

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

**PREA COMPLIANCE AUDIT INSTRUMENT
CHECKLIST OF POLICIES/PROCEDURES AND OTHER DOCUMENTS**

Community Confinement Facilities

05/09/2014

Policies/Procedures/Other Documents

Pre-Audit

During Audit

BACKGROUND
INFORMATION

- Agency Mission
- Any relevant reports related to internal or external audits of and/or accreditations for the facility.
- Daily population report for the 1ST, 10TH, and 20th day of the month for the past 12 months.
- Schematic of facility layout.

- List of staff (who have contact with residents) in the facility (by shift, housing unit, assignment/role) for selection of staff for interviews.
- List of residents by housing unit for selection of residents for interviews.

Standard		Policies/Procedures/Other Documents	
		Pre-Audit	During Audit
PREVENTION PLANNING	§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment in facilities operated directly or under contract. <input type="checkbox"/> Implementation plan: Facility policy outlining how the facility will implement the agency's zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. <input type="checkbox"/> Agency organizational chart. 	NA
	§115.212 - Contracting with other entities for the confinement of residents	<ul style="list-style-type: none"> <input type="checkbox"/> Contracts for the confinement of residents entered into (or renewed) after August 20, 2012, or since the last PREA audit. <input type="checkbox"/> If the agency entered into any contracts with a private agency or other entity that fails to comply with the PREA standards, documentation of unsuccessful attempts to find an entity in compliance with the standards. 	
	§115.213 – Supervision and Monitoring	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of staffing plan development process. <input type="checkbox"/> Staffing plan. <input type="checkbox"/> Documentation of deviations from the staffing plan and written justifications for all such deviations. <input type="checkbox"/> Documentation of annual reviews (after first year audit). 	<ul style="list-style-type: none"> <input type="checkbox"/> Additional annual reviews.
	§115.215 – Limits to Cross-Gender Viewing and Searches	<ul style="list-style-type: none"> <input type="checkbox"/> Policies and procedures governing the: 1) pat-down searches of female residents and 2) strip search and visual body cavity searches. <input type="checkbox"/> Policy governing cross-gender viewing. <input type="checkbox"/> Policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. <input type="checkbox"/> Logs of exigent circumstances, if any, that required deviance from §115.215(d) (i.e., cross-gender viewing). <input type="checkbox"/> Training curricula regarding cross-gender pat-down searches and searches of transgender and intersex residents. 	<ul style="list-style-type: none"> <input type="checkbox"/> Logs of strip searches and visual body cavity searches in the last 12 months (must include gender of the staff person conducting the search and the gender of the resident who was searched). <input type="checkbox"/> Logs of cross-gender strip and/or body cavity searches conducted in the last 12 months that were not conducted by medical staff to identify exigent circumstances. <input type="checkbox"/> Documentation of instances where medical practitioner conducted the search. <input type="checkbox"/> Documentation (logs) of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of female residents.

	<ul style="list-style-type: none"> <input type="checkbox"/> Staff training logs. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of exigent circumstances where cross-gender pat-down searches of females were conducted. <input type="checkbox"/> Video documenting pat-down searches of female residents conducted by male staff when available (spot check).
§115.216 – Residents with Disabilities and Residents who are Limited English Proficient	<ul style="list-style-type: none"> <input type="checkbox"/> Policies/procedures regarding equal opportunity of <i>disabled residents</i> to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. <input type="checkbox"/> Policies/procedures regarding equal opportunity of residents with <i>limited English proficiency</i> to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. <input type="checkbox"/> Policy prohibiting the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. <input type="checkbox"/> Contracts with interpreters or other professionals hired to ensure effective communication with residents. <input type="checkbox"/> Written materials used for effective communication about PREA with residents with disabilities or limited reading skills. <input type="checkbox"/> Documentation of staff training on PREA compliant practices for residents with disabilities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of circumstances where resident interpreters, readers, and other resident assistants were used. <input type="checkbox"/> Documentation demonstrating that taking alternative action would have resulted in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens.
§115.217 – Hiring and Promotion Decisions	<ul style="list-style-type: none"> <input type="checkbox"/> Policy on the promotion and hiring of employees and contractors, including policies governing criminal background checks. <input type="checkbox"/> Policy governing criminal background records checks of <i>current</i> employees and contractors who may have contact with residents. 	<ul style="list-style-type: none"> <input type="checkbox"/> Files of persons hired or promoted in the last 12 months including documentation of criminal record background checks and questions regarding past conduct were asked and answered. <input type="checkbox"/> Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.17(c). <input type="checkbox"/> Records of background checks of contractors who might have contact with residents. <input type="checkbox"/> Documentation of background records checks of current employees at five-year intervals when applicable.
§115.218 – Upgrades to	NA	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of the facility’s design, renovation,

	Facilities and Technology		modification or expansion. <input type="checkbox"/> Minutes from meetings referencing the installation or update of monitoring technology.
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Standard		Policies/Procedures/Other Documents	
		Pre-Audit	During Audit
RESPONSIVE PLANNING	<p>§115.221 – Evidence Protocol and Forensic Medical Examinations</p>	<ul style="list-style-type: none"> □ Uniform evidence protocol governing obtaining usable physical evidence in allegations of sexual abuse. □ If alternative source (from DOJ’s “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents) was used to develop protocol, provide alternative source. □ Documentation that forensic medical exams are offered for free. □ Documentation of efforts to provide SAFEs or SANEs. □ Documentation of agreement(s) with rape crisis center(s) for services or documentation of efforts to secure services from rape crisis centers. □ Documentation of staff member’s qualifications, if staff member is used to provide victim advocate services. □ Any relevant documentation that a qualified agency staff member or qualified community-based organization staff member accompanied and supported the victim pursuant to standard 115.221(e), if requested by the victim. □ If the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the MOUs/agreements with the responsible agency. 	<ul style="list-style-type: none"> □ Documentation to corroborate that all victims of sexual abuse have access to forensic medical examinations. □ Any available documentation that delineates the responsibilities of outside medical and mental health practitioners. □ Documentation of the establishment of requirements of 115.221(a) through (e) with any outside investigating agency.
	<p>§115.222 – Policies to Ensure Referrals of Allegations for Investigations</p>	<ul style="list-style-type: none"> □ Policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment. □ Investigative policy 	<ul style="list-style-type: none"> □ Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative report(s) with findings. □ Documentation of referrals of allegations of sexual abuse and sexual harassment. □ If a separate entity is responsible for conducting criminal investigations, the publication (website or paper) that describes the investigative responsibilities of both the agency and the separate entity that conducts criminal investigations on its behalf.
Standard		Policies/Procedures/Other Documents	

		Pre-Audit	During Audit
TRAINING & EDUCATION	§115.231 – Employee Training	<ul style="list-style-type: none"> <input type="checkbox"/> Training policy and/or procedures. <input type="checkbox"/> Staff training curriculum. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sample of training records for compliance with standard. <input type="checkbox"/> Documentation of employee signatures or electronic verification signifying comprehension of the training.
	§115.232– Volunteer and Contractor Training	<ul style="list-style-type: none"> <input type="checkbox"/> Training curriculum for volunteers and contractors who have contact with residents. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sample of training records for volunteers and contractors who have contact with residents. <input type="checkbox"/> Relevant documentation (e.g., signed acknowledgement or understanding by volunteers/contractors).
	§115.233 – Resident Education	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy governing PREA education of residents and access (e.g., residents who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills) to said education. 	<ul style="list-style-type: none"> <input type="checkbox"/> Intake records of residents entering facility in past 12 months (spot check). <input type="checkbox"/> Log or other recordkeeping corroborating that those residents received information required by the standard at intake (e.g., resident signatures). <input type="checkbox"/> Any relevant education materials (e.g. resident handbook) to ensure that relevant information is covered. <input type="checkbox"/> Inmate education materials in formats accessible to inmates who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. <input type="checkbox"/> Education and informational materials (posters, resident handbook, etc.) in compliance with the standard.
	§115.234 – Specialized Training: Investigations	<ul style="list-style-type: none"> <input type="checkbox"/> Agency training policy for investigative staff. <input type="checkbox"/> Investigator training curriculum. <input type="checkbox"/> Documentation that agency investigators have completed required training. 	<ul style="list-style-type: none"> <input type="checkbox"/> Training records/logs of investigative staff.
	§115.235 – Specialized training: Medical and mental health care	<ul style="list-style-type: none"> <input type="checkbox"/> Policy governing training of medical and mental health care practitioners on sexual abuse and sexual harassment. <input type="checkbox"/> Documentation of training showing that medical and mental health care staff have completed the required training. 	<ul style="list-style-type: none"> <input type="checkbox"/> Training records and personnel records to verify that regular practitioners have been trained (“regular” does not include practitioners who are engaged infrequently). <input type="checkbox"/> Exam logs. <input type="checkbox"/> List of all medical and mental health staff at facility and a sample of training logs and forensic exam training curriculum. <input type="checkbox"/> If applicable, list of all contract medical and mental

			<p>health staff at facility and documentation of training.</p> <ul style="list-style-type: none">□ Training logs of medical and mental health care practitioners to ensure they received the training for employees and contractors/volunteers (depending on their status) in the referenced standards.
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Standard		Policies/Procedures/Other Documents	
		Pre-Audit	During Audit
SCREENING FOR RISK OF SEXUAL VICTIMIZATION & ABUSIVENESS	§115.241 – Screening for Risk of Victimization and Abusiveness	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy governing screening of residents (upon admission to a facility or transfer to another facility and reassessments). <input type="checkbox"/> Screening instrument used to determine risk of victimization or abusiveness. 	<ul style="list-style-type: none"> <input type="checkbox"/> Records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. <input type="checkbox"/> Records of initial assessment and reassessment for risk of sexual victimization or abusiveness. <input type="checkbox"/> Records of reassessment within the past 12 months for risk of sexual victimization or abusiveness. <input type="checkbox"/> Sample of records of residents who have been victims or perpetrators of sexual abuse for confirmation of reassessment.
	§115.242 – Use of Screening Information	<ul style="list-style-type: none"> <input type="checkbox"/> Any relevant policy(ies) governing the use of screening information to: (1) make individualized determinations to ensure the safety of residents and (2) make housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. <input type="checkbox"/> Documentation of use of screening information to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents with a high risk of being sexually victimized from those at high risk of being sexually abusive. <input type="checkbox"/> Documentation of <i>how</i> decisions are made. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of risk-based housing decisions. <input type="checkbox"/> Documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard. <input type="checkbox"/> If a consent decree, legal settlement, or legal judgment requires the facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents, provide the title, status, and finds of each decree, settlement, or judgment.
REPORTING	§115.251 – Resident Reporting	<ul style="list-style-type: none"> <input type="checkbox"/> Policies, procedures, documents (e.g., resident handbooks) to identify different established procedures allowing for multiple internal ways for residents to report per the standard. <input type="checkbox"/> Agency policy providing at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. <input type="checkbox"/> Policy mandating that staff accept reports made verbally, in writing, anonymously and from third parties. <input type="checkbox"/> Policies or procedures for staff to privately report sexual abuse and sexual harassment of residents. <input type="checkbox"/> Documentation of agreement with outside public or private entity responsible for taking reports. <input type="checkbox"/> Documentation (e.g., resident handbooks) regarding agency policy mandating that staff accept reports of 	

	<p>sexual assault and sexual harassment made verbally, in writing, anonymously and from third parties.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documentation of verbal reports of sexual assault and sexual harassment. <input type="checkbox"/> Documents, such as staff handbooks, outlining procedures for staff to privately report sexual abuse and sexual harassment of residents. 	
§115.252 – Exhaustion of Administrative Remedies	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy or procedure in regards to resident grievances of sexual abuse. <input type="checkbox"/> Policy and procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. <input type="checkbox"/> Policy limiting the agency’s ability to discipline a resident for filing a grievance related to alleged sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. <input type="checkbox"/> Supporting logs/records of cases, in the past 12 months, alleging sexual abuse that involved an extension because final decision was not reached within 90 days. <input type="checkbox"/> Documentation of written notifications of extensions. 	<ul style="list-style-type: none"> <input type="checkbox"/> Resident handbook to determine that relevant information is provided. <input type="checkbox"/> Documentation of grievances that alleged sexual abuse and final decisions. <input type="checkbox"/> Documentation of third-party reports and declination of third-party assistance. <input type="checkbox"/> Documentation of emergency grievances filed pursuant to this standard. <input type="checkbox"/> Documentation of disciplinary actions by the agency against residents for having filed the grievance in bad faith in the past 12 months.
§115.253 – Resident Access to Outside Confidential Support Services	<ul style="list-style-type: none"> <input type="checkbox"/> Policies and/or procedures governing resident access to outside victim advocates for emotional support services related to sexual abuse. <input type="checkbox"/> Resident handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services. <input type="checkbox"/> MOUs or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. <input type="checkbox"/> Documentation of attempts to enter into agreements. 	NA
§115.254 – Third-Party Reporting	<ul style="list-style-type: none"> <input type="checkbox"/> Publicly distributed information on how to report resident sexual abuse or sexual harassment on behalf of residents. 	NA

Standard	Policies/Procedures/Other Documents
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		Pre-Audit	During Audit
OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT	§115.261 – Staff and Agency Reporting Duties	<ul style="list-style-type: none"> <input type="checkbox"/> Relevant policy(ies) governing the reporting by staff regarding incidents of sexual abuse or sexual harassment. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of any such reports. <input type="checkbox"/> Sample of reports to investigators.
	§115.262 – Agency Protection Duties	<ul style="list-style-type: none"> <input type="checkbox"/> Relevant policy(ies) governing the agencies protection duties when residents are subject to a substantial risk of imminent sexual abuse. <input type="checkbox"/> Relevant documentation related to the determination of residents’ substantial risk of imminent sexual abuse and agency response. 	NA
	§115.263 – Reporting to Other Confinement Facilities	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy regarding reporting of allegations of sexual abuse of residents while confined at another facility. <input type="checkbox"/> Agency policy requiring that allegations of sexual abuse of inmates received from other agencies or facilities are investigated in accordance with PREA standards. <input type="checkbox"/> Documentation of notifications (to facility where abuse occurred and to the appropriate investigative agency) of abuse while confined at another facility within 72 hours of receiving the allegation. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of allegations that a resident was abused while confined at another facility. <input type="checkbox"/> Additional documentation of notifications of abuse while confined at another facility to verify they occurred within 72 hours of receiving allegation. <input type="checkbox"/> Documentation of allegations from other facilities and documentation of response.
	§115.264 – Staff First Responder Duties	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy governing staff first responder duties. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of response to allegations by first responders.
	§115.265 – Coordinated Response	<ul style="list-style-type: none"> <input type="checkbox"/> Written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. 	NA
	§115.266 – Preservation of ability to protect residents from contact with abusers	<ul style="list-style-type: none"> <input type="checkbox"/> All collective bargaining agreements or other agreements entered into or renewed since August 20, 2012, or since the last PREA audit, whichever is later. 	NA
	§115.267 – Agency protection against retaliation	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy protecting 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, including policies on the monitoring of residents/staff following a report and agency response to suspected retaliation. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of any protective measures taken for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. <input type="checkbox"/> Documentation of any protective measures taken for any other individual who cooperates with an

			<p>investigation and expresses a fear of retaliation.</p> <ul style="list-style-type: none">□ Documentation of any monitoring efforts for residents or staff.□ Documentation of reports of retaliation and agency response.
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Standard		Policies/Procedures/Other Documents	
		Pre-Audit	During Audit
INVESTIGATIONS	§115.271 – Criminal and Administrative Agency Investigations	<ul style="list-style-type: none"> <input type="checkbox"/> Agency/facility policies governing the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. <input type="checkbox"/> Training records for investigators (from 115.234(d)-1). 	<ul style="list-style-type: none"> <input type="checkbox"/> Sample of investigative records/reports for allegations of sexual abuse or sexual harassment. <input type="checkbox"/> Sample of criminal investigative reports. <input type="checkbox"/> Sample of administrative investigation reports. <input type="checkbox"/> Where sexual abuse is alleged, documentation of copies of investigative reports, record retention schedule, and case records detailing allegations of sexual abuse. <input type="checkbox"/> Sample of cases referred for prosecution.
	§115.272 – Evidentiary Standard for Administrative Investigations	<ul style="list-style-type: none"> <input type="checkbox"/> Any policy(ies) imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of administrative findings for proper standard of proof.
	§115.273 – Reporting to Residents	<ul style="list-style-type: none"> <input type="checkbox"/> Agency policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. <input type="checkbox"/> Agency policy requiring notifications be documented. <input type="checkbox"/> Sample of investigations of alleged sexual abuse complaints completed <i>by agency investigators</i>. <input type="checkbox"/> Sample of investigations of alleged sexual abuse complaints completed <i>by outside agency</i>. <input type="checkbox"/> Sample documentation of any founded complaints. <input type="checkbox"/> Sample documentation of notifications pursuant to the requirements of this standard (see 115.273 (c) and (d)). 	<ul style="list-style-type: none"> <input type="checkbox"/> Additional sample of investigations of alleged sexual abuse complaints completed <i>by agency investigators</i>. <input type="checkbox"/> Additional sample of investigations of alleged sexual abuse complaints completed <i>by outside agency</i>. <input type="checkbox"/> Additional documentation of any founded complaints. <input type="checkbox"/> Additional documentation of notifications pursuant to the requirements of this standard. <input type="checkbox"/> Logs or other documentation of resident notifications to confirm number provided.

Standard		Policies/Procedures/Other Documents	
		Pre-Audit	During Audit
DISCIPLINE	§115.276 – Disciplinary sanctions for staff	<ul style="list-style-type: none"> ❑ Staff disciplinary policy(ies) regarding violations of agency sexual abuse or sexual harassment policies. ❑ Sample records of terminations, resignations, or other sanctions against staff for violating agency sexual abuse or sexual harassment policies from the past twelve months. 	<ul style="list-style-type: none"> ❑ Additional sample of records of terminations, resignations, or other sanctions against staff for violating agency sexual abuse or sexual harassment policies from the past twelve months. ❑ Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies from the past twelve months. ❑ Records of reports to law enforcement and/or licensing boards for violations of agency sexual abuse or sexual harassment policies from the past twelve months.
	§115.277 – Corrective action for contractors and volunteers	<ul style="list-style-type: none"> ❑ Agency policy requiring that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. ❑ Reports of sexual abuse of residents by contractors or volunteers ❑ Documentation of remedial measures taken to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 	<ul style="list-style-type: none"> ❑ Documentation of referrals to law enforcement and/or relevant licensing bodies. ❑ Investigative reports if relevant.
	§115.278 – Disciplinary sanctions for residents	<ul style="list-style-type: none"> ❑ Policy(ies) governing disciplinary sanctions for residents (engaged in resident-on-resident sexual abuse, resident sexual conduct with staff, and/or sexual activity between residents). ❑ Sample of records of disciplinary actions against residents for sexual conduct with staff. 	<ul style="list-style-type: none"> ❑ Additional records of disciplinary actions against residents for sexual conduct with staff. ❑ Investigative reports and documentation of sanctions imposed.

Standard		Policies/Procedures/Other Documents	
		Pre-Audit	During Audit
MEDICAL AND MENTAL CARE	§115.282 – Access to emergency medical and mental health services	<ul style="list-style-type: none"> <input type="checkbox"/> Policy(ies) regarding access to treatment services by resident victims of sexual abuse. <input type="checkbox"/> Sample of secondary materials (e.g., form, log) documenting compliance with required services per the standard. 	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation demonstrating that the appropriate medical and mental health practitioners were immediately notified. <input type="checkbox"/> Additional medical/mental health secondary forms/logs describing access to services.
	§115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers	<ul style="list-style-type: none"> <input type="checkbox"/> Policy(ies) governing ongoing medical and mental health care for sexual abuse victims and abusers. 	<ul style="list-style-type: none"> <input type="checkbox"/> Medical records or secondary documentation that demonstrates victims receive 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. <input type="checkbox"/> Medical records or secondary documentation that demonstrates victims receive medical and mental health services consistent with community level of care. <input type="checkbox"/> Medical records or secondary documentation that demonstrates that female victims were offered pregnancy tests. <input type="checkbox"/> Medical records or secondary documentation that demonstrate victims are offered tests for sexually transmitted infections as medically appropriate. <input type="checkbox"/> Mental health records or secondary documentation that demonstrate evaluation of resident-on-resident abusers.

Standard		Policies/Procedures/Other Documents	
		Pre-Audit	During Audit
DATA COLLECTION AND REVIEW	§115.286 – Sexual abuse incident reviews	<ul style="list-style-type: none"> <input type="checkbox"/> Policy(ies) on conducting sexual abuse incident reviews. <input type="checkbox"/> Documentation of sexual abuse incident reviews. <input type="checkbox"/> Sample documentation of completed criminal or administrative investigations of alleged sexual abuse incidents, if incident review documents contained therein. <input type="checkbox"/> Reports of findings from sexual abuse incident reviews. <input type="checkbox"/> Documentation supporting implementation of recommendations or documentation of reasons for not implementing recommendations. 	<ul style="list-style-type: none"> <input type="checkbox"/> Additional documentation of completed administrative investigations of sexual abuse. <input type="checkbox"/> Documentation of review team minutes or reports. <input type="checkbox"/> Additional reports of findings from sexual abuse incident reviews.
	§115.287 – Data Collection	<ul style="list-style-type: none"> <input type="checkbox"/> Policy(ies) for collecting data on sexual abuse allegations at facilities. <input type="checkbox"/> Data collection instrument used for collecting data on sexual abuse allegations at facilities. <input type="checkbox"/> Set of definitions used for collecting data on sexual abuse allegations at facilities. 	<ul style="list-style-type: none"> <input type="checkbox"/> Sample of aggregated and incident-based sexual abuse data. <input type="checkbox"/> Sample of incident-based and all aggregate data from every private facility with which the agency contracts for the confinement of its residents (if applicable).
	§115.288 – Data Review for Corrective Action	<ul style="list-style-type: none"> <input type="checkbox"/> Documentation of corrective action plans. <input type="checkbox"/> Annual reports of findings from data reviews/corrective actions. <input type="checkbox"/> Link to website where annual report is available. 	<ul style="list-style-type: none"> <input type="checkbox"/> Additional documentation of corrective action plans.
	§115.289 – Data Storage, Publication, and Destruction	<ul style="list-style-type: none"> <input type="checkbox"/> Policy on storage of data on sexual abuse allegations at facilities. <input type="checkbox"/> Policy on availability of aggregated sexual abuse data from facilities. <input type="checkbox"/> Federal, State or local law requiring the agency maintain sexual abuse data collected for a time period that is different than required by the standard (which requires it be maintained for at least 10 years). 	<ul style="list-style-type: none"> <input type="checkbox"/> Website or other means for publicly available aggregated sexual abuse data. <input type="checkbox"/> Sample of publicly available sexual abuse data. <input type="checkbox"/> Historical data since August 20, 2012.