



PREA AUDIT: PRE-AUDIT QUESTIONNAIRE JUVENILE FACILITIES

Form Information			
Completed by:			
Date completed:			
Date revised (if relevant):			
Agency Information			
Name of Agency		Governing Authority or Parent Agency <i>(If Applicable)</i>	
Physical Address:		City, State, Zip:	
Mailing Address:		City, State, Zip:	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information:			
Agency Chief Executive Officer			
Name:			
Email:		Telephone:	
Agency-Wide PREA Coordinator			
Name:			
Email:		Telephone:	
PREA Coordinator Reports to:		Number of Compliance Managers who report to the PREA Coordinator:	

Facility Information			
Name of Facility:			
Physical Address:		City, State, Zip:	
Mailing Address (if different from above):		City, State, Zip:	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Date of last facility PREA audit (if applicable):			
Facility Website with PREA Information:			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:			
Facility Administrator/Superintendent/Director			
Name:			
Email:		Telephone:	
Facility PREA Compliance Manager			
Name:			
Email:		Telephone:	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name:			
Email:		Telephone:	

Facility Characteristics	
Designated Facility Capacity:	
Current Population of Facility:	
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	
Average length of stay or time under supervision:	
Facility security levels/resident custody levels:	
Number of residents admitted to facility during the past 12 months:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	
Number of single resident cells, rooms, or other enclosures:	
Number of multiple occupancy cells, rooms, or other enclosures:	
Number of open bay/dorm housing units:	
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: _____) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: _____) <input type="checkbox"/> N/A

PREVENTION PLANNING			
§115.311 – Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.			
115.311 (a)-1	The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.311 (a)-2	The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.311 (a)-3	The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.311 (a)-4	The policy includes sanctions for those found to have participated in prohibited behaviors.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.311 (a)-5	The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.311 (b)-1	The agency employs or designates an upper-level, agency-wide PREA coordinator.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD AGENCY ORGANIZATIONAL CHART
115.311 (b)-2	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 facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.311 (b)-3	The position of the PREA Coordinator in the agency's organizational structure:		
115.311 (c)-1	The facility has designated a PREA Compliance Manager.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.311 (c)-2	The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.311 (c)-3	The position of the PREA Compliance Manager in the agency's organizational structure:		
115.311 (c)-4	The person to whom the PREA Compliance Manager reports:		
§115.312 – Contracting with other entities for the confinement of residents.			
115.312 (a)-1	The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD CONTRACTS
115.312 (a)-2	All of the above contracts require contractors to adopt and comply with PREA Standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.312 (a)-3	The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012 or since the last PREA audit, whichever is later:		
115.312 (a)-4	The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards:		
115.312 (b)-1	All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.312 (b)-2	The number of the contracts referenced in 115.312 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA Standards:		
§115.313 – Supervision and Monitoring			
115.313 (a)-1	The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF STAFFING PLAN DEVELOPMENT PROCESS UPLOAD STAFFING PLAN
115.313 (a)-2	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents:		
115.313 (a)-3	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated:		
115.313 (b)-1	Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan Check NA if no deviations from plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	UPLOAD DOCUMENTATION OF DEVIATIONS FROM STAFFING PLANS AND WRITTEN JUSTIFICATIONS FOR ALL SUCH DEVIATION
115.313 (b)-2	If documented, the six most common reasons for deviating from the staffing plan in the past 12 months:	1. 2. 3.	4. 5. 6.
115.313 (c)-1	The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.313 (c)-2	The facility maintains staff ratios of a minimum of 1:8 during resident waking hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.313 (c)-3	The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.313 (c)-4	In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours:		

115.313 (c)-5	In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours:		
115.313 (d)-1	At least once every year the facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: <ul style="list-style-type: none"> • The staffing plan; • Prevailing staffing patterns • The deployment of monitoring technology; or • The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF REVIEWS
115.313 (e)-1	The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY OR OTHER DOCUMENTATION OF REQUIREMENT
115.313 (e)-2	If YES, the facility documents unannounced rounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD EVIDENCE THAT ROUNDS WERE CONDUCTED AND THAT ROUNDS COVERED ALL SHIFTS
115.313 (e)-3	If YES, over time the unannounced rounds cover all shifts.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.313 (e)-4	If YES, the facility prohibits staff from alerting other staff of the conduct of such rounds.		<input type="checkbox"/> Yes <input type="checkbox"/> No
§115.315 – Limits to cross-gender viewing and searches.			
115.315 (a)-1	The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON SEARCHES
115.315 (a)-2	In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents:		
115.315 (a)-3	In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff:		
115.315 (b)-1	The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.315 (b)-2	The number of cross-gender pat-down searches of residents:		
115.315 (b)-3	The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s):		
115.315 (c)-1	Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented and justified.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.315 (d)-1	The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON CROSS-GENDER VIEWING UPLOAD LOGS OF EXIGENT CIRCUMSTANCES
115.315 (d)-2	Policies and procedures require staff of the opposite gender to announce their presence when entering a resident's housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.315 (e)-1	The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY
115.315 (e)-2	Such searches (described in 115.15(e)-1) occurred in the past 12 months.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.315 (f)-1	Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: <i>(The percentage given does not necessarily indicate compliance or non-compliance with the Standard.)</i>		UPLOAD TRAINING CURRICULA UPLOAD TRAINING LOGS
§115.316 – Residents with disabilities and residents who are limited English proficient.			
115.316 (a)-1	The agency has established procedures to provide disabled residents 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY/DOCUMENTATION OF PROCEDURES UPLOAD CONTRACTS WITH INTERPRETERS OR OTHER PROFESSIONALS HIRED TO ENSURE EFFECTIVE COMMUNICATION WITH RESIDENTS WHO ARE LIMITED ENGLISH PROFICIENT UPLOAD WRITTEN MATERIALS USED FOR EFFECTIVE COMMUNICATION ABOUT PREA WITH RESIDENTS WITH DISABILITIES OR LIMITED READING SKILLS UPLOAD DOCUMENTATION OF STAFF TRAINING ON PREA COMPLIANT PRACTICES FOR RESIDENTS WITH DISABILITIES

115.316 (b)-1	The agency has established procedures to provide residents with limited English proficiency 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.316 (c)-1	Agency policy prohibits 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 §115.364, or the investigation of the resident's allegations.	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD POLICY
115.316 (c)-2	If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (<i>Absence of such documentation does not result in noncompliance with the standard.</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.316 (c)-3	In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations:	
§115.317 – Hiring and promotion decisions.		
115.317 (a)-1	Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who— (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD POLICY FOR HIRING AND PROMOTING
115.317 (b)-1	Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.317 (c)-1	Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its <i>best efforts</i> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.317 (c)-2	In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks:	
115.317 (d)-1	Agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.317 (d)-2	In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents:	
115.317 (e)-1	Agency policy requires that either criminal background records checks be conducted at least every five years of <i>current</i> employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD POLICY ON BACKGROUND CHECKS OF CURRENT EMPLOYEES/CONTRACTORS
115.317 (g)-1	Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.	<input type="checkbox"/> Yes <input type="checkbox"/> No
§115.318 – Upgrades to facilities and technology.		
115.318 (a)-1	The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.318 (b)-1	The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESPONSIVE PLANNING			
§115.321 – Evidence protocol and forensic medical examinations.			
115.321 (a)-1	The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	<input type="checkbox"/> Yes, Administrative ONLY <input type="checkbox"/> Yes, Criminal ONLY <input type="checkbox"/> Yes, Both <input type="checkbox"/> No, Neither(skip to 115.321 (c))	
115.321 (a)-2	If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility:		
115.321 (a)-3	When conducting a sexual abuse investigation, the investigators follow a uniform evidence protocol.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD UNIFORM EVIDENCE PROTOCOL
115.321 (b)-1	The protocol is developmentally appropriate for youth.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.321 (b)-2	The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, indicate source used to develop the protocol: UPLOAD ALTERNATIVE SOURCE
115.321 (c)-1	The facility offers to all residents who experience sexual abuse access to forensic medical examinations.		<input type="checkbox"/> Yes, on site <input type="checkbox"/> Yes, at an outside facility <input type="checkbox"/> No (skip to 115.321 (d))
115.321 (c)-2	Forensic medical examinations are offered without financial cost to the victim.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION THAT FORENSIC MEDICAL EXAMS ARE OFFERED FOR FREE
115.321 (c)-3	Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 115.321 (c)-5) <input type="checkbox"/> Sometimes, <i>please describe</i> :	
115.321 (c)-4	When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.321 (c)-5	The facility documents efforts to provide SANEs or SAFEs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF EFFORTS TO PROVIDE SANEs/SAFEs
115.321 (c)-6	The number of forensic medical exams conducted in the past 12 months:		
115.321 (c)-7	The number of exams performed by SANEs/SAFEs in the past 12 months:		
115.321 (c)-8	The number of exams performed by a qualified medical practitioner in the past 12 months:		
115.321 (d)-1	The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.321 (d)-2	These efforts are documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF AGREEMENT(S) WITH RAPE CRISIS CENTER FOR SERVICES OR DOCUMENTATION OF EFFORTS
115.321 (d)-3	If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.	<input type="checkbox"/> Yes <input type="checkbox"/> No	DOCUMENTATION OF STAFF MEMBER'S QUALIFICATIONS IF AGENCY STAFF MEMBER USED
115.321 (e)-1	If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD ANY RELEVANT DOCUMENTATION
115.321 (f)-1	If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check NA if the agency/facility is responsible for administrative and criminal investigations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	UPLOAD AGREEMENTS / MOUs WITH RESPONSIBLE AGENCY
§115.322 – Policies to ensure referrals of allegations for investigations.			
115.322 (a)-1	The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICIES AND/OR PROCEDURES GOVERNING INVESTIGATIONS OF ALLEGATIONS OF SEXUAL ABUSE AND SEXUAL HARRASSMENT Page/Section:
115.322 (a)-2	In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received:		
115.322 (a)-3	In the past 12 months, the number of allegations resulting in an administrative investigation:		
115.322 (a)-4	In the past 12 months, the number of allegations referred for criminal investigation:		

115.322 (a)-5	Referring to allegations received during past 12 months, all administrative and/or criminal investigations were completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>please explain</i>	
115.322 (b)-1	The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD INVESTIGATIVE POLICY Page/Section:
115.322 (b)-2	The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publically available via other means.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.322 (b)-3	The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAINING AND EDUCATION

§115.331 – Employee training.

115.331 (a)-1	<p>The agency trains all employees who may have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Agency's zero-tolerance policy for sexual abuse and sexual harassment. <input type="checkbox"/> (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. <input type="checkbox"/> (3) Residents' right to be free from sexual abuse and sexual harassment. <input type="checkbox"/> (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. <input type="checkbox"/> (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities. <input type="checkbox"/> (6) The common reactions of sexual abuse and sexual harassment juvenile victims. <input type="checkbox"/> (7) How to detect and respond to signs of threatened and actual sexual abuse. <input type="checkbox"/> (8) How to avoid inappropriate relationships with residents. <input type="checkbox"/> (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. <input type="checkbox"/> (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <input type="checkbox"/> (11) Relevant laws regarding the applicable age of consent. 	<p>UPLOAD TRAINING POLICY AND/OR PROCEDURES Page/Section:</p> <p>UPLOAD TRAINING CURRICULUM</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p> <p>Page/Section of training curriculum:</p>
115.331 (b)-1	Training is tailored to the unique needs and attributes and gender of the residents at the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.331 (b)-2	Employees who are reassigned from facilities housing the opposite gender are given additional training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.331 (c)-1	The number of staff currently employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements enumerated above:	
115.331 (c)-2	Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.	<input type="checkbox"/> Yes, please describe <input type="checkbox"/> No
115.331 (c)-3	The frequency with which employees who may have contact with residents receive refresher training on PREA requirements:	
115.331 (d)-1	The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.	<input type="checkbox"/> Yes <input type="checkbox"/> No

§115.332 – Volunteer and contractor training.

115.332 (a)-1	<p>All volunteers and contractors <i>who have contact with residents</i> have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>UPLOAD TRAINING CURRICULUM Page/Section:</p>
115.332 (a)-2	The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:		
115.332 (b)-1	The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.332 (b)-2	All volunteers and contractors <i>who have contact with residents</i> have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.332 (c)-1	The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

§115.333 – Resident education.			
115.333 (a)-1	Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.333 (a)-2	The number of residents admitted in past 12 months who were given this information at intake:		
115.333 (a)-3	This information provided in an age appropriate fashion:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.333 (b)-1	The number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:		
115.333 (c)-1	Of those who were <i>not</i> educated (as stated in 115.333 (b)-1) within 10 days of intake, all residents have been educated subsequently.	<input type="checkbox"/> Yes, by what date? <input type="checkbox"/> No, how many have not been?	
115.333 (c)-2	Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD AGENCY POLICY GOVERNING PREA EDUCATION OF RESIDENTS Page/Section:
115.333 (d)-1	Resident PREA education is available in accessible formats for all residents including those who are (check all that apply): <input type="checkbox"/> limited English proficient <input type="checkbox"/> deaf <input type="checkbox"/> visually impaired <input type="checkbox"/> otherwise disabled <input type="checkbox"/> have limited reading skills	Page/Section:	
115.333 (e)-1	The agency maintains documentation of resident participation in PREA education sessions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.333 (f)-1	The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
§115.334 – Specialized training: Investigations			
115.334 (a)-1	Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check NA if the agency does not conduct administrative or criminal sexual abuse investigations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (skip to 115.334 (d))	UPLOAD TRAINING POLICY Page/Section: UPLOAD TRAINING CURRICULUM
115.334 (c)-1	The agency maintains documentation showing that investigators have completed the required training.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION Page/Section:
115.334 (c)-2	The number of investigators currently employed who have completed the required training:		
§115.335 – Specialized training: Medical and mental health care			
115.335 (a)-1	The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD AGENCY POLICY RELATED TO TRAINING OF MEDICAL AND MENTAL HEALTH CARE PRACTITIONERS Page/Section:
115.335 (a)-2	The number and percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.	# %	
115.335 (b)-1	Agency medical staff at this facility conducts forensic medical exams:	<input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 115.341)	
115.335 (c)-1	The agency maintains documentation showing that medical and mental health practitioners have completed the required training.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION Page/Section:

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

§115.341 – Screening for risk of victimization and abusiveness.

115.341 (a)-1	The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SCREENING POLICY Page/Section:
115.341 (a)-2	The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.341 (a)-3	The number of residents entering the facility within the past 12 months (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.		
115.341 (a)-4	The policy requires that the resident's risk level be reassessed periodically throughout their confinement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.341 (b)-1	Risk assessment is conducted using an objective screening instrument.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SCREENING INSTRUMENT Page/Section:

§115.342 – Use of screening information.

115.342 (a)-1	The agency or facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF USE OF SCREENING INFORMATION FOR THESE PURPOSES UPLOAD DOCUMENTATION OF HOW DECISIONS ARE MADE
115.342 (b)-1	The facility has a policy that residents at risk of sexual victimization may <i>only</i> be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and <i>only</i> until an alternative means of keeping all residents safe can be arranged.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD ANY RELEVANT POLICIES Page/Section:
115.342 (b)-2	The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.342 (b)-3	The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months:		
115.342 (b)-4	The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months:		
115.342 (b)-5	The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months:		
115.342 (c)-1	The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD ANY RELEVANT POLICIES Page/Section:
115.342 (c)-2	The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.342 (d)-1	The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.342 (h)-1	From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: <ul style="list-style-type: none"> A statement of the basis for facility's concern for the residents safety, and The reason or reasons why alternative means of separation cannot be arranged: 		
115.342 (i)-1	If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:

REPORTING				
§115.351 – Resident reporting.				
115.351 (a)-1	The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: <ul style="list-style-type: none"> sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND staff neglect or violation of responsibilities that may have contributed to such incidents. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD RESIDENT REPORTING POLICY(IES) Page/Section:	
			UPLOAD OTHER RELEVANT DOCUMENTATION ON RESIDENT REPORTING (E.G., RESIDENT HANDBOOKS) Page/Section:	
115.351 (b)-1	The agency provides 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"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF AGREEMENT WITH OUTSIDE PUBLIC OR PRIVATE ENTITY RESPONSIBLE FOR TAKING REPORTS RESIDENT REPORTING POLICY(IES) Page/Section:	
115.351 (b)-2	The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.	<input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDENT REPORTING POLICY(IES) Page/Section:	
115.351 (c)-1	The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.	<input type="checkbox"/> Yes <input type="checkbox"/> No	RESIDENT REPORTING POLICY(IES) Page/Section:	
115.351 (c)-2	Staff are required to document verbal reports. If YES, please provide the time frame required to document the reports.	<input type="checkbox"/> Yes, <i>time frame</i> . <input type="checkbox"/> No, <i>please explain why not</i> .		
		UPLOAD DOCUMENTATION MADE OF VERBAL REPORTS		
115.351 (d)-1	The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.351 (e)-1	The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.	<input type="checkbox"/> Yes, <i>please describe</i> . <input type="checkbox"/> No, <i>please explain</i> .		
		UPLOAD STAFF REPORTING POLICIES OR PROCEDURES		
115.351 (e)-2	Staff are informed of these procedures in the following ways:	UPLOAD ANY OTHER RELEVANT DOCUMENTATION, SUCH AS STAFF HANDBOOKS		
§115.352 – Exhaustion of administrative remedies.				
115.352 (a)-1	The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No, (<i>skip to 115.353</i>)	UPLOAD POLICY/PROCEDURE REGARDING RESIDENT GRIEVANCES OF SEXUAL ABUSE Page/Section:	
115.352 (b)-1	Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>time limit to submit a grievance</i> :		
115.352 (b)-2	Agency policy requires a resident to use an <i>informal</i> grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.352 (c)-1	The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:	
115.352 (c)-2	The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:	
115.352 (d)-1	The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:	
115.352 (d)-2	In the past 12 months, the number of grievances that were filed that alleged sexual abuse.			
115.352 (d)-3	In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed.			
115.352 (d)-4	In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days:	UPLOAD SUPPORTING LOGS/RECORDS		

115.352 (d)-5	In cases where the agency requested an extension of the 90 day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70 day extension period to resolve.	<input type="checkbox"/> Yes, # >70 days: <input type="checkbox"/> No	
115.352 (d)-6	The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF WRITTEN NOTIFICATIONS OF EXTENSIONS
115.352 (e)-1	Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.352 (e)-2	Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.352 (e)-3	Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.352 (e)-4	The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline.		
115.352 (f)-1	The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY/PROCEDURE FOR EMERGENCY GRIEVANCES Page/Section:
115.352 (f)-2	The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.352 (f)-3	The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.		
115.352 (f)-4	The number of those grievances in 115.352 (f) – 3, had an initial response within 48 hours.		
115.352 (f)-5	The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.352 (f)-6	The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days.		
115.352 (g)-1	The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.352 (g)-2	In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.		
§115.353 – Resident access to outside confidential support services.			
115.353 (a)-1	The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:	UPLOAD POLICY/PROCEDURE Page/Section:	UPLOAD HANDBOOKS OR WRITTEN MATERIALS PREPARED FOR RESIDENTS PERTINENT TO REPORTING SEXUAL ABUSE AND ACCESS TO SUPPORT SERVICES
	<ul style="list-style-type: none"> Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<ul style="list-style-type: none"> Enables reasonable communication between residents and these organizations, in as confidential a manner as possible. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.353 (b)-1	The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.353 (b)-2	The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.353 (c)-1	The agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.353 (c)-2	If YES to 115.353 (c) - 1, the agency or facility maintains copies of those agreements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD AGREEMENTS/MOUS

115.353 (c)-3	If NO to 115.353 (c) - 1, the agency or facility has <i>attempted</i> to enter into MOUs or other agreements with community service providers that are able to provide such services.	<input type="checkbox"/> Yes <i>please explain why these attempts have not been successful:</i> <input type="checkbox"/> No	
115.353 (c)-4	If YES to 115.353 (c) - 3, the agency maintains documentation of the attempts to enter into such agreements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF ATTEMPTS TO ENTER INTO AGREEMENTS
115.353 (d)-1	The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD RELEVANT POLICIES Page/Section:
115.353 (d)-2	The facility provides residents with reasonable access to parents or legal guardians.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
§115.354 – Third-party reporting.			
115.354 (a)-1	The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.	<input type="checkbox"/> Yes <i>please describe the method:</i> <input type="checkbox"/> No	
115.354 (a)-2	The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.	<input type="checkbox"/> Yes <i>please describe:</i> <input type="checkbox"/> No	UPLOAD PUBLICALLY DISTRIBUTED INFORMATION

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

§115.361 – Staff and agency reporting duties.

115.361 (a)-1	The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.361 (a)-2	The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.361 (a)-3	The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.361 (b)-1	The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.361 (c)-1	Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

§115.362 – Agency protection duties.

115.362 (a)-1	When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.362 (a)-2	In the past 12 months, the number of times the agency or facility has determined that a resident was subject to substantial risk of imminent sexual abuse:	UPLOAD ANY RELEVANT DOCUMENTATION	
115.362 (a)-3	If the agency or facility made such determinations in the past 12 months, the amount of time passed before taking action, on average:		
115.362 (a)-4	The longest time passed before taking action: If not "immediate" (i.e., without unreasonable delay), please explain:		
		average # of hours #hours OR #days <i>Please explain if not immediate:</i>	

§115.363 – Reporting to other confinement facilities.

115.363 (a)-1	The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.363 (a)-2	The agency's policy also requires that the head of the facility notify the appropriate investigative agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.363 (a)-3	In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility:	Please describe your facility's response to these allegations.	
115.363 (b)-1	Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.363 (c)-1	The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF NOTIFICATIONS
115.363 (d)-1	Agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Page/Section:
115.363 (d)-2	In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities.		

§115.364 – Staff first responder duties.

115.364 (a)-1	The agency has a first responder policy for allegations of sexual abuse. If YES, the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to (check all that apply): <input type="checkbox"/> (1) Separate the alleged victim and abuser. <input type="checkbox"/> (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. <input type="checkbox"/> (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON FIRST RESPONDER DUTIES Page/Section:
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<input type="checkbox"/> (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.		
115.364 (a)-2	In the past 12 months, the number of allegations that a resident was sexually abused:	
115.364 (a)-3	Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:	
115.364 (a)-4	In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence:	
115.364 (a)-5	Of these allegations, the number of times the first security staff member to respond to the report: (1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: (2) Requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: (3) Ensured 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:	
115.364 (b)-1	The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to (check all that apply): <input type="checkbox"/> (1) Request that the alleged victim not take any actions that could destroy physical evidence. <input type="checkbox"/> (2) Notify security staff.	
115.364 (b)-2	Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder:	
115.364 (b)-3	Of those allegations responded to first by a non-security staff member, the number of times that staff member: (1) Requested that the alleged victim not take any actions that could destroy physical evidence: (2) Notified security staff:	
§115.365 – Coordinated response.		
115.365 (a)-1	The facility developed a 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD FACILITY'S INSTITUTIONAL PLAN
§115.366 – Preservation of ability to protect residents from contact with abusers.		
115.366 (a)-1	The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD ALL AGREEMENTS ENTERED INTO SINCE AUGUST 20, 2012/LAST PREA AUDIT
§115.367 – Agency protection against retaliation.		
115.367 (a)-1	The agency has 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD POLICY PROTECTING RESIDENTS AGAINST RETALIATION Page/Section:
115.367 (a)-2	The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.	<input type="checkbox"/> Yes <input type="checkbox"/> No Staff Name(s): Staff Title(s): Department(s):
115.367 (c)-1	The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.367 (c)-2	If yes, length of time that the agency and/or facility monitors the conduct or treatment:	
115.367 (c)-3	The agency/facility acts promptly to remedy any such retaliation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.367 (c)-4	The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.367 (c)-5	The number of times an incident of retaliation occurred in the past 12 months:	
§115.368 – Post-allegation protective custody.		
115.368 (a)-1	The facility has a policy that residents who allege to have suffered sexual abuse may <i>only</i> be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD POLICY Page/Section:

until an alternative means of keeping all residents safe can be arranged.		UPLOAD DOCUMENTATION OF INSTANCES WHEN ISOLATION WAS USED TO PROTECT A RESIDENT WHO ALLEGED TO HAVE SUFFERED SEXUAL ABUSE UPLOAD DOCUMENTATION OF 30- DAY REVIEWS
115.368 (a)-2	The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.368 (a)-3	The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months:	
115.368 (a)-4	The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months:	
115.368 (a)-5	The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months:	
115.368 (a)-6	From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: <ul style="list-style-type: none"> • A statement of the basis for facility's concern for the residents safety, and • The reason or reasons why alternative means of separation cannot be arranged: 	
115.368 (a)-7	If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.	<input type="checkbox"/> Yes <input type="checkbox"/> No

INVESTIGATIONS			
§115.371 – Criminal and administrative agency investigations			
115.371 (a)-1	The agency/facility has a policy related to criminal and administrative agency investigations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY RELATED TO CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS Refer to page/section:
115.371 (d)-1	The agency does not terminate an investigation solely because the source of the allegation recants the allegation.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.371 (i)-1	Substantiated allegations of conduct that appear to be criminal are referred for prosecution.		<input type="checkbox"/> Yes <input type="checkbox"/> No
115.371 (i)-2	The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later:		
115.371 (j)-1	The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.		<input type="checkbox"/> Yes <input type="checkbox"/> No
§115.372 – Evidentiary standards for administrative investigations			
115.372 (a)-1	The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Refer to page/section:
§115.373 – Reporting to Residents			
115.373 (a)-1	The agency has a 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"/> Yes <input type="checkbox"/> No	UPLOAD POLICY Refer to page/section: UPLOAD SAMPLE OF ALLEGED SEXUAL ABUSE INVESTIGATIONS COMPLETED BY AGENCY
115.373 (a)-2	The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 12 months:		
115.373 (a)-3	Of the investigations that were completed of alleged sexual abuse in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation:		
115.373 (b)-1	If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. Check NA if the agency/facility is responsible for conducting administrative and criminal investigations.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	UPLOAD SAMPLE OF ALLEGED SEXUAL ABUSE INVESTIGATIONS COMPLETED BY OUTSIDE AGENCY
115.373 (b)-2	The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months:		
115.373 (b)-3	Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation:		
115.373 (c)-1	Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: <ul style="list-style-type: none"> • The staff member is no longer posted within the resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Page/Section:
115.373 (c)-2	There has been a substantiated or unsubstantiated complaint (i.e. not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SAMPLE DOCUMENTATION OF SUBSTANTIATED OR UNSUBSTANTIATED COMPLAINTS
115.373 (c)-3	If YES, in each case the agency subsequently informed the resident whenever: <ul style="list-style-type: none"> • The staff member was no longer posted within the resident's unit; • The staff member was no longer employed at the facility; • The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learned that the staff member has been convicted on 	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SAMPLE DOCUMENTATION OF NOTIFICATIONS

	a charge related to sexual abuse within the facility.		
115.373 (d)-1	Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: <ul style="list-style-type: none"> • The agency 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. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SAMPLE DOCUMENTATION OF NOTIFICATIONS
115.373 (e)-1	The agency has a policy that all notifications to residents described under this standard are documented.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON DOCUMENTATION OF NOTIFICATIONS Refer to page/section: UPLOAD SAMPLE DOCUMENTATION OF NOTIFICATIONS
115.373 (e)-2	The number of notifications to residents that were made pursuant to this standard in the past 12 months:		
115.373 (e)-3	Of those notifications made in the past 12 months, the number that were documented:		

DISCIPLINE			
§115.376 – Disciplinary sanctions for staff.			
115.376 (a)-1	Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON STAFF DISCIPLINARY SANCTIONS Refer to page/section:
115.376 (b)-1	In the past 12 months, the number of staff from the facility that have violated agency sexual abuse or sexual harassment policies:		UPLOAD SAMPLE RECORDS OF TERMINATIONS, RESIGNATIONS, OR OTHER SANCTIONS FOR VIOLATION OF SEXUAL ABUSE OR HARASSMENT POLICY
115.376 (b)-2	In the past 12 months, the number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:		
115.376 (c)-1	Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.376 (c)-2	In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies:		
115.376 (d)-1	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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.376 (d)-2	In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies:		
§115.377 – Corrective action for contractors and volunteers.			
115.377 (a)-1	Agency policy requires 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY REQUIRING NOTIFICATION Refer to page/section:
115.377 (a)-2	Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.377 (a)-3	In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD REPORTS OF SEXUAL ABUSE OF RESIDENTS BY CONTRACTORS OR VOLUNTEERS
115.377 (a)-4	In the past 12 months, the number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents:		
115.377 (b)-1	The facility takes appropriate remedial measures and considers whether 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF REMEDIAL MEASURES THAT HAVE BEEN ENFORCED
§115.378 – Disciplinary sanctions for residents.			
115.378 (a)-1	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON RESIDENT DISCIPLINARY SANCTIONS Refer to page/section:
115.378 (a)-2	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.378 (a)-3	In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility:		
115.378 (a)-4	In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility:		
115.378 (b)-1	In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.378 (b)-2	In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.378 (b)-3	In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.378 (b)-4	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse:		

115.378 (b)-5	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services:	
115.378 (b)-6	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse who were denied access to other programs and work opportunities:	
115.378 (d)-1	The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.378 (d)-2	If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.378 (d)-3	Access to general programming or education is not conditional on participation in such interventions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.378 (e)-1	The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No UPLOAD SAMPLE OF RECORDS OF DISCIPLINARY ACTIONS AGAINST RESIDENTS FOR SEXUAL CONDUCT WITH STAFF
115.378 (f)-1	The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.378 (g)-1	The agency prohibits all sexual activity between residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
115.378 (g)-2	If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Check NA if the agency does not prohibit all sexual activity between residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

MEDICAL AND MENTAL CARE			
§115.381 – Medical and mental health screenings; history of sexual abuse			
115.381 (a) -1	All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON MEDICAL AND MENTAL HEALTH SCREENING Refer to page/section:
115.381 (a) - 2	If YES, the follow-up meeting was offered within 14 days of the intake screening.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.381 (a) -3	In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner:		
115.381 (a) -4	Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SAMPLE MEDICAL/MENTAL HEALTH SECONDARY MATERIALS
115.381 (b)-1	All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.381 (b)-2	If YES, the follow-up meeting was offered within 14 days of the intake screening.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.381 (b)-3	In the past 12 months, the percent of residents who disclosed previously perpetrated sexual abuse, as indicated during screening who were offered a follow up meeting with a mental health practitioner:		
115.381 (b)-4	Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SAMPLE MENTAL HEALTH SECONDARY MATERIALS
115.381 (c)-2	If NO, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.381 (d)-1	Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD ANY CONSENT DOCUMENTATION/LOGS OBTAINED FROM RESIDENTS OVER AGE 18 BY MEDICAL/MENTAL HEALTH PRACTITIONERS BEFORE REPORTING INFORMATION ABOUT PRIOR SEXUAL VICTIMIZATION THAT DID NOT OCCUR IN AN INSTITUTIONAL SETTING
§115.382 – Access to emergency medical and mental health services.			
115.382 (a)-1	Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.382 (a)-2	The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.382(a)-3	Medical and mental health staff maintain secondary materials (e.g., form, log) documenting <i>(Such documentation is not required by the standard, but may be helpful to review during the audit.):</i> <ul style="list-style-type: none"> The timeliness of emergency medical treatment and crisis intervention services that were provided; The appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and The provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD SAMPLE MEDICAL/MENTAL HEALTH SECONDARY FORMS/LOGS RE: ACCESS TO SERVICES
115.382 (c)-1	Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.382(d)-1	Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD ANY RELEVANT POLICY/GUIDELINES ON MEDICAL/MENTAL HEALTH TREATMENT: SEXUAL ABUSE

§115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers.				
115.383 (a)-1	The facility offers 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON ONGOING MEDICAL/MENTAL HEALTH TREATMENT FOR VICTIMS AND ABUSERS Refer to page/section:	
115.383 (d)-1	Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check NA for all-male facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
115.383 (e)-1	If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check NA for all-male facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
115.383 (f)-1	Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.383 (h)-1	The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
§115.386 – Sexual abuse incident reviews.				
115.386 (a)-1	The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON CONDUCTING SEXUAL ABUSE INCIDENT REVIEWS Refer to page/section: UPLOAD DOCUMENTATION OF INCIDENT REVIEWS UPLOAD SAMPLE DOCUMENTATION OF COMPLETED CRIMINAL OR ADMINISTRATIVE INVESTIGATIONS OF SEXUAL ABUSE	
115.386 (a)-2	In the past 12 months the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents:			
115.386 (b)-1	Sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.386 (b)-2	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents:			
115.386 (c)-1	The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.386 (d)-1	The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD REPORTS OF FINDINGS FROM SEXUAL ABUSE INCIDENT REVIEWS	
115.386 (e)-1	The facility implements the recommendations for improvement or documents its reasons for not doing so.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION SUPPORTING IMPLEMENTATION OF RECOMMENDATIONS OR DOCUMENTATION OF REASONS FOR NOT IMPLEMENTING RECOMMENDATIONS	
§115.387 – Data collection.				
115.387 (a)/(c)-1	The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON SEXUAL ABUSE DATA COLLECTION Refer to page/section: UPLOAD SET OF DEFINITIONS	
115.387 (a)/(c)-2	The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DATA COLLECTION INSTRUMENT	
115.387 (b)-1	The agency aggregates incident-based sexual abuse data at least annually.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.387 (d)-1	The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.387 (e)-1	The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Check NA if agency does not contract for the confinement of its residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
115.387 (e)-2	The data from private facilities complies with SSV reporting regarding content.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
115.387 (f)-1	The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Check NA if DOJ has not requested agency data.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

§115.388 – Data review for corrective action.			
115.388 (a)-1	The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: <ul style="list-style-type: none"> Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD DOCUMENTATION OF CORRECTIVE ACTION PLANS UPLOAD ANNUAL REPORT OF FINDINGS FROM DATA REVIEWS/CORRECTIVE ACTIONS
115.388 (b)-1	The annual report includes a comparison of the current year's data and corrective actions to those from prior years.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.388 (b)-2	The annual report provides an assessment of the agency's progress in addressing sexual abuse.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.388 (c)-1	The agency makes its annual report readily available to the public, at least annually, through its website.	<input type="checkbox"/> Yes <input type="checkbox"/> No	LINK TO WEBSITE WHERE ANNUAL REPORT AVAILABLE
115.388 (c)-2	If NO, the agency makes it available through other means.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.388 (c)-3	The annual reports are approved by the agency head.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.388 (d)-1	When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.388 (d)-2	The agency indicates the nature of material redacted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
§115.389 – Data storage, publication, and destruction.			
115.389 (a)-1	The agency ensures that incident-based and aggregate data are securely retained.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON DATA STORAGE Refer to page/section:
115.389 (b)-1	Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website.	<input type="checkbox"/> Yes <input type="checkbox"/> No	UPLOAD POLICY ON DATA AVAILABILITY Refer to page/section:
115.389 (b)-2	If NO, the agency makes it available through other means.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.389 (c)-1	Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115.389 (c)-2	The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF FEDERAL, STATE OR LOCAL LAW REQUIRES OTHERWISE, UPLOAD A COPY OF THE APPLICABLE LAW