening process Interviews with PREA Coordinator Interviews with LGBTQI Clients</p> <p>Staff that complete the risk screening assessment use information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff responsible for risk screening make individualized determinations about how to ensure the safety of each resident based on the responses in the screening instrument. The agency makes individualized plans as needed to ensure the safety of each resident, including specific attention to the placement of transgender or intersex residents. The auditor observed private shower and toilet areas that are made available to all clients. The auditor was unable to locate any transgender or intersex clients to interview. The facility does not place lesbian, gay, bisexual, transgender, or intersex clients in dedicated facilities, units, or wings solely on the basis of such identification or status. The facility is not under any consent decree, legal settlement, or legal judgment requiring a facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex clients. The facility policy gives serious consideration to each transgender or intersex client’s own views with respect to his or her own safety.</p>

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Testing of PREA Hotline Interviews with PREA Coordinator Random sample of clients Random sample of staff</p> <p>CAAPs provides a mechanism for clients to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. The clients may contact the PREA Hotline at 1-800-586-9431. The calls to the PREA Hotline are free. A test of the hotline was conducted from the client's telephone. The auditor requested the receiver contact the auditor to confirm receipt of the telephone call. The call was not returned. After numerous telephone calls and additional investigation, the auditor discovered that the telephone calls to the PREA Hotline were actually being directed to the State of Washington PREA Hotline. The auditor spoke with the PREA Coordinator for the state and she indicated that she had not received a call from out of state lately, but this has been an ongoing problem as the Washington State PREA Poster had somehow been distributed to other entities as</p> <p>Residents have pay telephone where they may call anyone they please. It should be noted that the telephone dedicated for PREA phone calls is a single telephone and anyone that is observed on the phone would lose all confidentiality by their mere presence on the phone. However, residents may use other telephone to call the number from other phones. Residents may email, speak to staff privately in person, or submit a grievance in order to report sexual abuse or sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff are able to privately report sexual abuse or sexual harassment of clients to facility leadership. CAAP staff have an excellent working rapport with the Facility Program Director and PREA Coordinators.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that the PREA Hotline is functioning properly and that all calls are being reported to the facility. The number provided and tested in 2016 was for the Family Safety Center 1-865-522-7273.</p> <p>Update: On January 12, 2020 the correct telephone numbers were posted for the hotline. At some point the poster had been replaced and the incorrect telephone number had been posted.</p>

115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Client Handbook Review of grievances filed in 2019 Interview with Program Director Interviews with PREA Coordinator Random sample of clients Random sample of staff</p> <p>CAAPS has a formal grievance policy and procedure for addressing Emergency grievances. The facility does not impose a time limit on grievances regarding sexual abuse. According to policy, clients are not required to use the informal grievance process to report sexual abuse. CAAP policy includes the required timelines and processes.</p> <p>A critical component of this standard requires that clients that alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and that the grievance is not referred to a staff member who is the subject of the complaint. While the policy indicates these requirements, the clients are not advised of this in the Client Handbook. Interviews with clients indicate that they are not familiar with this process. A review of the client curriculum does not mention the grievance process as it pertains to sexual abuse or sexual harassment allegations.</p> <p>The facility does not impose a time limit on grievances regarding sexual abuse. According to the policy, clients are not required to use the informal grievance process to report sexual abuse. Clients are not familiar with this requirement. Facility policies regulate the deadlines and guidelines governing grievances, emergency grievances and responses. Staff and clients interviewed indicated that grievances are addressed expediently and without delay, but the clients were unfamiliar with an Emergency Grievance process.</p> <p>Corrective Action Recommendation:</p> <p>Revise Client Handbook and curriculum to include information on how to file an Emergency Grievance. Ensure that clients know that they can submit an Emergency Grievance without referring to the staff member that is the subject of the complaint and that the grievance may not be referred to the offending staff member. Revise Grievance form to indicate a mechanism for denoting the grievance as an Emergency Grievance for Sexual Abuse or Sexual Harassment. Once the Handbooks and Grievance forms are revised, clients need to be educated on this element. To satisfy this standard the auditor will need to review the revised handbook, grievance form and roster of training for all clients currently housed at CAAP.</p>

Update: On May 7, 2020 the facility provided the auditor the revised Client Handbook.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Client Handbook Interview with Program Director Interviews with PREA Coordinator Random sample of clients Observation of material posted throughout the facility pertinent to Advocacy and Support for sexual abuse victims</p> <p>Clients are notified at intake 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. There is a private hot line phone in the dayroom area and pay phones available in the front lobby of the facility. The facility has a draft MOU between CAAPs and Shelby County Crime Victims & Rape Crisis Center. The facility provided several emails as proof of progress in securing an MOU. These entities would provide clients with emotional support services related to sexual abuse. It appears as though both parties are in agree with the MOU, it just hasn't been signed as of this writing.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Facility Webpage http://www.caapincorporated.com/community-corrections-service/ Interview with Program Director Interviews with PREA Coordinator Random sample of clients Observation of material posted throughout the facility pertinent to Advocacy and Support for sexual abuse victims</p> <p>CAAP has established a method to receive third-party reports of sexual abuse and sexual harassment posted the policy on their webpage for the facility. Third-party Reports of sexual abuse may be made via telephone: Community Corrections: 901-794-0915, Fax: 901-566-9242, PREA Hotline: 1-800-586-9431, Email: caapincorporated@bellsouth.com, or in person. This information is also posted in the lobby of the facility.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with PREA Coordinator Interview with Director</p> <p>There were no investigations to review. There have not been any incidents reported since the last PREA audit.</p> <p>The facility has a policy to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment in the facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff interviewed all indicate that there is an affirmative responsibility to report any incident or suspicion of sexual abuse or sexual harassment. The facility policy states, "Apart from reporting to designated officials, staff will not reveal 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;" Staff interviewed confirm that information is not disseminated, except on a need to know basis. The facility does not have in house Medical or Mental Health staff. . There were no sample investigative reports to review. The auditor did not find any reports presented by a third-party or any anonymous reports. The facility has a policy to report all allegations of sexual abuse and sexual harassment, to include third-party and anonymous reports to the facility's designated investigators. There have not been an reports of sexual abuse or sexual harassment in the</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with Facility Director Random sample of staff</p> <p>Facility policy requires staff to take immediate action to protect the resident when they learn that a resident is subject to a substantial risk of imminent sexual abuse. Staff interviewed all confirmed this requirement. Interviews with staff and the facility director all indicate that staff would immediately take action to protect an individual at substantial risk of imminent sexual abuse. There have not been any incidents reported in the past three years.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Agency Head (designee) Interview with Facility Director</p> <p>CAAP has a policy that addresses notifying the head of the facility if an allegation has been made that a resident was abused while in another facility and staff leadership is familiar with the policy. There were no reports to review. Facility policy, page 32, states, " If an allegation is received that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation will notify the PREA Coordinator and or Program Manager of the facility or appropriate office of the agency where the alleged abuse occurred. Notification shall be provided through e-mails or phone calls as soon as possible, but no later than 24 hours after receiving the allegation. All notifications will be documented within 24 hours, and The PREA Coordinator or Program Manager will follow the investigation in according to the PREA standards.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Training Curriculum for Staff Interviews with Security Staff and Non Security Staff First Responders The auditor was unable to locate any residents that had reported a sexual abuse case in the facility.</p> <p>CAAPs has a policy regarding first responder duties and have appropriately trained staff in the requirements of responding to a sexual abuse claim in order to protect the victim and preserve evidence. The auditor reviewed documentation of staff first responder training and the curriculum for the training. The facility has also created an Emergency Response Plan. Interviews with staff indicate that they are not familiar with the guidelines of this provision. The staff members indicated that they would call the Facility Director for guidance. When questioned further, staff were not able to articulate the required steps.</p> <p>Corrective Action Recommendation:</p> <p>Retrain staff on emergency procedures for responding to claims of sexual abuse. There are four requirements.</p> <ol style="list-style-type: none"> a. Separate the alleged perpetrator and victim. b. Secure the scene. c. 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, d. Request that the alleged perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, <p>Once staff have been retrained in these critical elements, provide copies of the training roster and curriculum for the training to the auditor.</p> <p>Update: On May 7, 2020 the facility provided the auditor with proof of completion of retraining and curriculum used for the training.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Director Review of Coordinated Response Plan</p> <p>The facility has developed an emergency response plan. The plan coordinates actions taken in response to an incident of sexual abuse, among staff first responders, investigators, and facility leadership. CAAP does not employ any Medical or Mental Health staff.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with Agency Head (designee)</p> <p>CAAP has not entered into any agreements that do not meet the requirements of the standards. The facility does not have any collective bargaining.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Staff Member Charged with Retaliation Monitoring Interview with Agency Head Interview with Director</p> <p>The facility has assigned a staff member to be responsible for monitoring retaliation. When interviewed, the staff member was familiar with her responsibilities as the retaliation monitor. Policy 115.267 Section A (a) CAAP policy is 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 and shall designate which staff members or departments are charged with monitoring retaliation. The facility has a policy to 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. The facility also has two separate dorms for allowing for separations as needed.</p> <p>The facility has a policy to monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Interviews with the director and Designated Staff Member Charged with monitoring retaliation confirm that they will monitor for a minimum of 90 days or for as long as needed to provide protection. Both the Program Manager and the Designated Staff Member Charged with monitoring retaliation confirm that they will make periodic checks of residents to monitor for retaliation.</p> <p>The facility has a policy to protect individuals who cooperate with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The auditor was unable to verify compliance through reports, as there have not been any cases that qualified or required retaliation monitoring. The Program Manager indicated in the interview that precautions would be made to protect anyone that is involved in an investigation of sexual abuse or sexual harassment. The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>The auditor was unable to verify compliance through reports, as there have not been any cases that qualified or required retaliation monitoring. The Program Manager indicated in the</p>

interview that precautions would be made to protect anyone that is involved in an investigation of sexual abuse or sexual harassment.

The facility has a form to use if they have a case that requires monitoring. The form covers the required elements and will suffice as a tool to help document the required elements.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with PREA Coordinator Interview with Investigative Staff Interview with Agency Head Interview with Director</p> <p>There were no investigations to review. There have not been any incidents reported since the last PREA audit. CAAP Policy states, "CAAP does not conduct sexual abuse investigations. In the case of sexual abuse, the MEMPHIS POLICE DEPARTMENT will be responsible to perform the investigation. However, facility staff indicated that they would investigate Administrative cases. The Agency Head indicated that Administrative Investigations would be handled by the Tennessee Department of Corrections PREA Investigators. There are two staff members that have received the Specialized Training but to maintain transparency, an outside agency would be called to conduct the investigations. Section C of CAAPs policy states, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." Memphis Police Department would conduct these investigations. However, the auditor was unable to review any reports for compliance, as the facility has not had any PREA complaints to date.</p>

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with PREA Coordinator Interview with Investigative Staff Interview with Agency Head Interview with Director</p> <p>CAAP policy states, "CAAP shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff interviewed were familiar with the preponderance of the evidence as the standard for the investigation. There were no cases to review in order to verify that preponderance is the standard used in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with Investigative Staff Interview with Director</p> <p>CAAP policy states, "Following an investigation into a resident's allegation of sexual misconduct suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." Interviews with investigative staff indicate that they would notify the victim when the case investigation has been completed. There were no completed cases for review.</p> <p>Staff are also required to notify the victim when the staff member is no longer posted within the client's unit; the staff member is no longer employed at the facility; or if the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. Notice to the victim would be in writing in order to properly document the notification. Again, there were no cases to review to vali</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with Administrative HR Staff Interview with Agency Head Interview with Director</p> <p>CAAP policy states, “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 resignations, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” The Program Director and Agency Head also confirmed that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. CAAP policy also states, “Termination from employment shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse;” However, the auditor was unable to review any records of terminations, disciplinary actions or other sanctions for violation of sexual abuse or harassment as there were no cases reported and “Disciplinary sanctions for violations of agency policies relating to sexual misconduct (other than actually engaging in sexual abuse) will 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.” Additionally, “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 resignations, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” However, the auditor was unable to review any records of terminations, disciplinary actions or other sanctions for violation of sexual abuse or harassment as there were no cases reported. Interviews with the Director and Agency Head confirm that there have not been any investigations involving staff misconduct for sexual abuse or sexual harassment.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interviews with Director</p> <p>The facility has a policy in place to address this provision of the standard. It states, “Staff Sexual Misconduct: Any behavior or act of a sexual nature whether it be consensual or non-consensual directed toward a resident by an employee, contractor, volunteer, visitor, or other agency representative. Termination from employment shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse; prohibition from contact with residents will be the presumptive measure for contractors, volunteers, visitors, or other agency representatives who have engaged in sexual abuse. CAAP Inc. will investigate allegations with the SART Team if any findings or previous findings of sexual abuse or sexual harassment there will be no contemplating the contractor or volunteer will be prohibited from the agency indefinitely. There were no records to review.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Director There are no Medical or Mental Health Staff to Interview at this facility</p> <p>The facility has a policy that covers this provision. The procedure within the policy states, "The administrative find that resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse there will be subject to disciplinary action, which could be reason for discharge from the program, action will be appropriate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the actions imposed for similar offenses by other residents with alike histories, the penalizing process will consider whether a resident's mental disabilities or mental illness contributed to her behavior when determining what type of actions, if any, should be imposed, CAAP does not offer therapy, counseling or interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending residents to participate in such interventions as a condition of access to programming or other benefits, CAAP is not responsible for discipline a resident for sexual contact with staff after finding that the resident information was not true. The proper authority sanctions residents for unfound allegations, CAAP prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation and CAAP prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>There were not records or investigations to review for conformity.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Agency Head Interview with Director</p> <p>The facility does not have a nurse or counselor on staff. Emergency medical assistance would be provided if needed, at the local hospital. All crisis intervention services would be provided by the Family Safety Center or by the local hospital. CAAPs Residents are sent to the nearest local community Hospital without financial cost. The Program Manager and PREA Coordinator concurred that the Resident victims of sexual abuse shall 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.</p> <p>All crisis intervention services would be provided by the Family Safety Center or by the local hospital. The policy states, "Resident victims of sexual abuse will receive timely, unimpeded, and ongoing access to emergency medical treatment and crisis intervention services, including follow-up medical and mental health services, as recommended by medical and mental health practitioners according to their professional judgment. Emergency and follow-up services should include but are not limited to the potential of sexually transmitted infections and pregnancy. The agency will refer any resident victims to a victim advocate from the local rape crisis center or the Family Safety Center.</p> <p>Clients who are victims of sexual abuse while in the facility are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate.</p> <p>These services are provided without financial cost to the victim. There were no investigations to review to confirm conformity.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Agency Head Interview with Director</p> <p>CAAP policy states, “The facility do not offer medical and mental health evaluations or treatment, residents are sent to the local community hospitals and mental health providers.” There were no examples of a need for a medical or mental health evaluation treatment as there have not been any victims of sexual abuse at this facility.</p> <p>CAAP policy states they will notify the medical and mental health staff about evaluation and treatment of such victims shall include, as appropriate, follow-up services, Treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody and document response. The auditor interviewed the Program Manager and the PREA Coordinator to determined that the facility would provide care consistent with the community level of care, by utilizing community care.</p> <p>The auditor interviewed the Program Manager and the PREA Coordinator to determined that the facility would offer pregnancy tests to resident victims of sexually abusive vaginal penetration while incarcerated, the facility would provide timely and comprehensive information about and timely access to all lawful pregnancy related medical services, and that the facility would provide (f) an outside provider and offered tests for sexually transmitted infections as medically appropriate.</p> <p>The facility has a policy that states, CAAP will provide treatment services 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.” The PREA Coordinator and Program Manager confirmed that the services would be provided without financial costs to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>CAAP policy states, “CAAP will conduct a mental health evaluation of all known residents-on-residents abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners. While CAAP does not provide these services on site, residents would be sent to the local community hospitals and mental health providers as needed.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Agency Head Interview with Director Interview with Incident Review Team Member</p> <p>interviews with the Program Director and PREA Coordinator revealed that the facility has established an Incident Review Team. The auditor interviewed members of the team. While the facility has not had any incidents to date, the team is prepared to conduct a review within 30 days of an incident. The facility has an Incident Review Form that will provide a guideline for the required meeting subsequent to the closing of an investigation. The team is prepared to conduct a review within 30 days of an incident. The Incident review team includes supervisors and investigators. The facility does not employ any Medical or Mental Health staff. The team is prepared to review the required criteria and to implement recommendations for improvement or document its reason for not doing so.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Agency Head Interview with Director Review of Facility Website http://www.caapincorporated.com/community-corrections-service/</p> <p>The facility has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions for 2019 and posted the same on the website. There is no data posted for 2016, 2017, or 2018.</p> <p>The facility has developed a process to maintain, review and collect data needed from all incident-based documents including reports, investigation files and sexual abuse incident reviews. The facility store and preserves all PREA related incident related documentation in one file and an annual report is generated from the data.</p> <p>The agency does not contract with other entities for the confinement of its residents. The Department of Justice has not yet requested any data from the previous calendar year.</p> <p>Corrective Action Recommendation:</p> <p>Create an annual report for each year that the facility has been tracking PREA incidents. There should be a report for each year (2015, 2016, 2017, 2018). The document labeled as CC PREA 2016 Annual Report is actually the 2016 PREA Final Report as provided by the Auditor. This should be posted as the 2016 PREA Audit or something similar that distinguishes it as a different document. The annual reports should also compare the number of incidents from year to year and detail what the agency had done to curtail incidents in the facility. This could be done in a simple chart depicting allegations and the various types of allegation.</p> <p>Update: On January 20, the facility added the 2019 Annual Report to the website.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with Agency Head Interview with Director</p> <p>The facility has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions for 2019 and posted the same on the website. There is no data posted for 2016, 2017, or 2018. A report is required for each year, even if there were no allegations or incidents of sexual abuse or sexual harassment.</p> <p>The facility has developed a process to maintain, review and collect data needed from all incident-based documents including reports, investigation files and sexual abuse incident reviews. The facility stores and preserves all PREA related incidents. An annual report was generated from the data for 2019 but not for 2016, 2017, or 2018 .</p> <p>Corrective Action Recommendation:</p> <p>Create an annual report for each year that the facility has been tracking PREA incidents. There should be a report for each year (2015, 2016, 2017, 2018). The document labeled as CC PREA 2016 Annual Report is actually the 2016 PREA Final Report as provided by the Auditor. This should be posted as the 2016 PREA Audit or something similar that distinguishes it as a different document. The annual reports should also compare the number of incidents from year to year and detail what the agency had done to curtail incidents in the facility. A report is required for each year, even if there were no allegations or incidents of sexual abuse or sexual harassment. This could be done in a simple chart depicting allegations and the various types of allegation. Use the report to show your success at preventing sexual abuse.</p> <p>Update: On January 9, 2020, the agency added the 2019 Annual Report to their website. This report contains aggregated data and a comparison to 2018 data.</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PREA standards for community confinement facilities Cocaine & Alcohol Awareness Program (CAAP. INC.) Community Corrections 2015 revised 4.12.16 Completed Pre-Audit Questionnaire submitted by CAAP Interview with PREA Coordinator Interview with Director Review of Facility Website http://www.caapincorporated.com/community-corrections-service/</p> <p>All incident-based and aggregate data are securely retained in a locked cabinet in the PREA Coordinator's Office. The 2019 aggregated report is posted on the facility website. The facility must add previous years reports to the website as indicated in 115.287 and 115.288. The facility has not disclosed any personal identifiers in the reports posted. Policy requires that all data be retained for at least ten years. CAAP policy states, "CAAP Inc. shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise."</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The CAAP operates one facility. The CAAP was initially audited in 2016, during the third year of the first cycle. This audit was conducted in the third year of the second cycle. Since the CAAP is an independent facility, they should be conducting their audit the first year of the audit cycle. As an independent facility, they have shifted their audit to the first year of the third cycle. I was provided full access to the facility for the purposes of the tour review. The PREA Coordinator provided the tour and unlocked all secured access doors to allow me to visually observe all areas of the facility. This included all areas within the facility to include the client housing areas (2 dorms), recreation yard, storage, kitchen, dayroom, and programs area. I was provided with copies of all policies and granted access to review documentation of inmate records. I was permitted to copy or to request copies of all documents needed to conduct a thorough audit. Clients were able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. I did not receive any letters from clients at this facility. I was provided a private setting to interview clients without interruption. Clients and Staff interviewed were informed of the confidentiality of the audit. The facility provided me with photographic proof that the Notices of Audits was posted on December 2, 2019.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>I have observed that the auditors PREA Final report has been posted on the agency's public webpage. The posting for the CAAP can be found at http://www.caapincorporated.com/wp-content/uploads/2020/01/CAAP-Auditor-Summary-Report-11.17.2016.pdf.</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.)	na

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

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

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

	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?	
	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 who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	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	
	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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221 (d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

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

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

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

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

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

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

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

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes