

# PREA Facility Audit Report: Final

**Name of Facility:** Pathway Forward Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 11/25/2022

**Date Final Report Submitted:** 06/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Donald Chadwick	<b>Date of Signature:</b> 06/07/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Chadwick, Donald
<b>Email:</b>	dchadwick@dcandeval.com
<b>Start Date of On-Site Audit:</b>	10/11/2022
<b>End Date of On-Site Audit:</b>	10/13/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Pathway Forward Residential Reentry Center
<b>Facility physical address:</b>	825 North Christiana Avenue, Chicago, Illinois - 60651
<b>Facility mailing address:</b>	Illinois

**Primary Contact**

<b>Name:</b>	Cassandra Dale
<b>Email Address:</b>	Cassandra.dale@usc.salvationarmy.org
<b>Telephone Number:</b>	17737326819

**Facility Director**

<b>Name:</b>	Richard Hart
<b>Email Address:</b>	Richard.hart@usc.salvationarmy.org
<b>Telephone Number:</b>	312 667-2121

**Facility PREA Compliance Manager**

<b>Name:</b>	Cassandra Dale
<b>Email Address:</b>	cassandra.dale@usc.salvationarmy.org
<b>Telephone Number:</b>	O: 312 667-2110
<b>Name:</b>	Keasher Wilcox
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<b>Telephone Number:</b>	O: 312 667-2148

**Facility Characteristics**

<b>Designed facility capacity:</b>	210
<b>Current population of facility:</b>	134
<b>Average daily population for the past 12 months:</b>	140
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males

<b>Age range of population:</b>	21-75
<b>Facility security levels/resident custody levels:</b>	Residential Reentry Center- No Security Level
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	64
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

#### AGENCY INFORMATION

<b>Name of agency:</b>	The Salvation Army Metropolitan Division
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5040 N. Pulaski Rd., Chicago, Illinois - 60630
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

#### Agency Chief Executive Officer Information:

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Richard Hart	<b>Email Address:</b>	richard.hart@usc.salvationarmy.org
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

41

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-11
2. End date of the onsite portion of the audit:	2022-10-13

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Mujeras Latinas en Accio'n ; City of Chicago Rape Crisis Hotline; and Rape Victims Advocates

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	210
15. Average daily population for the past 12 months:	140
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

## **Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

### **Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	156
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	As of the first day of the on-site audit, there were no residents identified in the PREA-designated "targeted" categories. There were three reported allegations of sexual abuse reported during the audit period.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	64
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0

<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	21
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<div> <input type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The auditor selected residents from all facility floors, including the female housing unit. The auditor reviewed demographic data and assessed the surnames of residents to ensure the likelihood of all racial/ethnic groups housed being selected. Staff was consulted as needed to ensure a representative interviewee group.



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="checked" type="radio"/> Yes  <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	There was oversampling of randomly selected residents due to the lack of "targeted" residents housed during the on-site period of the audit.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="checked" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents housed during the on-site audit period were considered "targeted population" residents. Additional random sampling was conducted in order to obtain the minimum number of interviews based on the resident population during the on-site audit period. The number of inmates diagnosed with sight impairment was not isolated as a distinct category. Population characteristics data on inmates who were physically disabled was requested during the pre-onsite stage. During the facility tour and during interviews, no apparent physically disabled-blind residents were discovered. There were no limited English proficient residents housed during the on-site visit available for interviews.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No residents housed during the on-site audit period were considered "targeted population" residents. Additional random sampling was conducted in order to obtain the minimum number of interviews based on the resident population during the on-site audit period. The number of inmates diagnosed with a cognitive or functional disability was not isolated as a distinct category. Population characteristics data on inmates who were cognitively disabled was requested during the pre-onsite stage. During the facility tour and during interviews, no apparent cognitively disabled residents were discovered.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The number of inmates diagnosed with sight impairment was not isolated as a distinct category. Population characteristics data on inmates who were physically disabled was requested during the pre-onsite stage. During the facility tour and during interviews, no apparent physically disabled-blind residents were discovered.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The number of residents diagnosed with a physical disability (Hard of Hearing) was not isolated as a distinct category. Population characteristics data on residents who were physically disabled was requested during the pre-onsite stage. During the facility tour and during interviews, no apparent hearing-impaired residents were discovered.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The number of residents who were limited English proficient was requested as a distinct tracking category. Population characteristics data on residents who were limited English proficient was requested during the pre-onsite stage. Based on the information provided by facility administration, there were no limited English-proficient residents housed during the on-site audit. During the facility tour and during interviews, no apparent limited English proficient residents were housed during the audit. Residents with Hispanic surnames were English proficient.</p>

<b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The number of residents identified as lesbian, gay, or bisexual (LGBTI) was requested as a distinct tracking category. Population characteristics data on residents who were LGBTI was requested during the pre-onsite stage. Based on the information provided by facility administration, there were no LGBTI residents housed during the on-site audit. While reviewing PREA risk screening documents completed during the intake process, no screening instruments documented perception or identification as LGBTI.</p>
<b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The number of residents identified as transgender or intersex was requested as a distinct tracking category. Population characteristics data on residents who were transgender or intersex was requested during the pre-onsite stage. Based on the information provided by facility administration, there were no transgender residents housed during the on-site audit. While reviewing PREA risk screening documents completed during the intake process, no screening instruments documented perception or identification as transgender or intersex.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on the allegations reviewed, including the investigation, all reporting residents were no longer housed at the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The number of residents who disclosed prior sexual victimization during risk screening was requested as a distinct tracking category. Population characteristics data on residents who reported victimization during risk screenings was requested during the pre-onsite stage and upon arrival on-site. Based on the information provided by facility administration, there were no residents who reported victimization during risk screenings. During random resident interviews and while reviewing PREA risk screening documents completed during the intake process, no screening instruments documented prior victimization during the risk screening process.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	This facility does not use segregated housing. None of the post-allegation documentation indicates that the reporting resident was isolated or placed in any form of restricted housing.
<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No residents housed during the on-site audit period were considered "targeted population" residents. Additional random sampling was conducted in order to obtain the minimum number of interviews based on the resident population during the on-site audit period.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	12
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<div> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None         </div>
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<div> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </div>
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Random staff interviews were conducted with a selection of staff working all three shifts and staff representing supervisory and line positions. Security and program staff were interviewed.



**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

**75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):**

11

**76. Were you able to interview the Agency Head?**

☒ Yes

☐ No

**77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?**

☒ Yes

☐ No

**78. Were you able to interview the PREA Coordinator?**

☒ Yes

☐ No

**79. Were you able to interview the PREA Compliance Manager?**

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☐ Medical staff
- ☐ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	There were no volunteers or contract staff applicable during the audit period.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	<p>The authorized site review guidelines were used to conduct a thorough site inspection of TSA-RRC. All housing units and program areas were observed, and communication with residents and staff was conducted on an informal basis. The central command (front desk) area was inspected.</p> <p>Centralized camera monitoring was noted, and views were in accordance with good supervision practices. Signage and posters were consistent with sexual safety practices, and community/advocacy resources were observed throughout the facility. A test call of emotional support services was conducted. Based on the site inspection observations, staff are available to supervise residents in accordance with the staffing plan.</p>
<b>Documentation Sampling</b>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

Document sampling regarding background clearance, training, and education for staff and residents and PREA risk screening were selected by the auditor. There were no barriers to selecting additional documentation. During the corrective action period, additional sampling of documents was necessary to ensure processes were corrected going forward. The facility cooperated fully in providing additional documentation based on auditor-selected sampling.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	3	0	1	0
<b>Total</b>	3	0	1	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

**94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Total</b>	1	0	0	0	0

**95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	1	0	1	0

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

**98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:**

2



<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	There were no sexual harassment allegations during the audit period.
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>During the audit period, one staff-on-resident sexual abuse allegation was made, alleging that the incident occurred at TSA-RRC. This incident was investigated administratively and deemed unsubstantiated. There was one staff-on-resident sexual abuse allegation made upon arrival to TSA-RRC involving an incident allegedly occurring at another facility. This incident was investigated at the previous facility and deemed unsubstantiated. TSA-RRC assisted in providing the investigative outcome notification to the resident.</p> <p>There were no staff-on-resident sexual harassment investigations during the audit period.</p> <p>There was one staff-on-resident sexual abuse allegation made by a former resident. A staff member resigned prior to an investigation being initiated, and staff did not proceed to complete the process by conducting an official investigation or making a referral to local law enforcement.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p><b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>Non-certified Support Staff</b></p>	
<p><b>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>It is the stated philosophy and policy of TSA-RRC to maintain zero tolerance toward all forms of sexual abuse/harassment and enforce that policy by ensuring all of RRC's supervision functions comply with the PREA standards. The Salvation Army Pathway Forward Residential Re-entry Center - Chicago (TSA RRC) has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in the facilities it operates. TSA RRC PREA policy 4.22.01 SA-RRC outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The TSA RRC PREA policy does not individually list or identify sanctions or a range of sanctions for sexual abuse offenses among residents. However, the policy refers to a formal disciplinary process governed by the funding source (BOP or U.S. Probation) for those found to have participated in prohibited behaviors. Additionally, the TSA-RRC "Handbook For Residents" contains a listing of TSA-RRC and BOP sanctions for violating sexual abuse policy. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of</p>

	<p>residents.</p> <p>TSA-RRC is responsible not only for ensuring that staff and residents are informed of the RRC's zero-tolerance policy toward sexual abuse but for setting a tone that signals a true commitment to a culture of safety and security for all residents and staff. In an effort to ensure zero tolerance towards sexual abuse/harassment is maintained the PC manages and oversees the RRC's efforts to comply with the PREA standards by developing written policies that follow community corrections best practices and meet the intent of the PREA standards; by developing and implementing a training plan that fulfills the PREA training standards; by monitoring resident screening procedures and investigations according to the PREA standards; by supervising the agency's data collection efforts, and providing appropriate access and materials to auditors.</p> <p>The agency employs or designates an upper-level, agency-wide PREA Coordinator. The RRC designates a PREA coordinator (PC) to oversee agency efforts to comply with the PREA standards. The RRC PC is the Program Director. The RRC PREA Compliance Manager and Assistant Compliance Manager are responsible for conducting audits of PREA and report directly to the Director/PC. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.</p> <p>The auditor interviewed specialized staff, random line, and supervisory staff, as well as formal interviews with approximately 20 residents. Staff and residents confirmed training in the TSA RRC's philosophy of zero-tolerance towards all forms of sexual abuse and harassment, and the institutionalization of policy requirements to prevent sexual abuse. TSA RRC is in compliance with this standard..</p>
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115.212	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA RRC is a private not-for-profit agency. TSA RRC is not the contracting entity. The agency does not contract for the confinement of its residents with private agencies or other entities including other government agencies. The residents housed in TSA RRC are under the jurisdiction of the Federal Bureau of Prisons and the U.S. Probation office which are the contracting entities. The agreements with the contracting entities require compliance with the PREA standards and the contracting entities monitor compliance with applicable standards through periodic audits and inspections.</p>

115.213	Supervision and monitoring
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TSA RRC policy 4.22.01, Ch 2, Section 1 outlines staffing and supervision to prevent sexual abuse. TSA-RRC contracts with the Bureau of Prisons (BOP) in providing supervision to its residents. All residents are protected by the PREA standards that have been adopted in its operations. In consultation with key staff members, the Program Director reviews staffing at least annually. The Program Director reviews the RRC Staffing Report annually as part of the annual budget review to ensure that RRC is adequately staffed. TSA-RRC officials attempt to meet BOP contract staffing requirements and standards of the American Correctional Association (ACA). The Program Director works closely with the BOP Residential Reentry Manager (RRM) to ensure that as the RRC's population fluctuates, staffing and accommodations remain in compliance with the requirements of the BOP. Staffing goals are focused on maintaining a full complement of staff that is commensurate with the resident population. Trained security staff is available around the clock 24 hours a day 7 days a week. The primary focus of all staff is resident Safety, Security, and Accountability. Staff is trained in every aspect of job responsibility including how to detect, deter and help to prevent Sexually Abusive Behavior.</p> <p>TSA-RRC structures staffing by using the "Technical/Management Evaluation Area Factor Personnel Resources Plan (Appendix A: Staffing Pattern). Shift Supervisors and Correctional Counselors are scheduled by Security Services Supervisor, in consultation with the Program Manager/Operations and the Program Supervisor. Trained Shift Supervisors and Correctional Counselors are on duty around the clock 24 hours a day 7 days a week. Although all staff plays a role in resident safety and preventing sexual abuse, security staff (Correctional Counselors) is tasked with the greater role in this area. The security staff is trained in various accountability practices which include conducting accountability and monitoring tours of the facility continually and completing at least four head counts per shift.</p> <p>The above-referenced Personnel Resources Plan includes the position of Case Manager (RCM), who is scheduled by the Program Manager/Case Management. Each Resident Advisor works at least one evening shift (1:00 PM to 9:00 PM) a week. The RRC is staffed with Resident Advisors from at least 8:00 AM to 5:00 PM Monday-Friday.</p> <p>The Personnel Resources Plan includes a Program Supervisor. The Program Supervisor (PS) oversees scheduling, in consultation with the Program Director. The PS ensures that staff strength is appropriate for the numbers and needs of residents in the facility during every shift. The PS ensures that adequate staff is available for counseling and other program activities at appropriate times. The PS delegates certain scheduling responsibilities to the Program Manager/Operations and the Program Managers/Case Management.</p> <p>The auditor observed staffing on all three shifts. The resident population was 156</p>



	on the first day of the audit. The auditor observed adequate supervision physical and electronic supervision practices. Interviews with supervisors and line staff revealed knowledge of compliant supervision practices. The facility is in compliance with this standard.
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<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TSA-RRC policy 4.22.01 Section 1 provides guidance on this standard ( Limits to cross-gender viewing and searches). Security staff is trained to search the first week of arrival as part of a 40-hour training program and thereafter at least annually. The RRC prohibits strip and body cavity searches of any resident male or female. Searches of persons on the premises are done by pat-down. Staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. All cross gender pat-down searches of female residents must be documented. Staff is prohibited from viewing residents who are nude or performing bodily functions and similarly restricts cross gender pat-down searches. This includes the non-medical staff of the opposite gender viewing showering, changing clothing, etc. (viewing their breasts, buttocks, or genitalia), except in circumstances when such viewing is incidental to routine room checks (this includes viewing via video camera). Staff is required to announce their presence when entering the housing areas of residents of the opposite sex. Males never pat down females. The RRC does not restrict female residents' access to regular available programming or outside opportunities in order to comply with this provision.</p> <p>Formal interviews were conducted with 12 staff who confirmed they received training regarding pat search procedures. Interviews with staff revealed they are aware of transgender search procedures. There were five female residents confined at TSA-RRC during the on-site review. Interviews also revealed opposite gender staff is required to announce their presence when entering sleeping and toilet/ shower areas of living quarters. During the site review, the auditor noted toilet, showering, as well as sleeping areas are private. Bathrooms are separately located from staff offices and have doors at the entryways. Resident quarters have doors that are shut. Shower stalls have privacy curtains and toilet stalls have privacy barriers. The site review did not reveal any cameras having views of areas where there is an expectation of privacy such as bathroom facilities. During the site review, it was noted that opposite-gender staff was not able to view confined persons in a state of undress. There were no concerns with the zoom or tilt capabilities of video monitoring equipment being able to provide views of confined persons in a state of undress. During the site review, staff was alerting residents of their presence when entering sleeping and toilet areas. During the audit period, there have been no cross-gender strip searches.</p>

	Based on policy guidance being consistent with the intent of governing standards, coupled with interviews, a review of training, and site review observations, the facility is in compliance with this standard.
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TSA-RRC policy 4.22.01; Chapter 2, Section 1 addresses the requirements of this standard. TSA-RRC's Training Manager (TSA-TM) is assigned to provide the PREA orientation and education training with the PREA Compliance Manager Assistant (PCMA) serving as backup. The TM and/or PCMA ensures that residents who are limited English proficient (LEP), deaf, or disabled have equal opportunity to benefit from all aspects of reporting sexual abuse and sexual harassment to staff directly or through non resident interpreters. The RRC prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. If residents' assistance is utilized, the scope of the assistance must be in writing. Accommodations are made by TM to convey all written information about sexual abuse policies, including how to report sexual abuse and sexual harassment, verbally to residents who have limited reading skills or who are visually impaired. TSA TM or PCMA reads all PREA materials to residents who are blind or have limited vision and are unable to decipher the material.</p> <p>During the period of the on-site audit, five residents with Hispanic surnames were interviewed. None of the residents was limited English proficient (LEP). All residents were proficient in English. However, as of the pre and on-site period of the current audit, there was no Spanish version of the TSA-RRC "Handbook for Residents". Additionally, there were no residents identified by TSA-RRC as staff as physically or intellectually disabled. Based on formal interviews with 20 residents admitted to the facility during the audit period, all PREA materials and rights were understood and did not require intervention by staff or the use of other resources. There were no instances required during the audit period of documentation of circumstances where resident interpreters or other resident assistants were used.</p> <p>Based on agency submittals, the implementation of this policy is partially supported by primary documentation. There are no formal arrangements (contractually or otherwise) with interpreters/translators, and the interviews conducted on-site did not require the demonstration of interpretive or translation services. There is, however, a "Quick Reference Guide" for staff to use "LanguageLine Solutions" sponsored by the Chicago Department of Family and Support Services and contains</p>

	<p>a client ID. This guide is for use by TSA-RRC staff. Additionally, a pamphlet is available in Spanish entitled "PREA-The Prison Rape Elimination Act - What it means for you at the Salvation Army Pathway Forward Residential Re-Entry Center". There is also a reference guide available in Spanish entitled "Sexually Abusive Behavior Prevention and Intervention" These guides are provided to new residents who are non-English speakers and the pamphlets are displayed on facility bulletin boards.</p> <p>Corrective Action:</p>
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115.217	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.22.01 Section 1-6 addresses the requirements for this standard. It is the stated policy of TSA-RRC to prohibit hiring or promoting anyone or engaging any contractor or volunteer who has engaged in sexual abuse in an institutional setting or who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, the threat of force, or coercion. The policy states consistent with Federal, State, and local law, the RRC makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse. The policy requires the RRC to run criminal background checks for all applicants and employees being considered for promotion to identify any history of criminal activity at work or in the community, including convictions or adjudications for domestic violence, stalking, and sex offenses. The funding source (BOP) conducts follow-up background checks on TSA-RRC employees every 5 years as a condition of the beginning of new 5-year contract cycles. Omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>There were no contractors or volunteers applicable during this audit period. The auditor reviewed the applications of 10 staff hired or promoted during the last 12 months prior to the original onsite audit. All staff hired during the audit period (last 12 months) were subject to a criminal background check and were cleared by the funding source (BOP) to work with federal offenders.</p> <p>The Salvation Army Pathway Forward's (TSA) employment application contains a section requiring the applicant to attest to any child sexual abuse history. However, as reviewed during the original on-site audit, the TSA-RRC employment application did not contain any statements which require the applicant to attest to PREA sexual abuse behaviors (criminal or civil) in the community or institutional settings.</p> <p>A corrective action period was imposed. During the corrective action period, the auditor requested a listing of all staff hired or promoted within the 120-day period from the date of the interim PREA report., who may have contact with residents.</p>

	<p>During the corrective action period, the facility developed an addendum to the employment application to document attestations to prior sexual abuse behaviors in institutions, or prior convictions, or civil/administrative adjudications regarding sexual abuse or sexual harassment. The auditor examined the application to determine if newly hired or promoted staff are required to respond directly to questions about previous sexual abuse misconduct, as stated above.</p> <p>Based on the facility submittals during the corrective action period, documenting that new staff are attesting to previous sexual abuse misconduct during hiring and promotion consideration, TSA-RRC is currently in compliance with this standard.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TSA-RRC policy 4.44.02 RRC moved into the new facility in October 2015. The facility has implemented video surveillance equipment technology as a preventive measure against sexual assault in its facility. The facility is equipped with video cameras on residents' floors and hallways as well as in elevators and common areas throughout the four-story facility. In addition to surveillance cameras at security desks, Program Supervisor, Program Operations Manager, and Security services</p>

	<p>supervisor offices, there are numerous cameras throughout the facility.</p> <p>During this review period, the following were assessed: the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the use of video, and other monitoring devices, and other relevant factors. During this audit period, there have not been any building modifications or expansions. There has not been a status change in video monitoring technology since the last PREA Audit.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.22.01, Section 1 (Response Planning) outlines the agency's requirements for the TSA-RRC's evidence protocols and forensic examination requirements. TSA-RRC does not conduct its own criminal sexual abuse investigations and forensic services but outsources these services to professionals in the law enforcement and medical field at no cost to the resident. TSA-RRC seeks the assistance of the Chicago Police Department (CPD) in responding to sexual assaults of a criminal nature, taking perpetrators into custody, and conducting a criminal investigation. TSA-RRC is not involved in the legal aspect of sexual assault arrest. Once an arrest is made by the CPD the legal system automatically takes its course in matters of adjudication through the legal system.</p> <p>TSA-RRC is responsible for conducting administrative sexual abuse investigations, Allegations of sexual abuse from residents are reported to local law enforcement as well as the Federal Bureau of Prisons. Based on interviews with administrative staff and a review of contract requirements from the funding source, the facility is required to report all allegations of sexual abuse and harassment including third-party and anonymous reports to the Federal Bureau of Prisons. Documentation will be kept on all investigations and referrals made for investigations. Requests for medical examination and treatment are made to the local Chicago medical facilities, specifically, the Norwegian American Hospital. TSA-RRC has a standing agreement (Memorandum of Understanding-MOU) with the aforementioned facility. All medical examinations shall be conducted by the applicable Chicago medical facility and requests are made via the MOU to follow all PREA standards. Criminal sexual abuse investigations are conducted by the Chicago Police Department and are advised to follow a uniform evidence protocol contained in the governing MOU and to follow PREA standards. When conducting a sexual abuse administrative investigation, the agency investigators follow a uniform evidence protocol. TSA's coordinated response plan outlines an evidence protocol for TSA-RRC staff to use in an effort to preserve usable evidence, refer for advocacy services, and provide for a coordinated approach to post-allegation evidence processing.</p>

	<p>Documentation of efforts to secure an agreement for sexual abuse advocacy services from an RCC or equivalent was established by TSA-RRC. The auditor reviewed the MOU with three providers of post-allegation advocacy services. The MOU with Mujeres Latinas en-Accion appears to be the most comprehensive in providing post-allegation advocacy services.</p> <p>During the audit period, there were no sexual abuse cases reported. There were no forensic exams or post-allegation advocacy required during the audit period. Based on compliant policies and procedures in place to ensure a uniform evidence protocol, proper advocacy, forensic services, and the proper administering of such by the facility and its partners via formal agreements, TSA-RRC is compliant with this standard.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.22.01 provides guidance on investigative matters in several sections of this agency policy. TSA-RRC investigators are trained to investigate and document all allegations of sexual abuse and sexual harassment. TSA-RRC does not conduct its own investigative services if it is determined that the reported abuse is criminal in nature or if evidentiary or other forensic analysis is warranted. These important functions are outsourced to the professionals in the law enforcement and medical field with legal authority to conduct such investigations. However, when outside agencies investigate sexual abuse, the RRC cooperates and stays in constant contact with outside investigators, endeavoring to remain informed about the progress of the investigation, and request the relevant information from the investigative agency in order to inform the resident. Additionally, an MOU describes the responsibilities of both the RRC and the investigating entity conducting the criminal investigation.</p> <p>TSA RRC conducts its own administrative investigations into allegations of sexual abuse and sexual harassment. The policy requires that the investigation is performed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The TSA administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The RRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The RRC retains all written reports pertaining to the administrative or criminal investigation of alleged</p>

sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the TSA RRC, plus five years.

The RRC's PREA policy requires staff to report all allegations of sexual abuse and sexual harassment; including third-party and anonymous reports to the Program Director (PD). The PD will assign and monitor an appropriate administrative investigator (ordinarily the Program Supervisor). In the event the allegation rises to the level of criminal activity, the investigation will be referred to the appropriate entity in the Chicago Police Department. Staff is required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the RRC; 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. Reports may be made in person or telephonically, verbally, in writing, or mailed to TSA-RRC's Program Supervisor or Program Director. All verbal reports will be put in writing immediately.

All information pertaining to sexual abuse and sexual harassment reports is confidential and is disseminated on an as-needed basis and to supervisory staff only. Staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the RRC's PREA policy, to make treatment, investigation, and other security and management decisions.

TSA-RRC's PREA policy protects residents from coming into contact with their abusers. In all reports of resident sexual abuse incidents, the RRC conducts a preliminary investigation to determine the name of the alleged resident or staff abuser. Once the name of the abuser has been determined, the RRC immediately ensures that the alleged abuser and victim are separated. The RRC's next task is to determine if the report is of a criminal nature; if so, the local law enforcement agency is called in to conduct an official investigation. If the RRC determines that the report is not of a criminal nature, the RRC conducts an internal investigation. The alleged abuser is subject to being returned to confinement in an institution or he/she may be taken into police custody. TSA-RRC immediately reports allegations of sexual assault of a criminal nature to the Chicago Police Department {CPD} which will conduct a full criminal investigation.

TSA-RRC reported three investigations related to sexual abuse/harassment during the audit period. One sexual abuse case was reported at TSA-RRC but allegedly occurred at a BOP facility and was investigated at the BOP facility. One case occurring at TSA-RRC was investigated at TSA-RRC, and one allegation made by a former TSA-RRC resident against a staff member was not investigated (the staff member immediately resigned prior to the initiation of a formal investigation). The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is not published on the agency website or made publicly available via other means. A corrective action period was imposed to ensure all sexual abuse allegations are properly investigated and the agency's policy regarding the referral of allegations of sexual abuse is published on the agency's website or made public by other means.

	<p>During the corrective action period imposed, the auditor recommended that a process should be put in place to ensure an investigation is initiated for all sexual abuse allegations (including third-party allegations) regardless of whether staff or residents are currently employed by or under the control of the agency respectively. The auditor requested a listing of all sexual abuse/harassment allegations/grievances made within the 120-day period from the date of the Interim PREA audit report. There were no additional submittals referencing new allegations during this period. However, TSA-RRC completed a revision of the governing PREA policy during the corrective action period. The revised policy emphasized the requirement to investigate all allegations regardless of whether staff or residents are currently employed by or under the control of the agency respectively.</p> <p>Additionally, during the corrective action period, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation was published on the agency website or made publicly available via other means. This information is available at <a href="http://www.safreedom.org/what-we-do/community-corrections">www.safreedom.org/what-we-do/community-corrections</a>.</p>
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115.231	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.22.01, Section 2, (Employee Training) addresses requirements and operational guidance for this standard. It is intended that the governing policy will outline training requirements for all employees at TSA-RRC to be able to fulfill their responsibilities under the RRC's PREA policy standards for sexual abuse prevention, detection, and response. The policy and procedures apply to male and female residents. The PREA Coordinator (PC) or fully trained staff member delegated by the PC is responsible for administering training in TSA-RRC'S PREA policy. The RRC uses multiple mechanisms for presenting training information, including lectures, dialogues, and other interactive techniques.</p> <p>All employees are trained to communicate effectively and professionally fostering confidence in resident-staff interactions that can make residents more comfortable in reporting violations to staff. All staff receive training in PREA initially as new hires and annually thereafter. The new staff is trained before they have contact with residents. In addition to completing training, staff must also demonstrate a working knowledge of PREA standards before working with residents. Staff members, volunteers' contractors, and residents have access to materials stating the RRC's sexual abuse policies. The RRC also provides annual refresher information to all employees to ensure that they know the RRC's most current sexual abuse policies and procedures. The RRC ensures training materials are up to date by reviewing them at least annually and making revisions. Staff is updated between training regarding changes in laws, policies, or protocols. The RRC policy requires</p>



	<p>maintaining of written documentation showing employee signatures verifying that employees understand the training they have received either through a "Staff Training Sign-In Summary Sheet", form No. F107CD or through means of electronic verification.</p> <p>The governing policy contains a list of topics used in PREA training to ensure that the RRC delivers the most effective sexual abuse and PREA training to employees, contractors, and volunteers. Training topics include; staff general education and awareness topics: An overview of PREA; A description of the inalienable right of all residents to be free from sexual abuse; The role of TSA-RRC administrators; definitions and examples of prohibited behaviors; examples of "red flag" which may indicate sexual abuse; TSA-RRC's anti-retaliation policy; Common reactions by victims of sexual abuse; liability issues; sexual abuse effects in a confinement setting; false allegations of staff on resident abuse/harassment; professional boundaries; strategies for protecting the safety of vulnerable population; proper searches of residents including LGBTI residents; among other topics.</p> <p>PREA training records of ten staff hired during the audit period were reviewed. All staff signed to acknowledge that they received and understand the PREA training presented. The training was presented by a program supervisor who used didactic and other methods of training. Based on the topics presented during the timeframe of the employee's initial hiring, and prior to contact with residents, the facility is in compliance with this standard.</p>
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115.232	Volunteer and contractor training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the RRC's PREA standards regarding sexual abuse prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact they have with residents. Volunteers and contractors who have contact with residents are notified of the RRC's zero-tolerance policy regarding sexual abuse and sexual harassment. Volunteers are trained in how to report sexual abuse. The RRC maintains written documentation showing volunteer and contractor signatures verifying that they understand the training they have received. Due to COVID restrictions during the audit period, there were no volunteers or individual contractors having contact with residents, and were required to have training in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Any contractor providing service at the facility has been escorted by the maintenance supervisor and has not unsupervised. Relevant contractors did not</p>

	require regular access to the facility.
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<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TSA-RRC policy 4.22.01, Sec. 2 (Resident PREA Orientation and Educational Training) provides staff guidance regarding this standard. Training is tailored to the gender of the residents at the facility. TSA-RRC's Training Manager (TSA-TM) is assigned to provide PREA orientation and education training for all new arrivals from institutions or from a different community confinement facility during the intake process. The PREA Compliance Manager Assistant (PCMA) also conducts this training as a backup to the TM. TSA-TM informs residents of the RRC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse. TSA-TM provides a comprehensive education to residents regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting abuse, the dynamics of sexual abuse, the common reactions of sexual abuse victims, and information pertaining to the RRC's sexual abuse response policies and procedures. The RRC reviews PREA standards annually to identify any changes. The RRC shares identified PREA changes with residents and staff to ensure that they know the RRC's most current sexual abuse policies and procedures.</p> <p>At the conclusion of the intake process and resident orientation &amp; educational training, The TSA TM or PCMA has residents acknowledge completion of PREA orientation &amp; education training by signing the PREA Resident Training Sign-In/ Summary Sheet. Each resident is also given a personal copy of the PREA Resident Reference Guide: "Sexually Abusive Behavior Prevention and Intervention" (F0401S.1S).</p> <p>In addition to the above PREA information, the RRC ensures that key information is also continuously and readily available and visible to residents through Posters and Third-Party Reporting instructions throughout the facility on resident bulletin boards and through resident handbooks issued at intake.</p> <p>The auditor observed the intake process during the on-site review and interviewed the administrative assistant conducting performing the intake process. The Intake officer explained the type of PREA information provided during the intake process. The Intake Officer explained that a packet is provided to the new resident and the staff explains the PREA law and during a separate session called PREA Orientation. There were no individuals identified as limited English proficiency, but the Client Handbook provided during orientation is only available in English. The Client Handbook provides information on operational issues; on the PREA law; on the agency official to which to report allegations; and information on confidential</p>

	<p>support services. The intake process begins upon physical admission to the facility and generally lasts up to 7 days. PREA orientation sessions are held two times per week. During the period of time between admission and PREA orientation, residents are assigned rooms and assigned electronic monitoring devices. The residents are provided information regarding obtaining mobile phones and they are provided orientation by various facility disciplines and departments.</p> <p>PREA training acknowledgment forms were reviewed on 23 residents admitted to the RRC within the last 12 months. All acknowledgment forms contained the signature of the resident indicating that he or she understood the training and materials offered. The facility ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters or other written formats. During the site review, the auditor noted PREA educational materials posted such as confidential support information. Based on formal interviews, 20 residents confirmed they received information regarding PREA and sexual safety information and reporting mechanisms during the intake process in the facility. All residents were transferred from Federal Bureau of Prisons facilities covered under PREA requirements or under United States Probation supervision. The facility is compliant with this standard.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.22.01, Section 2, (Specialized Training - Investigators) addresses the requirements of this standard. TSA-RRC investigators receive specialized PREA training for administrative investigations only. TSA-RRC investigators do not receive training in criminal investigative techniques but have received a basic orientation to steps in the criminal investigative process. TSA-RRC investigators do not conduct sexual assault investigations of a criminal nature and/or require forensic analysis because the RRC refers these investigations to the local law enforcement agency. The investigators are familiar with first responder protocols for crime scenes and evidence preservation.</p> <p>Three investigators are qualified and trained to conduct administrative sexual abuse/harassment investigations. All investigators have completed the course "Investigating Sexual Abuse in a Confinement Setting", and have completed basic PREA training for staff. Specialized PREA training documentation was reviewed for TSA-RRC staff responsible for administrative investigations. These incumbents would require training in techniques for interviewing sexual abuse victims; the proper use of Miranda/Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. Based on an interview with a facility investigator and a review of required documentation, the facility is in compliance with this standard.</p>

115.235	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TSA-RRC policy 4.22.01, Section 2 (Specialized Training-Medical and Mental Health care) provides information on the role of medical and mental health staff's role in sexual abuse counseling.</p> <p>The facility policy exempts medical and mental health staff from this standard. The auditor requested greater context into this blanket exemption given the fact that there are clinical staff and therapists employed at TSA-RRC. The facility states that TSA-RRC is exempt from conducting specialized training in medical and mental health care due to its policy and procedure of referring all sexual assault incidents involving physical violations to the local medical hospital emergency services or emergency care departments. The facility also trains clinical staff in detection and response reporting and first responder duties, as well as requirements for the preservation of evidence and crime scene protocols.</p> <p>The auditor interviewed the administrator of clinical services who oversees mental health and drug treatment services. The primary scope of services provided is based on referrals for depression and anxiety but sometimes is accompanied by sexual abuse issues treated under the umbrella of treatment for other mental health issues. All clinical staff are licensed by the State of Illinois to provide mental health services and must have attained a Master's Degree.</p> <p>Based on the inherent qualifications to conduct professional counseling services and licensure of clinical staff; the limited scope of sexual abuse services required (advocacy and related counseling, if requested, provided by community medical providers); and the completion of basic PREA training by clinical staff, the facility is compliant with this standard.</p>

115.241	Screening for risk of victimization and abusiveness
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>TSA-RRC policy 4.22.01, Section 2 (Screening for risk of victimization and abusiveness) outlines the intake screening process to ensure potential risks of sexual abuse/victimization are identified. The policy is intended to use the screening variables included in the PREA standards. The policy states that the screening form for risk of victimization and abusiveness is completed by the intake department during normal business hours Mondays thru Fridays and by security at</p>

all other times. All subsequent screenings are conducted by the Reentry Case Manager (RCM). Once the screening is completed the document is forwarded to the RCM for review. The RCM reviews the screening for risk of victimization and abusiveness form with other information the RCM may have to ensure the screening was appropriately completed. In some cases, the review may require the RCM to further interview the resident for additional information. The facility policy requires that all residents are screened upon arrival within 72 hours of intake and again within 30 days of arrival, upon transfer to another facility, and anytime the staff is made aware of a resident's risk of being sexually abused by other residents or sexually abusive toward other residents. If, at screening, the resident is determined to be at risk of victimization or abusiveness, TSA Program Supervisor (PS) is immediately notified and made aware of the issue. The facility policy requires the PS to investigate the situation and, if necessary, will consult with the PREA Coordinator and the Residential Re-entry Manager (RRM's) office for assistance in remedying the issue. If it is determined that the resident is in need of additional supportive services, the PS will ensure that such services are provided to the resident through sexual abuse advocacy services within the community who have a standing Memorandum of Understanding (MOU) agreement on file with TSA-RRC. Residents may not be disciplined for refusing to provide complete information in response to questions asked by staff from the screening instrument. The TSA-RRC policy requires the Reentry Case Manager (RCM) to conduct the 30-day follow-up screening. TSA-RRC policy outlines different considerations for determining the "how, who, and when related to the completion of the 30-day Re-Screening assessments". Governing policy states "within 30 days from the resident's arrival at the RRC, residents deemed "at risk" either through initial intake screening or by their own assessment are rescreened to re-assess their risk level for victimization or abusiveness. The re-screening is based on any additional, relevant information received by the RRC since the initial intake screening. The Program supervisor is made aware of all at-risk screenings. Residents deemed at risk as possible victims are offered counseling. Residents at risk as abusers are mandated to counseling and may not move through the level system if they do not comply with this mandate. RCMs also revisit this issue with all other residents who were deemed "not at risk" during the initial screening within 30 days of initial screening. However, if the RCM determines that nothing has changed from the initial screening meaning the resident offers no new information nor has RRC received any additional, relevant information which would deem the resident "at risk", re-assessment is "NOT" required. Therefore, the RCM only checks the 30-day box, enters the date of the re screening, and checks the "no changes" box; the remainder of the screening form remains blank. In addition, beyond the initial and 30-day follow-up interviews, the RCM may reassess the resident anytime during their stay at the RRC. If by the resident's own assessment or when additional, relevant information is received by the RRC deems them "at risk" of victimization and/or abusiveness, the re-assessment is conducted and completed. Supervision is always alerted of all at-risk residents. In the event that a resident is being transferred to another correctional facility, another screening must be conducted. While conducting this screening, it is determined that no change has occurred since the last assessment, the RCM checks the "transferring" box, dates the assessment line, and checks the "no change" box,

and the rest of the form remains blank.

During the initial intake process, which includes PREA orientation and can last for up to the one week, residents are evaluated on a case-by-case basis to determine appropriate housing arrangements; for prior victimization or abusiveness and for residents who screened as at-risk of becoming a victim or abuser, and for the purpose of staff awareness. How and where a resident was housed at the BOP facility has no bearing on where a resident who presents as male or female is housed at the RRC if the resident's belief is contrary to how he/she presents. In these instances, the RRC will seek consensus assistance from the Residential Re-entry Manager (RRM) in determining whether the resident will be housed in either the male or female population, but ultimately the RRC is charged with the final decision.

**Auditor Assessment:** During the on-site audit, the auditor observed a new admission intake interview. During this observed process, the initial PREA risk screening did not occur during initial intake as described by facility policy. The intake screening took place during normal business hours. During the initial audit phase, the auditor reviewed 23 PREA risk screening forms pertaining to residents interviewed during the onsite audit. Based on a review of the screening forms, the initial PREA risk screenings are conducted within 72 hours. The TSA-RRC PREA risk screening form evaluates the nine victimization variables as required by the PREA standards. Staff completes the screening form while interviewing the new resident. The resident is required to sign the screening form. The risk screening form evaluates the degree of perceived vulnerability felt by the resident. If there is an affirmative response as to vulnerability, the Program Supervisor is contacted to determine suitable actions to enhance safety measures.

During the original audit phase, the auditor noted that in 20 cases whose initial screening occurred at least 30 days prior, there was no documentation of a timely 30-day reassessment in four cases. All cases require a 30-day reassessment, even though some issues remain static. The need for all cases to have an on-the-record reassessment is to ensure the risk propensity has not changed since admission. Furthermore, the TSA-RRC PREA risk screening form is not an objective form, and the screening form does not determine a risk propensity. Specifically, the screening form does not provide a scoring threshold for a victimization or abusiveness risk determination, and there is no relative weight assigned to any screening variable. However, the staff appears to substitute the "perception of vulnerability" response on the screening form as the threshold to denote victimization risk propensity.

The three considerations for abusiveness propensity are not addressed on the PREA risk screening form. Specifically, the intake PREA risk screening does not consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the RRC, in assessing residents for risk of being sexually abusive.

**Corrective Action:**

A corrective action period was imposed for this standard. During the corrective

	<p>action period, the auditor recommended that the facility develop an objective PREA risk scoring instrument. The risk screening instrument should determine the relative weight or importance of each screening variable and develop a threshold for determining at-risk propensity. The PREA risk screening form should prompt staff to make a determination as to a propensity risk for victimization and/or abusiveness based on the objective screening instrument. During the corrective action period, TSA-RRC revised the PREA risk screening instrument in order to reflect the above-stated enhancements. On or about 4/23/23, the auditor recommended that they begin using the revised screening form. During the corrective action period, the facility revised the reassessment process section of the screening form to better document the completion of a timely 30-day reassessment. The auditor worked with the facility to ensure all facets of risk screening were documented. The facility submitted examples of the revised executed screening forms. Additionally, the facility revised the risk screening form to ensure the evaluation of the propensity risk for abusiveness.</p> <p>Upon revision of the facility risk screening form, TSA-RRC began utilizing the revised form consistent with the corrective actions outlined above. Additional sampling of risk screenings and reassessments were provided for the auditor's review. The auditor approved the revised form and evaluated the documentation and the timeliness of the intake actions taken. The revised screening form is gradually becoming institutionalized and is consistent with the requirements of the standard. Staff responsible for intake screening are becoming familiar with the documentation requirements and are receiving training in properly executing the new screening form. Based on the recent corrective actions, the facility currently substantially complies with the requirements of the risk screening documentation requirements.</p>
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115.242	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The TSA -RRC uses the PREA risk screening questions and, in particular, the vulnerability assessment contained in the list of screening questions, to monitor residents for their personal safety as well as for the overall security of the RRC. The facility uses the screening instrument to make informed Individualized determinations about how to ensure the safety of each resident. If at screening the resident is determined to be at risk of victimization or abusiveness, TSA Program Supervisor (PS) is immediately notified and made aware of the issue. The facility policy requires the PS to investigate the situation and if necessary, will consult with the PREA Coordinator and the Residential Re-entry Manager (RRM's) office for assistance in remedying the issue. In deciding whether to assign a transgender or intersex resident to a unit for male or female residents and in making other housing and programming assignments, decisions are made on a case-by-case basis</p>

	<p>whether a placement would ensure the resident's health and safety, or would present management or security problems. Consideration is given to transgender or intersex residents' own views with respect to their own safety.</p> <p>The RRC does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated living areas solely on the basis of such identification or status unless such placement is in a dedicated living area established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.</p> <p>TSA-RRC maintains all residents' responses as confidential. Dissemination of responses within the facility or within the correctional community is protected and issued on a need-to-know basis only.</p> <p>There were no at-risk cases or vulnerability determinations made based on the 23 cases reviewed. Based on compliant policy guidance in place, in addition to vulnerability assessment consistently made during intake, the facility is in compliance with this standard.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 4.44.01, Section 3, (Reporting) provides guidance on this standard. Residents are encouraged to report all allegations of sexual abuse and sexual harassment to staff. The RRC staff is trained in the sensitivity and importance of assuring residents that all reports of sexual abuse and sexual harassment will be thoroughly investigated. RRC staff members are instructed to keep reported information confidential and only discuss it with the appropriate officials on a need-to-know basis concerning the resident victim's welfare and for external law enforcement or internal investigative purposes. Residents reporting allegations of sexual abuse, harassment, or retaliation who find that staff, through neglect or violation of their responsibilities, may have contributed to such an incident, the resident may discretely and securely lodge their report by requesting a private audience with their Reentry Case Manager (RCM), Chaplain, Clinical Services Counselor, Program Supervisor, Program Director or any other staff member they trust. RRC staff accepts reports verbally, in writing, anonymously, and from third parties and immediately puts into writing any verbal reports. Similarly, is also afforded the opportunity to privately report sexual abuse and sexual harassment of residents. Upon supervisory level personnel retrieving all pertinent information to any assaultive behavior, the official Assaultive Behavior Report (F04016.17) is prepared. Supervisory level staff also utilizes the Supervisory Duties for PREA Assaultive Behavior Report checklist (04015.21) to ensure all necessary steps have been taken to ensure the validity of the Assaultive Behavior Report.</p>



All residents receive PREA educational orientation during the initial intake process which also covers residents' option to report sexually abusive behavior directly to the Bureau of Prisons (BOP) offices. At that time, they are given contact information to the BOP Residential Reentry Manager (RRM) and all other pertinent BOP offices.

The auditor interviewed 12 non-supervisory staff and 20 residents. Based on the interview process staff are aware of how to privately report sexual abuse without reporting it to the offending person. Staff is aware of the multiple options residents may use to report sexual abuse. Based on resident interviews, none have needed to report sexual abuse while at TSA-RRC. However, the residents interviewed are aware of internal reporting options, and third-party reporting. Residents receive an informational handbook containing operational and PREA zero-tolerance information. The auditor review the informational handbook and found that it contained information regarding internal and external reporting options available to residents. During the intake process, the PREA orientation process is designed to provide information on what to do if you are sexually assaulted, how to report an incident of sexually abusive behavior, and third-party reporting. This was confirmed by a review of 23 cases.

The auditor toured the facility during the on-site visit. Bulletin boards contained internal and external reporting options for residents. The audit noted that mobile phones are used by most residents. There is a house phone available upon request for new residents who have not obtained a mobile communication device (phone). Residents may report using the mail system. Residents may freely send mail but are liable for any violation of the law. Residents may receive privileged mail which is not opened by staff if the mail is properly identified.

There are several external reporting options available to residents. Some qualify as emotional support agencies and do not provide reporting. Three of the six external agencies provided to residents as external reporting resources have the capability to notify the facility of a report of sexual abuse. Reporting to the BOP, the Chicago Police Department, and the Local Rape Crisis hotline will result in facility notification. Test calls made by the auditor to verify reporting were not successful.

Based on staff and resident knowledge of internal and external reporting resources, the proper dissemination of relevant materials, and PREA education, residents and staff can use the mechanisms established by the facility for reporting in accordance with the PREA standards.

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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 4.22.01, Section 3 (Exhaustion of Administrative Remedies) states that TSA-RRC administrative procedures are in place for filing resident grievances regarding sexual abuse, third-party assisted filing, and residents subject to a substantial risk of imminent sexual abuse. The processing and maintaining of sexual abuse grievances is the responsibility of the Program Supervisor. Residents who file grievances for allegations of sexual abuse are taken very seriously. The RRC does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. The RRC may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.</p> <p>The RRC does not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. The RRC issues a final program 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</p>

	<p>time period does not include time consumed by residents in preparing any administrative appeal. The RRC may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The RRC notifies the resident in writing of any such extension and provides a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for a reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p>Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and are permitted to file such requests on behalf of residents. Grievance prepared through a third party on behalf of the alleged resident victim requires the agreed permission of the resident. The resident must also agree as the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the RRC documents the resident's decision.</p> <p>After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the RRC immediately forwards the grievance {or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the PREA Coordinator for an immediate investigation into the allegation and for immediate corrective action. The RRC is responsible for rendering an initial written response within 48 hours and a final agency decision within 5 calendar days. The initial response and final agency decision are to be documented with a determination of whether the resident is in a substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Disciplinary actions will be taken against residents who file grievances related to alleged sexual abuse only where it is determined that the resident filed the grievance in bad faith and the allegation is deemed unfounded.</p> <p>During the onsite audit, the auditor noted signage of third-party reporting information posted in public areas. Residents are provided information in the resident handbook regarding filing grievances of a general nature to RRC staff or to the BOP. Information regarding filing a grievance regarding sexual abuse is covered in the PREA orientation session held during the intake process. The third-party reporting process was not tested by the auditor. There were no grievances filed during the audit period regarding sexual abuse. The facility is compliant with this standard.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>TSA-RRC policy 4.22.01, Section 3, (Resident access to outside confidential support services) provides policy and procedural guidance in executing this standard. It is the policy of TSA-RRC to seek external community resources for residents to privately report or discuss matters of sexual abuse. TSA RRC seeks to afford reasonable communication between residents and confidential support entities, in as confidential a manner as possible. Residents are informed 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.</p> <p>The auditor noted that residents are provided a list of outside agencies available to provide sexual abuse confidential support, as outlined in the "TSA Pathway Forward RRC Handbook for Residents". The facility has solicited the assistance of victim advocate agencies and has established written memorandums of understanding or agreements from those agencies agreeing to provide confidential support services for its residents.</p> <p>The auditor verified the services, as applicable, from community agency Mujeres Latinas EN-Accion based on a memorandum of understanding. Residents are provided information regarding confidential support services during PREA education/ orientation sessions conducted during the intake screening process. Informational postings are conspicuously located on bulletin boards. Residents may contact outside emotional support services by using their personal mobile phones, through unopened mail, or by using designated house phones. Twenty residents were interviewed regarding their knowledge of the existence of confidential emotional support services available for sexual abuse counseling. Most residents were aware of information located on the bulletin boards but some residents were not aware of the specific nature of services. No residents could specifically name an organization providing emotional support services, but were generally aware of their existence. No residents interviewed had reported sexual abuse. The facility complies in all material ways with this standard.</p>
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115.254	Third party reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 4.44.01 Section 3,(Third Party Reporting) provides guidance on how the facility seeks to comply with this standard. The facility defines third-party reporting as the process of reporting sexually abusive behavior that is either witnessed or is being passed along by a party not associated with the incident. TSA_RRC accepts third-party reports as applicable, and policy states that reporting by anyone is welcomed and will receive the same level of importance and discretion as any other report of sexually abusive behavior even if the third-party reporter elects to remain anonymous. Third-party reports may be made in person or telephonically, verbally,</p>

	<p>in writing, or mailed to TSA-RRC's Program Supervisor or Program Director. All verbal reports will be in writing immediately.</p> <p>Third-party reporting information is disseminated in postings, handouts, and mailings. Postings are located on RRC residents' floors, common areas, clinical services, and visitors' room bulletin boards. Handouts are disseminated to clinical services staff and by RRC spot checkers at initial home site check approval. The RRC also forwards a full copy of PREA, upon request, to all external agencies working in a supportive capacity with RRC's residents. Third-party reporting is covered in PREA education/orientation sessions during the intake process.</p> <p>The auditor verified that third-party reporting information is available to the public in the visiting room bulletin board. It is recommended that PREA information is displayed more prominently on the agency website, including third-party reporting information. Twelve staff interviewed regarding reporting mechanisms available to residents were aware of a third-party reporting option available to residents. Twenty residents interviewed were aware of a third-party reporting option available to them if needed. Twenty residents interviewed all confirmed that they were informed of the reporting mechanisms available to them during the intake process. The facility complies in all material ways with this standard.</p>
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115.261	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 4.22.01, Section 3 (Staff and RRC reporting duties) provides the facility's requirements for the official response protocol after an allegation of sexual abuse is reported. The RRC's PREA policy requires staff to report all allegations of sexual abuse and sexual harassment; including third-party and anonymous reports to the Program Director (PD) who is also the designated PREA Coordinator (PC). The PD will assign and monitor an appropriate administrative investigator (ordinarily the Program Supervisor). In the event the allegation rises to the level of criminal activity, the investigation will be referred to the appropriate entity in the Chicago Police Department. Staff is required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the RRC; to report retaliation against residents or staff who reported such an incident, and to report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Reports may be made in person or telephonically, verbally, in writing, or mailed to TSA-RRC's Program Supervisor or Program Director (both have administrative investigative authority). All verbal reports will be put in writing immediately.</p> <p>All information pertaining to sexual abuse and sexual harassment reports is</p>

	<p>confidential and is disseminated on an as-needed basis and to supervisory staff only. Staff must not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the RRC's PREA policy, to make treatment, investigation, and other security and management decisions.</p> <p>In the state of Illinois TSA has no obligation to divulge references concerning any present or past employee of TSA unless Human Resources have received a written request for such a reference. Supervisors must forward all requests for references to Human Resources for handling. Human Resources will in turn respond only if the present or past employee has given written authorization to release information to the third party. Such a response will only confirm the dates of employment, rate(s) of pay, and position(s) held. The RRC's counseling staff is required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p>The agency PREA Coordinator (designee) and PREA Compliance Manager (Quality Assurance/Accreditation) were interviewed. A facility investigator and 12 line and supervisory staff were interviewed to assess their knowledge of post-sexual abuse allegation duties and procedures. The facility policy provides guidance consistent with the requirements of the PREA standards. All staff interviewed were knowledgeable about reporting requirements, the protection, and the storage of sensitive information, and all were able to discuss scenarios regarding responses to sexual abuse allegations. The facility complies in all material ways with this standard.</p>
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115.262	Agency protection duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 4.22.01, Section 3 (Preservation of ability to protect residents from contact with abusers) provides guidance on this standard. TSA-RRC's PREA policy protects residents from coming into contact with their abusers. In all reports of resident sexual abuse incidents, the RRC conducts a preliminary investigation to determine the name of the alleged resident or staff abuser. Once the name of the abuser has been determined the RRC immediately ensures that the alleged abuser and victim are separated. The RRC's next task is to determine if the report is of a criminal nature, if so, the local law enforcement agency is called in to conduct an official investigation. If the RRC determines that the report is not of a criminal nature the RRC conducts an internal investigation. The alleged resident abuser is subject to being returned to BOP confinement in an institution or he/she may be taken into police custody.</p> <p>As a result of reviewing all applicable investigations conducted over the audit period, there were no applicable cases of a resident being subject to a substantial risk of imminent sexual abuse. There was one case in which mental health took</p>

	appropriate action and recommended close monitoring due to mental health concerns secondary to an abuse allegation allegedly occurring at another facility. In the past 12 months, there were no instances in which the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse. The facility complies in all material ways with this standard.
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 4.22.01, Section 3 (Reporting to other confinement facilities) provides guidance on this standard. Upon TSA-RRC staff receiving an allegation that a resident was sexually abused while confined at another facility, the staff is required to report the allegation to program supervision. Program supervision in conjunction with the funding source (BOP) Residential Reentry Manager {RRM) notifies the facility or institution where the alleged sexual abuse took place within 72 hours of receiving the allegation. The RRC ensures that the notification of sexual abuse is in writing to the facility where the alleged sexual abuse occurred and also ensures that copies of all correspondence forwarded and received are kept on file at the RRC. It is the responsibility of the facility head where the sexual abuse occurred to ensure the allegation is investigated in accordance with PREA standards. All the above rules and time parameters also apply if TSA staff receives a report from another correctional facility with a report that a former resident has alleged to have been sexually abused while a resident of the TSA RRC. Such a report would be forwarded to the Program Director who would immediately launch an official investigation into the matter as described above.</p> <p>In the past 12 months, there were no allegations of sexual abuse the RRC received from other facilities. During the applicable audit period (during the last 12 months), there was no applicable case alleging sexual abuse disclosed at TSA-RRC, that allegedly occurred at another facility. However, there was one allegation made via a PREA risk assessment, and again via an internal reporting mechanism (Safe From Harm Reporting) made by a TSA-RRC Chaplain on 7-23-21, (approximately 13 months from audit initiation). Upon TSA-RRC being notified of the allegation, there were several departments involved in addressing the security and mental health needs of the alleged victim. Specifically, mental health counseling and tighter security surveillance of the alleged victim were implemented. It had also been made known to the facility that the alleged victim may have been physically assaulted during an incident occurring on 7-23-21. The BOP RRM was notified on July 7, 2021, and at some point in time, the BOP facility (FCI Beckley), where the alleged sexual abuse occurred, was informed of the allegation of staff-resident sexual abuse. The allegation was investigated at FCI Beckley. The resident was notified on 1-6-22 that the allegation of sexual abuse was determined to be unsubstantiated. TSA-RRC by contract is not allowed to communicate with facilities under the jurisdiction of the</p>

	<p>funding source (BOP). Therefore, notification regarding the FCI Beckley allegation was reported to the RRM who is the defacto BOP facility head. This notification was made within 72 hours. The facility complies in all material ways to the requirements of the PREA standard.</p>
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<b>115.264</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 4.22.01, Section 3 ( First staff responder duties) describes requirements for staff acting as first responders. Upon learning of an allegation that a resident was sexually abused the first security staff responder ensures that the alleged victim and abuser are separated and must preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy states that If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, the first staff responder ensures that the alleged victim and abuser do not take any actions that could destroy any physical evidence which includes, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. If the first staff responder is not a security staff member, the first responder requests that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. The policy requires the first responder to collect all basic information pertaining to sexual abuse from the reporting party. The policy indicates that staff is trained to counsel resident victims in a manner that does not cause further distress by employing good listening and counseling skills while working with them in a calming, caring professional manner while effectively tending to their duties of maintaining security and control over the crime scene(s). The policy requires all sexual abuse and sexual harassment reports to be put into writing regardless of the source of the report i.e. residents, staff, third party, or anonymous. The staff responder is responsible for completing the report (First Staff Responder Checklist/Report (F04015.22)</p> <p>The policy requires TSA-RRC staff to immediately report allegations of sexual assault of a criminal nature to the Chicago Police Department (CPD) who will conduct a full criminal investigation. Victims of sexual assaults receive immediate emergency medical/mental health services at the local hospital,(Norwegian American Hospital).</p> <p>There were two allegations of sexual abuse reported during the audit period. None of the reported allegations were first responder cases. Twelve line staff (security and nonsecurity), in addition to supervisory security staff, were interviewed and are knowledgeable of first responder duties. Of the allegations reported, there were no instances of a security staff member responding to the report separating the alleged victim and abuser: In the past 12 months, there were no allegations where the staff</p>



	<p>was notified within a time period that still allowed for the collection of physical evidence. There were no applicable instances of the first security or non-security staff member to respond to the report having to preserve and protect any crime scene until appropriate steps could be taken to collect any evidence. Based on a review of prevailing first responder protocols, compliant policy guidance and training, and the lack of practical situations to show first responder actions, the facility is in compliance with this standard.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.22.01, Section 3 (Coordinated response plan- Staff first responder duties) is designated as the Coordinated Response Plan for this facility. TSA-RRC's staff is trained to immediately put into action the RRC's coordinated response to sexual abuse response plan for residents or staff reports of sexual abuse. In addition to the first responder duties described in the governing policy, a coordinated effort is made to contact the senior staff person in charge of the shift at that time, the Program Supervisor, and the Program Director. During normal business hours Monday-Friday the BOP Residential Reentry Manager's (RRM) the office will be contacted and made aware of the incident. In accordance with a given situation, the RRM and the RRC's supervisory staff member will coordinate their efforts to ensure that administrative issues concerning the victim and abuser are addressed accordingly. If the incident occurs after normal business hours the report is phoned to the BOP RRM's office duty officer.</p> <p>TSA-RRC does not have qualified medical or mental health practitioners on duty but outsources these services to professionals. Therefore, in the event, there is a report of recent abuse made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners, law enforcement and must follow the outlined steps for first staff responders (see 115.264). The facility has a coordinated response plan and is compliant in all material ways with this standard.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with</b>
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	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to the pre-audit questionnaire and reported by the facility, TSA-RRC or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. There are no limitations via collective bargaining 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.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 4.33.01, Section 3,(Protection against retaliation) provides facility guidance and requirements regarding this standard. TSA-RRC seeks to protect all residents and staff who report sexual abuse or sexual harassment. If any other individual who cooperates with an investigation expresses a fear of retaliation, TSA-RRC policy requires appropriate measures to protect that individual against retaliation. Once a report of sexual abuse has been received from a resident or a staff member, Program Supervision is alerted which consists of the Program Director {PD}, Program Supervisor {PS}, the Operations Program Manager {OPM} and the Security Services Supervisor {SSS). The Program Supervisor is ultimately responsible for creating a plan which ensures the safety or protection of the reporting resident, staff, or other involved individuals {s). At the direction of the PS, the staff is made aware of the possibility of retaliation and is instructed to closely monitor all at-risk individuals. In the case of a reporting resident, the staff is required to periodically check on the status of the resident on all shifts. The RRC employs multiple protection measures including housing changes in room or floor, transfers for resident victims or abusers, removal of alleged staff or resident from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or cooperating with investigations.</p> <p>The policy requires the RRC to monitor the conduct and/or treatment of residents or staff that have reported sexual abuse or cooperated with investigations, including any resident disciplinary reports, housing changes, program changes, or any negative performance reviews or reassignments of staff for at least 90 days following a report of sexual abuse. The policy requires the RRC 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</p>

	<p>changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The RRC will continue to conduct such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The RRC discusses any changes with the appropriate resident or staff member as part of its efforts to determine if retaliation is taking place and, when confirmed, immediately takes steps to protect the resident or staff member. Residents found in violation of reported retaliation are subject to disciplinary sanctions which may include but not be limited to disciplinary restriction, risking revocation of RRC status or possibly incurring new criminal charges. Staff found in violation of any form of retaliation against a person resident/staff is subject to disciplinary actions of possible termination of employment and/or having criminal charges brought against them.</p> <p>Two PREA allegations were reported to staff during the audit period. One allegation involved staff-resident abuse/harassment, and one allegation, which allegedly occurred at another BOP facility, involved staff-resident abuse. The TSA-RRC allegation was investigated and determined to be unsubstantiated within three days. The allegation made at TSA-RRC in July 2021 and investigated at another BOP was determined unsubstantiated in January 2022. The applicable allegations during the audit period did not require a significant or extended retaliation monitoring period. However, the facility did not provide any evidence of a retaliation monitoring mechanism. The facility did not provide the auditor with any documentation framework for conducting monitoring contacts for residents or staff for any retaliation concerns.</p> <p>A corrective action period was imposed in order for a retaliation monitoring mechanism could be established in accordance with TSA-RRC policy. The facility was required to develop a retaliation monitoring document to show evidence of the date of contact, retaliation monitoring factors reviewed, and to document any concerns. The follow-up audit will use the allegations from the sample of cases, if applicable, from the corrective action plans stated in 115.222. For each allegation identified for the 120-day period from the date of the interim PREA report, the facility was required to submit evidence of retaliation monitoring contacts. A facility submitted a retaliation monitoring document dated 3/17/23. The form tracks applicable dates of contact and any issues discussed. During the follow-up corrective action period, there were no additional PREA allegations requiring retaliation monitoring. Based on a compliant policy and the creation of a retaliation monitoring process, TSA-RRC meets all substantial requirements and is currently found in compliance with the standard.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policy 4.22.01, Section 3, (Criminal and administrative agency investigations) is the facility guidance for this standard. TSA-RRC investigators are trained to investigate and document all allegations of sexual abuse and sexual harassment. TSA-RRC does not conduct its own investigative services if it is determined that the reported abuse is criminal in nature or if evidentiary or other forensic analysis is warranted. These important functions are outsourced to the professionals in the law enforcement and medical field with legal authority to conduct such investigations. However, when outside agencies investigate sexual abuse, the RRC cooperates and stays in constant contact with outside investigators, endeavoring to remain informed about the progress of the investigation, and request the relevant information from the investigative agency in order to inform the resident.

TSA-RRC will conduct investigations of alleged sexual abuse if the report is deemed non criminal in nature and there is no evidentiary or other forensic analysis warranted. When TSA RRC conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

"The TSA administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings". The RRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The RRC retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the TSA RRC, plus five years.

There were no substantiated allegations during the audit period. There were no criminal referrals during the audit period. During the audit period, there was one sexual abuse allegation investigated at TSA-RRC. The allegation was conducted administratively and was deemed to be unsubstantiated. The allegation was investigated by describing any evidence, reasoning, and witnesses interviewed. Additionally, during the audit period, a former resident reported a prohibited relationship with a staff member and made other allegations of prohibited behavior. During the initial investigative steps into the allegation made by the former resident, the identified staff member resigned from employment. However, there was no evidence submitted to the auditor that there was an investigation performed on these allegations of staff-resident relationships.

A corrective action period was imposed so that staff could be trained in accordance with an existing policy requiring an investigation to be conducted even if the alleged abuser is no longer confined or employed by the TSA-RRC. TSA-RRC should ensure that all allegations of sexual abuse are properly investigated even when the staff involved terminate their employment prior to the completion of the investigation. Using the sample (as applicable) generated in 115.222, and 115.267 corrective

	<p>actions, the auditor will determine if any alleged abusers resigned, were released, or transferred. The auditor will determine if these factors formed a basis for terminating an investigation.</p> <p>The facility reported there were no additional allegations made which would require retaliation monitoring during the audit follow-up period. Facility leadership revisited existing policies and put controls in place to ensure that all policy provisions are followed. The facility issued a revised PREA policy, including this relevant information. The facility designated a retaliation monitor. Based on these actions, TSA-RRC is in substantial compliance with this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.22.01, Section 3 (Criminal and administrative agency investigations) provides guidance on this standard. TSA-RRC will conduct investigations of alleged sexual abuse if the report is deemed non criminal in nature and there is no evidentiary or other forensic analysis warranted. When TSA RRC conducts its own administrative investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. "The TSA administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings". The RRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>There were no substantiated investigations completed during the audit period. Based on a review of agency policy and an interview with the facility investigator, the facility complies in all material ways with this standard.</p>

115.273	Reporting to residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 4.22.01, Section 3, (Reporting Investigation results to residents) provides</p>

	<p>agency requirements regarding this standard. Following an investigation by the facility's investigator into a resident's allegation of sexual abuse suffered in the facility, TSA-RRC informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The RRC will conduct the investigation internally if the allegation is determined to be substantiated and is of a non-criminal nature. TSA-RRC does not conduct official investigations regarding allegations of sexual abuse of a criminal nature but passes those investigations on to the local law enforcement authorities. TSA-RRC and the BOP Residential Reentry Manager (RRM) collaboratively work to retrieve and pass along the results of all internal and external investigations to the resident victim. They will remain in constant communication with the investigating agency (Chicago Police Department) and/or with medical/mental health services until all criminal investigative, and medical and mental health evaluations have been concluded and/or a follow-up plan has been developed and established for the purpose of keeping the resident victim informed of the progress and developments of the investigation.</p> <p>TSA-RRC policy states that following a resident's allegation that a staff member has committed sexual abuse or sexual harassment against the resident, TSA-RRC subsequently informs the resident whenever: the staff member is no longer posted within the resident's living quarters; the staff member is no longer employed at the RRC; the RRC learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the RRC learns that the staff member has been convicted on a charge related to sexual abuse within the facility (Unless the TSA RRC has determined that the allegation is unfounded)</p> <p>Following a resident's allegation that he or she has been sexually abused or sexually harassed by another resident, the RRC shall subsequently inform the alleged victim whenever: the RRC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications are in writing. The facility is required to use the PREA-Assaultive Behavior Report (F04016.13), the final section titled "Report Resolution/Disposition/Response to the victim". Per PREA standard TSA-RRC's obligation to report shall terminate if the resident is released from the RRC's custody prior to the conclusion of the official investigation.</p> <p>The RRC was responsible for the notification of one resident, and the coordination of the notification of one resident (investigation completed at another facility). All notifications were made in accordance with PREA requirements.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Policy 4.22.01, Section 3 (Disciplinary sanctions for staff), addresses this standard. TSA-RRC's zero-tolerance policy for sexual abuse and sexual harassment is intended to apply to staff as well as residents. Staff found in violation of this policy are subject to disciplinary sanctions up to and including termination. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse or sexual harassment. Disciplinary sanctions for violations of TSA-RRC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>Facility policy requires that all terminations for violations of the RRC's sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation are reported to the BOP-RRM and law enforcement authorities unless the activity was clearly not criminal.</p> <p>During the audit period, one staff member resigned prior to a presumptive termination and prior to an investigation being conducted by the facility. The Pre-audit Questionnaire indicates that this case was not referred to the local law enforcement authorities. The facility was found in non-compliance with the provisions of this sub-standard due to the lack of evidence that the allegation was referred to local law enforcement and was not investigated. The facility did not satisfy the requirements of the standard or its own internal policy requirements.</p> <p>A corrective action period was imposed. The purpose of the corrective action period was to monitor any subsequent disciplinary requirements or actions of this nature during the corrective action period. Additionally, the facility was required to monitor staff-to-resident allegations that would indicate sexual abuse and apparent criminal behavior. During the corrective action period, the auditor monitored allegations submitted in corrective action sampling for 115.222 and 115.271. The auditor determined there were no applicable cases during the 120-day period of monitoring. During the corrective action period, TSA-RRC revisited the application of its agency policy by designated personnel responsible for investigations and referrals to other local investigative entities. Systems of control were strengthened to ensure future compliance. Based on the administrative revisions in policy and training, the TSA-RRC has implemented controls to comply substantially in all material ways with this standard.</p>
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<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 4.22.01, Section 3 (Corrective actions for contractors and volunteers)

	<p>provides guidance regarding this standard. Contractors and volunteers are held responsible for adhering to TSA-RRC zero-tolerance policy for sexual abuse and sexual harassment. The RRC reviews all reports of sexual abuse and sexual harassment by contractors and volunteers. Unless the activity was clearly not criminal, any contractor or volunteer who engages in sexual abuse and/or sexual harassment will be prohibited from any further contact with residents, reported to law enforcement agencies, and dismissed from any further services with TSA-RRC.</p> <p>The was no volunteer or contractor activity during this audit period. The facility complies in all material ways with this standard.</p>
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115.278	Disciplinary sanctions for residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policy 4.22.01, Section 3, (Disciplinary sanctions for residents) provides guidance regarding this standard. Residents engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary hearing process following an administrative finding. Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed are compatible with comparable offenses. If the offending resident is unavailable for a formal disciplinary hearing due to the resident being held by an outside law enforcement agency, the RRC and the RRM will determine whether or not the hearing is to be held in absentia.</p> <p>The RRC takes into consideration the mental state of resident sexual abusers having mental disabilities or mental illness in determining what type of sanction if any, should be imposed. Residents having mental disabilities or mental illness are offered additional support through the collaborative efforts of their RCM and the clinical counseling staff through therapy, counseling, or other interventions made part of these residents' Resident Individual Treatment Plan (ITP). The ITP serves as the resident's agreement to participate and cooperate with specific services designed to address and correct underlying reasons or motivations for abuse. Residents who fail to acknowledge the conditions set forth in the ITP violate this agreement and therefore may be subject to disciplinary actions resulting in possible loss of privileges and/or RRC status.</p> <p>TSA-RRC also seeks external community support for residents to privately report or discuss victim/abuser matters of sexual abuse through a working relationship developed with outside victim advocacy services.</p> <p>Residents are charged with sexually abusive behavior with another resident only if the encounter was coerced or physically forced without consent. However, all resident-on-resident sexual contact is prohibited and subject to disciplinary actions.</p>



	<p>If a staff member has a "consenting" sexual relationship with a resident, that is considered "rape" because the resident by law cannot consent to a resident-on-staff sexual encounter and therefore the resident is the victim and cannot be disciplined. If a sexual abuse report or sexual harassment is made by a resident in good faith and with the reasonable belief that something occurred, based on available information, the person who made the report will not be disciplined if the report is not substantiated and the report will not be considered a false report or a lie.</p> <p>In the past 12 months, there were no administrative findings of resident-on-resident sexual abuse that have occurred at the facility: In the past 12 months, there were no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility. Based on interviews with administrative staff and guidance provided in the facility policy, staff knowledge and procedural guidance in carrying out this standard is consistent with the intent of the standard. The facility complies in all material ways with this standard.</p>
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115.282	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>TSA-RRC policy 4.222.01, Section 3 (Access to emergency medical and mental health services) provides guidance related to this standard. TSA RRC shall provide such victims with medical and mental health services consistent with the community level of care. The RRC refers all criminally violent sexual abuse cases, residents or staff-related, such as battery or rape, to the professionals in the medical and mental health community to ensure proper evaluation and appropriate treatment. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>TSA RRC should 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. Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests. If pregnancy results such resident victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p>TSA RRC offers all victims of sexual abuse access to forensic medical examinations, through the Norwegian American Hospital facility where evidentiary or medically appropriate examination services may be rendered. Such examinations shall be</p>

	<p>performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) if available. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The RRC must document its efforts to provide SAFEs or SANEs. The medical practitioners, full or part-time who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. In cases where criminally violent reported sexual abuse has just taken place such as a battery or rape, the RRC's first responder's and coordinated response duties are immediately enacted during which time a call is immediately placed to 911 for emergency paramedic transportation to the local hospital for emergency medical/ mental health services.</p> <p>As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. All medical and mental health care is provided at no cost to the resident victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>There were no incidents during the audit period requiring emergency medical treatment related to a sexual abuse incident. Based on staff interviews of first responders, administrative staff, and clinical staff, emergency medical treatment, and forensic services are performed at Norwegian American Hospital in accordance with an MOU for the above-referenced services. Advocacy, mental health treatment regarding sexual abuse, and crisis intervention-related services are provided by Mujeres Latinas en Accio'n in accordance with an MOU.</p> <p>The facility complies in all material ways with the requirements of this standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 4.22.01, Section 3, (Ongoing medical and mental health care for sexual abuse victims and abusers) provides guidance regarding this standard. TSA-RRC strictly follows the recommendations of the medical and mental health care professionals who determine appropriate follow-up services for sexual abuse victims and abusers;

treatment plans, and, when necessary, referrals for continued care. This includes following a resident's transfer to, or placement in, other facilities, or their release from custody. Medical and mental health care is provided at no cost to the resident victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

TSA RRC shall provide such victims with medical and mental health services consistent with the community level of care. The RRC refers all criminally violent sexual abuse cases, residents or staff-related, such as battery or rape, to the professionals in the medical and mental health community to ensure proper evaluation and appropriate treatment. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

TSA RRC should 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. Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests. If pregnancy results such resident victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate.

TSA RRC offers all victims of sexual abuse access to forensic medical examinations, through the Norwegian American Hospital facility where evidentiary or medically appropriate examination services may be rendered. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) if available. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.

As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. All medical and mental health care is provided at no cost to the resident victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There were no cases referred during the audit period requiring referral for post-sexual abuse ongoing treatment for victims or abusers. Based on staff interviews with first responders, administrative staff, and clinical staff, resources have been identified in the community for providing ongoing mental health services if required. The services are provided by Norwegian American Hospital in accordance with an MOU for the above-referenced services. Advocacy and ongoing mental health treatment regarding sexual abuse, and crisis intervention-related services are provided by Mujeres Latinas en Accio'n in accordance with an MOU.

The facility complies in all material ways with the requirements of this standard.

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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 4.22.01, Section 4 (Sexual abuse incident review) provides guidance for this standard. The governing policy required the RRC to conduct a review of sexual abuse incidents 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. The purpose of the review is to examine whether the RRC has taken proper preventive steps in addressing sexual abuse reports as well as learning and adopting additional means of developing new protocols as may be dictated by relevant factors or information discovered at the conclusion of the investigation. The RRC reviews sexual abuse incidents within 30 days of the conclusion of the investigation. The review team includes upper-level RRC supervision, with input from line supervisors, investigators, and medical or mental health practitioners as applicable.</p> <p>The incident review team is required to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; to consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The incident review process should include an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. The incident review team is required to assess the adequacy of staffing levels in the area of the alleged incident area during different shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The incident review team should prepare a report of its findings, including but not necessarily limited to determinations made by reviewing the above criteria, with recommendations for improvement. The incident review report is required to be submitted to the RRC Director/PREA Coordinator (PREA Assault Report Review (F04015.24)). The RRC will implement the recommendations for improvement where warranted or will document its reason for not doing so.</p> <p>The Program Supervisor was interviewed regarding the incident review process at TSA-RRC. The TSA-RRC incident review team consists of the Program Director (PREA Coordinator); the Program Supervisor; the Quality Assurance Manager (PREA Compliance Manager); the auditor assistant, and the Manager of Operations. During</p>

	<p>the audit period, there was one applicable incident eligible for review of an unsubstantiated case alleging staff-resident sexual abuse. The PAQ identifies 2 sexual abuse (administrative/criminal) investigations) conducted over the past 12 months (applicable audit period). However, actual investigations occurred in only one case. In a case involving a staff-former-resident, the relationship was not investigated. The staff member resigned prior to the investigation.</p> <p>TSA-RRC staff completed an incident review on one applicable case. The incident review report provides a blanket statement regarding whether the investigation was conducted appropriately including any first responder factors if applicable. The incident review was conducted within 30 days as required by the standard. However, the incident review report does not address any causal factors which may have contributed to the incident such as the need to change policy or practice; whether the incident was motivated by race, ethnicity, gender identity, gang affiliation, or other group dynamics. The incident review did not address any relevant physical barriers that may have enabled abuse. Additionally, the incident review did not comment on or evaluate the adequacy of staffing levels in the area of the allegation or whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>A corrective action period was imposed. The auditor recommended that TSA-RRC should revise the TSA-RRC "PREA Sexual Abuse/Harassment Incident Review" form (F04015.24) to require a direct response to the assessment factors listed above and in accordance with PREA Standard 115.286 D-1 thru D-5. During the corrective action period, the auditor will review all closed investigations since the date of the interim PREA audit report to determine if the "incident review report" has been revised to require a direct response to the assessment factors listed in 115.286 D-1 thru D-5</p> <p>During the corrective action period, TSA-RRC submitted a revised documentation mechanism entitled "PREA Sexual Incident (PSI) Review". During the corrective action period, the auditor determined there were no additional closed investigations since the date of the interim PREA audit report. The auditor reviewed the revised PSI Review form and determined that going forward, staff would be required to provide a direct response to the assessment factors listed in 115.286 D-1 thru D-5. Based on the revisions made to the documentation structure for the incident review format, the facility complies in all material ways with the requirements of this standard.</p>
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115.287	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy 4.22.01, Section 4( Data review for corrective action and storage, publication,

and destruction) addresses the requirements of this standard. The RRC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. TSA-RRC data review for corrective action consists of a review of data collected and aggregated to assess and improve the effectiveness of the RRC's sexual abuse prevention, detection, and response policies, practices, and training; to identify problem areas; to take corrective action on an ongoing basis, and to prepare an annual report of its findings and corrective actions.

TSA-RRC policy requires the report to include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the RRC's progress in addressing sexual abuse. TSA-RRC PREA annual aggregated and PREA audit compliance report is reviewed and approved by the Program Director. The facility policy identifies the incorrect website on which the annual report is posted. The correct website is [centralusa.salvationarmy.org/freedom/pathway-forward/](http://centralusa.salvationarmy.org/freedom/pathway-forward/).

Under the rules of PREA, the RRC removes all personal identifiers prior to making aggregated sexual abuse data publicly available and reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the RRC, but the RRC does indicate the nature of the material redacted. The RRC securely maintains all confidential sexual abuse data collected for at least 10 years.

The auditor reviewed interview responses from the Program Director and reviewed the "2021 PREA Coordinator's Annual Report. The report is posted on [centralusa.salvationarmy.org/freedom/pathway-forward/](http://centralusa.salvationarmy.org/freedom/pathway-forward/). The report contains incident-based comparison data from 2019 thru 2021 with brief narratives regarding corrective actions if required. The facility complies in all material ways with this standard.

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy 4.22.01, Section 4 (Data review for corrective action and storage, publication, and destruction) provides procedures for complying with this standard. The RRC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>TSA-RRC data review for corrective action consists of a review of data collected and aggregated to assess and improve the effectiveness of the RRC's sexual abuse prevention, detection, and response policies, practices, and training; to identify problem areas; to take corrective action on an ongoing basis, and to prepare an annual report of its findings and corrective actions.</p> <p>TSA-RRC policy requires the report to include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the RRC's progress in addressing sexual abuse. TSA-RRC PREA annual aggregated and PREA audit compliance report is reviewed and approved by the Program Director. The facility policy identifies the incorrect website on which the annual report is posted. The correct website is <a href="http://centralusa.salvationarmy.org/freedom/pathway-forward/">centralusa.salvationarmy.org/freedom/pathway-forward/</a>.</p> <p>Under the rules of PREA, the RRC removes all personal identifiers prior to making aggregated sexual abuse data publicly available and reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the RRC, but the RRC does indicate the nature of the material redacted. The RRC securely maintains all confidential sexual abuse data collected for at least 10 years.</p> <p>The auditor reviewed interview responses from the Program Director and reviewed the "2021 PREA Coordinator's Annual Report. The report is posted on the agency webpage <a href="http://www.centralusa.salvationarmy.org/freedom/pathway-forward">www.centralusa.salvationarmy.org/freedom/pathway-forward</a>. The report contains incident-based comparison data from 2019 thru 2021 with brief narratives regarding corrective actions if required. The facility complies in all material ways with this standard.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>The facility ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data from TSA-RRC is made readily available to the public at least annually through its website. The facility is not responsible for any contracting issues with private facilities. TSA-RRC data posted consists of a review of data collected and aggregated to assess and improve the effectiveness of the RRC's sexual abuse prevention, detection, and response policies, practices, and training. The TSA-RRC PREA annual aggregated and PREA audit compliance report is reviewed and approved by the Program Director. The facility policy identifies the incorrect website on which the annual report is posted. The correct website is <a href="http://centralusa.salvationarmy.org/freedom/pathway-forward/">centralusa.salvationarmy.org/freedom/pathway-forward/</a>.</p> <p>Under the rules of PREA, the RRC removes all personal identifiers prior to making aggregated sexual abuse data publicly available and reserves the right to redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the RRC, but the RRC does indicate the nature of the material redacted. The RRC securely maintains all confidential sexual abuse data collected for at least 10 years.</p> <p>The auditor reviewed interview responses from the Program Director and reviewed the "2021 PREA Coordinator's Annual Report. The report is posted on <a href="http://centralusa.salvationarmy.org/freedom/pathway-forward/">centralusa.salvationarmy.org/freedom/pathway-forward/</a>. The report did not require any redactions. The facility complies in all material ways with this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policy 4.22.01, Section 4 (Audits of standards) addresses this standard. It is the policy of TSA-RRC to ensure that all areas of the PREA standards for sexual abuse policy and procedures are maintained and are audit ready at all times. In keeping with this assurance, the RRC's internal auditor reviews PREA standards on a quarterly basis. The official PREA audits are conducted every three years by professionally trained independent PREA auditors. The RRC responds to all PREA audit requests and/or requirements regarding the frequency and scope of audits, audit contents and findings, audit corrective action plans, and audit appeals.</p> <p>The last PREA Audit of TSA-RRC was conducted in June 2019. The facility was not able to schedule an audit in the third year of the previous audit cycle(3). Therefore, this audit occurred in the first year of cycle four. PREA audit notices at TSA-RRC were posted at least 6 weeks prior to the on-site audit. Residents were advised that they could contact the auditor in a confidential manner as legal correspondence. The auditor was allowed to review and request documentation and</p>



	was provided access to staff and residents in order to conduct confidential interviews.
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The prior PREA audit was completed in June 2019. The final report for this audit is posted on <a href="http://www.centralusa.salvationarmy.org/freedom/pathway-forward">www.centralusa.salvationarmy.org/freedom/pathway-forward</a> . The facility compiles in all material ways with this standard.

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

	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.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	



<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	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.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes



	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.)	yes
	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.)	yes
	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.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	na

	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes



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

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	no
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

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



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

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

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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



<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes