

PREA Audit: Auditor Compliance Tool

Juvenile Facilities

NATIONAL
PREA
RESOURCE
CENTER



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

Facility Audited:
Dates of PREA Audit:
Date of Initial Submission:
Date of Final Submission:
Completed by:
Title:

PREVENTION PLANNING

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Auditor Findings	Verification Documents/Data for Auditor Review
115.311 (a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.311(a)-1) 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. YES OR NO (FROM 115.311(a)-2) The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. YES OR NO (FROM 115.311(a)-3) The policy includes sanctions for those found to have participated in prohibited behaviors. YES OR NO (FROM 115.311(a)-4) The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. YES OR NO (FROM 115.311(a)-5) POLICY: ZERO TOLERANCE (FROM 115.311(a)-1) Refer to page/section: (FROM 115.311(a)-1) POLICY OUTLINING IMPLEMENTATION PLAN (FROM 115.311(a)-2) Refer to page/section: (FROM 115.311(a)-2) AUDITOR NOTES:

		Audit: AUDITOR NOTES:
115.311 (b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency employs or designates an upper-level, agency-wide PREA coordinator. <i>YES OR NO (FROM 115.311(b)-1)</i> 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. <i>YES OR NO (FROM 115.311(b)-2)</i> The position of the PREA Coordinator in the agency's organizational structure: <i>(FROM 115.311(b)-3)</i> OTHER DOCUMENTATION: <i>AGENCY ORGANIZATIONAL CHART (FROM 115.311(b)-1)</i> AUDITOR NOTES: [] Audit: INTERVIEW GUIDE(S): PREA Coordinator – Q: 1, 2 AUDITOR NOTES:
115.311 (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. <i>(N/A if the agency operates only one facility.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The facility has designated a PREA Compliance Manager. <i>YES OR NO (FROM 115.311(c)-1)</i> The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. <i>YES OR NO (FROM 115.311(c)-2)</i> The position of the PREA Compliance Manager in the agency's organizational structure: <i>(FROM 115.311(c)-3)</i> The person to whom the PREA Compliance Manager reports: <i>(FROM 115.311(c)-4)</i> OTHER DOCUMENTATION: <i>AGENCY ORGANIZATIONAL CHART (FROM 115.311(b)-1)</i> AUDITOR NOTES: [] Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 1 AUDITOR NOTES: []
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

§115.312 - Contracting with other entities for the confinement of residents

Auditor Findings		Verification Documents/Data for Auditor Review
115.312 (a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. <i>(N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.312(a)-1) All of the above contracts require contractors to adopt and comply with PREA Standards. YES OR NO (FROM 115.312(a)-2) On or after August 20, 2012, or since the last PREA audit, whichever is later: - The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: (FROM 115.311(c)-3) - The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: (FROM 115.373(a)-4) OTHER DOCUMENTATION: CONTRACTS FOR THE CONFINEMENT OF RESIDENTS ENTERED INTO (OR RENEWED) AFTER AUGUST 20, 2012, OR SINCE THE LAST PREA AUDIT (FROM 115.312(a)-1) AUDITOR NOTES: Audit: AUDITOR NOTES:
115.312 (b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. <i>(N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. YES OR NO (FROM 115.312(b)-1) On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: (FROM 115.312(b)-2) OTHER DOCUMENTATION: CONTRACTS FOR THE CONFINEMENT OF RESIDENTS ENTERED INTO (OR RENEWED) AFTER AUGUST 20, 2012, OR SINCE THE LAST PREA AUDIT (FROM 115.312(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Agency's Contract Administrator – Q: 1, 2, 3 AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)		
Auditor Comments (including corrective actions needed if it does not meet standard)		

§115.313 - Supervision and monitoring

Auditor Findings		Verification Documents/Data for Auditor Review
115.313 (a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.313(a)-1)</i> Since August 20, 2012, or the last PREA audit, whichever is later: - The average daily number of residents: <i>(FROM 115.313(a)-2)</i> - The average daily number of residents on which the staffing plan was predicated: <i>(FROM 115.313(a)-3)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION OF STAFFING PLAN DEVELOPMENT PROCESS (FROM 115.313(a)-1)</i> <i>STAFFING PLAN (FROM 115.313(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 1, 2, 3 PREA Compliance Manager – Q: 4 AUDITOR NOTES: [REDACTED]
115.313 (b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. <i>YES, NO, or N/A if no deviations from staffing plan (FROM 115.313(b)-1)</i> If documented, the six most common reasons for deviating from the staffing plan in the past 12 months: <i>(FROM 115.313(b)-2)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION OF DEVIATIONS FROM STAFFING PLAN AND WRITTEN JUSTIFICATIONS FOR ALL SUCH DEVIATIONS (115.313(b)-1)</i> AUDITOR NOTES: [REDACTED]

		Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 4 AUDITOR NOTES:
115.313 (c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. <i>(N/A only until October 1, 2017.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.313(c)-1)</i> The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. <i>YES OR NO (FROM 115.313(c)-2)</i> The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours. <i>YES OR NO (FROM 115.313(c)-3)</i> 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: <i>(FROM 115.313(c)-4)</i> - The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: <i>(FROM 115.313(c)-5)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION OF DEVIATIONS FROM STAFFING PLANS AND WRITTEN JUSTIFICATIONS FOR ALL SUCH DEVIATIONS (FROM 115.313(b)-1)</i> AUDITOR NOTES:
115.313 (d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adherence to the staffing plan.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: - 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. <i>YES OR NO (FROM 115.313(d)-1)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION OF ANNUAL REVIEWS (FROM 115.313(d)-1)</i> AUDITOR NOTES:
		Audit: INTERVIEW GUIDE(S): PREA Coordinator – Q: 10 REVIEW: Additional annual reviews. <i>(UPLOAD IF NECESSARY)</i>

115.313 (e) Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.	☐ Yes ☐ No	AUDITOR NOTES: Pre-Audit: QUESTIONNAIRE: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. <i>YES OR NO (FROM 115.313(e)-1)</i> If YES, the facility documents unannounced rounds. <i>YES OR NO (FROM 115.313(e)-2)</i> If YES, over time the unannounced rounds cover all shifts. <i>YES OR NO (FROM 115.313(e)-3)</i> If YES, the facility prohibits staff from alerting other staff of the conduct of such rounds. <i>YES OR NO (FROM 115.313(e)-4)</i> POLICY: <i>UNANNOUNCED ROUNDS (FROM 115.313(e)-1)</i> Refer to page/section: <i>(FROM 115.313(e)-1)</i> OTHER DOCUMENTATION: <i>IF FACILITY DOCUMENTS UNANNOUNCED ROUNDS - EVIDENCE THAT ROUNDS WERE CONDUCTED AND THAT ROUNDS COVERED ALL SHIFTS (FROM 115.313(e)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Intermediate or Higher-Level Facility Staff – Q: 1, 2, 3 PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc. REVIEW: Video demonstrating unannounced rounds when available (spot-check). Additional documentation of unannounced rounds and evidence that such rounds cover all shifts. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
		Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)

§115.315 – Limits to cross-gender viewing and searches

Auditor Findings		Verification Documents/Data for Auditor Review
115.315 (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents. YES OR NO (FROM 115.315(a)-1) In the past 12 months: - The number of cross-gender strip or cross-gender visual body cavity searches of residents: (FROM 115.315(a)-2) - 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: (FROM 115.315(a)-3) POLICY: SEARCHES (FROM 115.315(a)-1) Refer to page/section: (FROM 115.315(a)-1) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Non-medical staff (involved in cross-gender strip or visual searches) – Q: 1 REVIEW: Logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months. (UPLOAD IF NECESSARY) Logs of cross-gender strip and/or cross-gender body cavity searches conducted in the past 12 months that were not conducted by medical staff or were not conducted during exigent circumstances documented in the log. <i>(Absence of logs does not result in non-compliance with the standard).</i> (UPLOAD IF NECESSARY) Documentation when medical staff conducted such searches. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
115.315 (b) The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. YES OR NO (FROM 115.315(b)-1) In the past 12 months: - The number of cross-gender pat-down searches of residents: (FROM 115.315(b)-2) - The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): (FROM 115.315(b)-3) POLICY: SEARCHES (FROM 115.315(a)-1) Refer to page/section: (FROM 115.315(a)-1) AUDITOR NOTES: [REDACTED]

		Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 3 Random Sample of Residents – Q: 5 REVIEW: Logs of cross-gender pat down searches of residents to identify documentation of exigent circumstances. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.315 (c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. YES OR NO (FROM 115.315(c)-1) POLICY: SEARCHES (FROM 115.315(a)-1) Refer to page/section: (FROM 115.315(a)-1) AUDITOR NOTES: Audit: REVIEW: Documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of residents. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.315 (d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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). YES OR NO (FROM 115.315(d)-1) Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. YES OR NO (FROM 115.315(d)-2) POLICY: CROSS-GENDER VIEWING (FROM 115.315(d)-1) Refer to page/section: (FROM 115.315(d)-1) OTHER DOCUMENTATION: LOGS OF EXIGENT CIRCUMSTANCES THAT MIGHT REQUIRE DEVIANCE FROM THE STANDARD (FROM 115.315(d)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 15, 16

		Random Sample of Residents – Q: 4, 6 PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc.: AUDITOR NOTES: _____
115.315 (e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.315(e)-1) Such searches (described in 115.315(e)-1) occurred in the past 12 months: YES OR NO (FROM 115.315(e)-2) POLICY: TRANSGENDER OR INTERSEX RESIDENTS (FROM 115.315(e)-1) Refer to page/section: (FROM 115.315(e)-1) AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 4 Transgender or Intersex Residents – Q: 4 AUDITOR NOTES: _____
115.315 (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The 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> (FROM 115.315(f)-1) OTHER DOCUMENTATION: TRAINING CURRICULA (FROM 115.315(f)-1) TRAINING LOGS (FROM 115.315(f)-1) AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 2 AUDITOR NOTES: _____
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

§115.316 – Residents with disabilities and residents who are limited English proficient

Auditor Findings		Verification Documents/Data for Auditor Review
115.316 (a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.316(a)-1)</i> POLICY: <i>EQUAL OPPORTUNITY: DISABLED OR LEP RESIDENTS (FROM 115.316(a)-1)</i> Refer to page/section: <i>(FROM 115.316(a)-1)</i> OTHER DOCUMENTATION: <i>CONTRACTS WITH INTERPRETERS OR OTHER PROFESSIONALS HIRED TO ENSURE EFFECTIVE COMMUNICATION WITH RESIDENTS WHO HAVE DISABILITIES (FROM 115.316(a)-1)</i> <i>WRITTEN MATERIALS USED FOR EFFECTIVE COMMUNICATION ABOUT PREA WITH RESIDENTS WITH DISABILITIES OR LIMITED ENGLISH PROFICIENT (FROM 115.316(a)-1)</i> <i>DOCUMENTATION OF STAFF TRAINING ON PREA COMPLIANT PRACTICES FOR RESIDENTS WITH DISABILITIES (FROM 115.316(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Agency Head or Designee – Q: 11 Residents (with disabilities or who are limited English proficient) – Q: 1, 2, 3 REVIEW: If applicable, documentation that taking actions would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: [REDACTED]
115.316 (b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.316(b)-1)</i> POLICY: <i>EQUAL OPPORTUNITY: DISABLED OR LEP RESIDENTS (FROM 115.316(a)-1)</i> Refer to page/section: <i>(FROM 115.316(b)-1)</i> OTHER DOCUMENTATION: <i>CONTRACTS WITH INTERPRETERS OR OTHER PROFESSIONALS HIRED TO ENSURE EFFECTIVE COMMUNICATION WITH</i>

specialized vocabulary.

RESIDENTS WHO ARE LIMITED ENGLISH PROFICIENT (FROM 115.316(a)-1)

WRITTEN MATERIALS USED FOR EFFECTIVE COMMUNICATION ABOUT PREA WITH RESIDENTS WITH DISABILITIES OR LIMITED ENGLISH PROFICIENT (FROM 115.316(a)-1)

DOCUMENTATION OF STAFF TRAINING ON PREA COMPLIANT PRACTICES FOR RESIDENTS WITH DISABILITIES (FROM 115.316(a)-1)

AUDITOR NOTES:

Audit:

INTERVIEW GUIDE(S):

Residents (with disabilities or who are limited English proficient) – Q: 1, 2, 3

AUDITOR NOTES:

115.316 (c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

☐ Yes

☐ No

Pre-Audit:

QUESTIONNAIRE:

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. **YES OR NO (FROM 115.316(c)-1)**

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. *(Absence of such documentation does not result in noncompliance with the standard.)* **YES OR NO (FROM 115.316(c)-2)**

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: **(FROM 115.316(c)-3)**

POLICY:

RESIDENT INTERPRETERS, READERS, OR ASSISTANTS (FROM 115.316(c)-1)

Refer to page/section: **(FROM 115.316(c)-1)**

AUDITOR NOTES:

Audit:

INTERVIEW GUIDE(S):

Random Sample of Staff– Q: 9

Residents (with disabilities or who are limited English proficient) – Q: 1, 2, 3

REVIEW:

Documentation of circumstances when resident interpreters, readers, other resident assistants were used. **(UPLOAD IF NECESSARY)**

AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.317 – Hiring and promotion decisions.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.317 (a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who— (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.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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: - 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); - 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 - Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. YES OR NO (FROM 115.317(a)-1) POLICY: POLICY ON HIRING AND PROMOTIONS (FROM 115.317(a)-1) Refer to page/section: (FROM 115.317(a)-1) AUDITOR NOTES: [REDACTED] Audit: REVIEW: Files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
§115.317 (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.317(b)-1) POLICY: POLICY ON HIRING AND PROMOTIONS (FROM 115.317(a)-1) Refer to page/section: (FROM 115.317(a)-1) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Administrative (Human Resources) Staff – Q. 2 AUDITOR NOTES: [REDACTED]

§115.317 (c) Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.317(c)-1) During the past 12 months: - The number of persons hired who may have contact with residents who have had criminal background record checks: (FROM 115.317(c)-2) - The percent of persons hired who may have contact with residents who have had criminal background record checks: (CALCULATED 115.317(c)-2 AND # OF STAFF WHO HAVE CONTACT WITH RESIDENTS FROM FACILITY CHARACTERISTICS) POLICY: POLICY ON HIRING AND PROMOTIONS (FROM 115.317(a)-1) Refer to page/section: (FROM 115.317(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Administrative (Human Resources) Staff – Q. 1, 3 REVIEW: Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with §115.317(c). (UPLOAD IF NECESSARY) AUDITOR NOTES:
§115.317 (d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.317(d)-1) During 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: (FROM 115.317(d)-2) - The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: (CALCULATED 115.317(d)-2 AND # OF CONTRACTS FOR SERVICES WITH CONTRACTORS FROM FACILITY CHARACTERISTICS) POLICY: POLICY ON HIRING AND PROMOTIONS (FROM 115.317(a)-1) Refer to page/section: (FROM 115.317(a)-1) AUDITOR NOTES:

		Audit: INTERVIEW GUIDE(S): Administrative (Human Resources) Staff – Q. 1 REVIEW: Records of background checks of contractors who might have contact with residents. AUDITOR NOTES:
§115.317 (e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. <i>YES OR NO (FROM 115.317(e)-1)</i> POLICY: <i>POLICY ON BACKGROUND CHECKS OF CURRENT EMPLOYEES/CONTRACTORS (FROM 115.317(e)-1)</i> Refer to page/section: <i>(FROM 115.317(e)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Administrative (Human Resources) Staff – Q. 4 REVIEW: Documentation of background records checks of current employees and contractors at five year intervals when applicable. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
§115.317 (f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>POLICY ON HIRING AND PROMOTIONS (FROM 115.317(a)-1)</i> Refer to page/section: <i>(FROM 115.317(a)-1)</i> <i>POLICY ON BACKGROUND CHECKS OF CURRENT EMPLOYEES/CONTRACTORS (FROM 115.317(e)-1)</i> Refer to page/section: <i>(FROM 115.317(e)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Administrative (Human Resources) Staff – Q. 5, 6 AUDITOR NOTES:
§115.317 (g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. <i>YES OR NO (FROM 115.317(g)-1)</i> POLICY: <i>POLICY ON HIRING AND PROMOTIONS (FROM 115.317(a)-1)</i> Refer to page/section: <i>(FROM 115.317(a)-1)</i> <i>POLICY ON BACKGROUND CHECKS OF CURRENT EMPLOYEES/CONTRACTORS (FROM 115.317(e)-1)</i> Refer to page/section: <i>(FROM 115.317(e)-1)</i>

		AUDITOR NOTES:
		Audit: AUDITOR NOTES:
§115.317 (h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. <i>(N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law. Please provide copy of the law.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: POLICY: <i>POLICY ON HIRING AND PROMOTIONS (FROM 115.317(a)-1)</i> Refer to page/section: <i>(FROM 115.317(a)-1)</i> <i>POLICY ON BACKGROUND CHECKS OF CURRENT EMPLOYEES/CONTRACTORS (FROM 115.317(e)-1)</i> Refer to page/section: <i>(FROM 115.317(e)-1)</i> AUDITOR NOTES:
Audit: INTERVIEW GUIDE(S): Administrative (Human Resources) Staff – Q. 7 AUDITOR NOTES: 		

Overall Determination:
☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.318 – Upgrades to facilities and technology.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.318 (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. <i>(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.318(a)-1) AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Agency Head – Q: 1 Superintendent or Designee – Q: 6 PREA AUDIT TOUR: Tour areas of the facility that were renovated, modified, or expanded. REVIEW: Documentation on facility design, or renovation, modification or expansion. (UPLOAD IF NECESSARY) AUDITOR NOTES: _____
§115.318 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. <i>(N/A if agency/facility has not 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.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.318(b)-1) AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Agency Head – Q: 2 Superintendent or Designee– Q: 7 PREA AUDIT TOUR: Check video monitoring system, electronic surveillance system, or other monitoring technology installed or updated since August 20, 2012, or since the last PREA audit, whichever is later. REVIEW: Minutes from meetings referencing installing or updating monitoring technology. AUDITOR NOTES: _____

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

RESPONSIVE PLANNING

§115.321 – Evidence protocol and forensic medical examinations.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.321 (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. <i>(N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)</i> Note. Review uniform evidence protocol for evidence that there is sufficient technical detail to aid responders in obtaining usable physical evidence	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). YES, Administrative ONLY; YES, Criminal ONLY; YES, BOTH; OR NO, Neither (FROM 115.321(a)-1) If another agency has responsibility for conducting either administrative or criminal investigations, the name of the agency that has responsibility: (FROM 115.321(a)-2) When conducting a sexual abuse investigation, the investigators follow a uniform evidence protocol. YES OR NO (FROM 115.321(a)-3) OTHER DOCUMENTATION: UNIFORM EVIDENCE PROTOCOL (FROM 115.321(a)-3) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 10, 12 AUDITOR NOTES:
§115.321 (b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011. <i>(N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)</i> Note. Review uniform evidence protocol for evidence that it is developmentally appropriate for youth and as appropriate adapted from or otherwise based on the DOJ’s publication.	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The protocol is developmentally appropriate for youth. (YES OR NO (FROM 115.321(b)-1) 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. YES OR NO (FROM 115.321(b)-2) If NO, the source that was used to develop the protocol: FROM (115.321(b)-2) OTHER DOCUMENTATION: UNIFORM EVIDENCE PROTOCOL (FROM 115.321(a)-3) ALTERNATIVE SOURCE USED TO DEVELOP PROTOCOL (IF APPLICABLE) TO DETERMINE APPROPRIATENESS (FROM 115.321(b)-1) AUDITOR NOTES: Audit: AUDITOR NOTES:

§115.321 (c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The facility offers all residents who experience sexual abuse access to forensic medical examinations. <i>YES, ON SITE; YES, OUTSIDE FACILITY; OR NO (FROM 115.321(c)-1)</i> Forensic medical examinations are offered without financial cost to the victim. <i>YES OR NO (FROM 115.321(c)-2)</i> Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). <i>YES, NO, OR SOMETIMES (FROM 115.321(c)-3)</i> - If sometimes, the description provided: <i>(FROM 115.321(c)-3)</i> When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. <i>YES OR NO (FROM 115.321(c)-4)</i> The facility documents efforts to provide SANEs or SAFEs. <i>YES OR NO (FROM 115.321(c)-5)</i> During the past 12 months: - The number of forensic medical exams conducted: <i>(FROM 115.321(c)-6)</i> - The number of exams performed by SANEs/SAFEs: <i>(FROM 115.321(c)-7)</i> - The number of exams performed by a qualified medical practitioner: <i>(FROM 115.321(c)-8)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION THAT FORENSIC MEDICAL EXAMS ARE OFFERED FOR FREE (FROM 115.321(c)-2)</i> <i>DOCUMENTATION OF EFFORTS TO PROVIDE SANES/SAFEs (FROM 115.321(c)-5)</i> AUDITOR NOTES:  Audit: INTERVIEW GUIDE(S): SAFEs/SANEs Staff – Q: 1, 2 REVIEW: Documentation to corroborate that all resident victims of sexual abuse have access to forensic medical examinations. <i>(UPLOAD IF NECESSARY)</i> Any available documentation that delineates responsibilities of outside medical and mental health practitioners. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: 
§115.321 (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. <i>YES OR NO (FROM 115.321(d)-1)</i> These efforts are documented. <i>YES OR NO (FROM 115.321(d)-2)</i> 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. <i>YES OR NO (FROM 115.321(d)-3)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION OF AGREEMENT(S) WITH RAPE CRISIS CENTER FOR SERVICES OR DOCUMENTATION OF</i>

standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.		<i>EFFORTS (FROM 115.321(d)-2)</i> <i>DOCUMENTATION OF STAFF MEMBER'S QUALIFICATIONS IF AGENCY STAFF MEMBER USED (FROM 115.321(d)-3)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 15, 16 Residents who Reported a Sexual Abuse – Q: 9 AUDITOR NOTES:
§115.321 (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.321(e)-1)</i> OTHER DOCUMENTATION: <i>RELEVANT DOCUMENTATION (FROM 115.321(E)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 14 Residents who Reported a Sexual Abuse – Q: 9 AUDITOR NOTES:
§115.321 (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. <i>(N/A if the agency/facility is responsible for administrative and criminal investigations.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: If the agency is not responsible for administrative or criminal investigating 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. <i>YES, NO OR N/A if the agency/facility is responsible for investigating all allegations of sexual abuse (FROM 115.321(f)-1)</i> OTHER DOCUMENTATION: <i>AGREEMENTS/MOUs (FROM 115.321(f)-1)</i> AUDITOR NOTES: Audit: REVIEW: Documentation of the request regarding requirements of §115.321(a) through (e) with outside investigating agency. AUDITOR NOTES:

115.321 (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.	NA	
115.321 (h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.	NA	

Overall Determination

☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.322 – Policies to ensure referrals of allegations for investigations.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.322 (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. <i>YES OR NO (FROM 115.322(a)-1)</i> In the past 12 months: - The number of allegations of sexual abuse and sexual harassment that were received: <i>(FROM 115.322(a)-2)</i> - The number of allegations resulting in an administrative investigation: <i>(FROM 115.322(a)-3)</i> - The number of allegations referred for criminal investigation: <i>(FROM 115.322(a)-4)</i> Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed. <i>YES OR NO (FROM 115.322(a)-5)</i> If NO, the explanation provided: <i>(FROM 115.322(a)-5)</i> POLICY: <i>POLICIES AND/OR PROCEDURES GOVERNING INVESTIGATIONS OF ALLEGATIONS OF SEXUAL ABUSE AND SEXUAL HARASSMENT (FROM 115.322(a)-1)</i> Refer to page/section: <i>(FROM 115.322(A)-1)</i> AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Agency Head – Q: 3, 4 REVIEW: Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: _____
§115.322 (b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency has a policy that requires that 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. <i>YES OR NO (FROM 115.322(b)-1)</i> 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. <i>YES OR NO (FROM 115.322(b)-2)</i> The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. <i>YES OR NO (FROM 115.322(b)-3)</i> POLICY: <i>INVESTIGATIVE POLICY (FROM 115.322(b)-1)</i> Refer to page/section: <i>(FROM 115.322(b)-1)</i> AUDITOR NOTES: _____

		Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 4 REVIEW: Verify that policy is on website or other means made publically available. <i>(UPLOAD IF NECESSARY)</i> Documentation of referrals of allegations of sexual abuse and sexual harassment. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
§115.322 (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. <i>(N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: AUDITOR NOTES: Audit: REVIEW: Publication (website or paper) that describes investigative responsibilities of both the agency and the separate entity that conducts criminal investigations for the agency, if applicable. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
§115.322 (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.	NA	
§115.322 (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.	NA	
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

TRAINING AND EDUCATION

§115.331 – Employee Training

Auditor Findings		Verification Documents/Data for Auditor Review
§115.331 (a) The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency trains all employees who may have contact with residents on the following required matters: LIST OF ALL CHECKED ELEMENTS (FROM 115.331(a)-1) The agency <i>DOES NOT</i> train all employees who may have contact with residents on the following required matters: LIST OF ALL UNCHECKED ELEMENTS (FROM 115.331(a)-1) POLICY: TRAINING POLICY AND/OR PROCEDURES (FROM 115.331(a)-1) Refer to page/section: (FROM 115.331(a)-1) OTHER DOCUMENTATION: TRAINING CURRICULUM (FROM 115.331(a)-1) Refer to pages/sections: (LIST OF REFERENCES 115.331(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 1 REVIEW: Sample of training records. (UPLOAD IF NECESSARY) AUDITOR NOTES:
§115.331 (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Training is tailored to the unique needs and attributes and gender of the residents at the facility. YES OR NO (FROM 115.331(b)-1) Employees who are reassigned from facilities housing the opposite gender are given additional training. YES OR NO (FROM 115.331(b)-2)

facility that houses only female residents, or vice versa.	POLICY: TRAINING POLICY AND/OR PROCEDURES (FROM 115.331(a)-1) Refer to page/section: (FROM 115.331(a)-1) OTHER DOCUMENTATION: TRAINING CURRICULUM (FROM 115.331(a)-1) AUDITOR NOTES: Audit: REVIEW: Sample of training records. (UPLOAD IF NECESSARY) AUDITOR NOTES:
§115.331 (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: In the past 12 months: - The number of staff employed by the facility, who may have contact with residents, who were trained in PREA requirements: (FROM 115.331(c)-1) - The percent of staff employed by the facility, who may have contact with residents, who were trained in PREA requirements: (CALCULATED 115.331(c)-1 AND # OF STAFF EMPLOYED FROM FACILITY CHARACTERISTICS) Since the last audit: - The number of staff employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements: (FROM 115.331(c)-2) - The percent of staff employed by the facility, who may have contact with residents, who were trained or retrained on the PREA requirements: (CALCULATED 115.331(c)-2 AND # OF STAFF EMPLOYED FROM FACILITY CHARACTERISTICS) Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. YES OR NO (FROM 115.331(c)-3) - If YES, the description provided. (FROM 115.331(c)-3) The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: (FROM 115.331(c)-4) OTHER DOCUMENTATION: TRAINING CURRICULUM (FROM 115.331(a)-1) AUDITOR NOTES: Audit: REVIEW: Sample of training records (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.331 (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. YES OR NO (FROM 115.331(d)-1) AUDITOR NOTES:

	Audit: REVIEW: Documentation of employee signatures or electronic verification signifying comprehension of the training. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)	

§115.332 – Volunteer and contractor training.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.332 (a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.332(a)-1) In the past 12 months: - The number of volunteers and contractors who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: (FROM 115.332(a)-2) - The percent of volunteers and contractors who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: (CALCULATED 115.332(a)-2 AND # OF VOLUNTEERS/CONTRACTORS FROM AGENCY CHARACTERISTICS) OTHER DOCUMENTATION: TRAINING CURRICULUM (FROM 115.332(a)-1) Refer to pages/sections: (115.332(a)-1) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Volunteer(s) or Contractor(s) who have Contact with Residents: Q: 1 REVIEW: Sample of training records of volunteers and contractors who have contact with residents. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
§115.332 (b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.332(b)-1) 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. YES OR NO (FROM 115.332(b)-2) OTHER DOCUMENTATION: TRAINING CURRICULUM (FROM 115.332(a)-1) Refer to pages/sections: (115.332(a)-1) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Volunteer(s) or Contractor(s) who have Contact with Residents – Q: 2, 3 REVIEW: Sample of training records of volunteers and contractors. (SEE UPLOADED DOCUMENTS 115.32 (a) ABOVE) AUDITOR NOTES: [REDACTED]
Auditor Findings		Verification Documents/Data for Auditor Review

115.332 (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.	☐ Yes ☐ No	Pre-Audit:
		QUESTIONNAIRE: The agency maintains documentation confirming that volunteers/contractors understand the training they have received. <i>YES OR NO (FROM 115.332(c)-1)</i>
		AUDITOR NOTES:
		Audit:
		REVIEW: Relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors). <i>(UPLOAD IF NECESSARY)</i>
		AUDITOR NOTES:

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

§115.333 – Resident education.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.333 (a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>(YES OR NO (FROM 115.333(a)-1))</i> Of residents admitted during the past 12 months: - The number who were given this information at intake: <i>(FROM 115.333(a)-2)</i> - The percent who were given this information at intake: <i>(CALCULATED 115.333(a)-2 AND # OF RESIDENTS ADMITTED FROM FACILITY CHARACTERISTICS)</i> This information is provided in an age appropriate fashion. <i>(YES OR NO (FROM 115.333(a)-3))</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Intake Staff – Q: 1, 2 Random Sample of Residents – Q: 2,3 REVIEW: Intake records of residents entering the facility in the past 12 months (spot check). <i>(UPLOAD IF NECESSARY)</i> Log or other record corroborating that those residents received information at intake (e.g., resident signatures). <i>(UPLOAD IF NECESSARY)</i> Any relevant education materials (e.g. resident handbook) to ensure that relevant information is covered and material is presented in age appropriate fashion. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
§115.333 (b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video 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.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Of residents admitted during the past 12 months: - The number who received such education within 10 days of intake: <i>(FROM 115.333(b)-1)</i> - The percent who were given this information within 10 days of intake: <i>(CALCULATED 115.333(b)-1 AND # OF RESIDENTS ADMITTED FROM FACILITY CHARACTERISTICS)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Intake Staff – Q: 3, 4 Random Sample of Residents – Q: 2,3 REVIEW: Intake records of residents entering the facility in the past 12 months (spot check). <i>(UPLOAD IF NECESSARY)</i> Log or other record corroborating that those residents received comprehensive age-appropriate PREA education within 10 days of intake (e.g., resident signatures). <i>(UPLOAD IF NECESSARY)</i> Any relevant education materials (e.g. resident handbook) to ensure that relevant information is covered and material is presented in age appropriate fashion. <i>(UPLOAD IF NECESSARY)</i>

	AUDITOR NOTES: ☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: Of the residents on date of audit who did not receive comprehensive age-appropriate education within 10 days of intake as required in 115.333(b): - The number who have been so educated (as stated in 115.333 (b)-1) as of the date of audit: FROM 115.333(c)-1 - The percent who have been so educated (as stated in 115.333 (b)-1) as of the date of audit: CALCULATED FROM 115.33(c)-1 AND # OF RESIDENTS ADMITTED PRIOR TO AUGUST 20, 2013 FROM FACILITY CHARACTERISTICS Of those who were NOT educated (as stated in 115.333 (b)-1) during this period, all residents have been educated subsequently. YES OR NO (FROM 115.333(c)-2) - If YES, the date they were subsequently educated: FROM (115.333(c)-2) - If NO, the number who were not educated: FROM 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. YES OR NO (FROM 115.333(c)-3) POLICY: AGENCY POLICY GOVERNING PREA EDUCATION OF RESIDENTS (FROM 115.333(c)-3) Refer to page/section: FROM 115.333(c)-3 AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Intake Staff – Q: 2 REVIEW: Log or other record corroborating that current residents received comprehensive PREA education within one year of the effective date of the PREA standards (e.g., resident signatures). UPLOAD IF NECESSARY AUDITOR NOTES:
§115.333 (d) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: Resident PREA education is available in accessible formats for all residents including those who are: LIST OF ALL CHECKED ELEMENTS (FROM 115.333(d)-1) Resident PREA education is NOT available in accessible formats for all residents including those who are: LIST OF ALL UNCHECKED ELEMENTS (FROM 115.333(d)-1) POLICY: AGENCY POLICY GOVERNING PREA EDUCATION OF RESIDENTS (FROM 115.333(c)-3) Refer to page/section: FROM 115.333(d)-1 AUDITOR NOTES: Audit: REVIEW: Resident education materials. UPLOAD IF NECESSARY

		AUDITOR NOTES:
§115.333 (e) The agency shall maintain documentation of resident participation in these education sessions.	☐ Yes ☐ No	Pre-Audit:
		QUESTIONNAIRE: The agency maintains documentation of resident participation in PREA education sessions. <i>YES OR NO (FROM 115.333(e)-1)</i>
		AUDITOR NOTES:
		Audit:
		REVIEW: Sample of documentation of resident participation in education sessions. <i>(UPLOAD IF NECESSARY)</i>
		AUDITOR NOTES:
§115.333 (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.	☐ Yes ☐ No	Pre-Audit:
		QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.333(f)-1)</i>
		AUDITOR NOTES:
		Audit:
		REVIEW: Education and informational materials (posters, resident handbook, etc.) in compliance with the standard. <i>(UPLOAD IF NECESSARY)</i>
		PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc.: AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

§115.334 – Specialized training: Investigations.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.334 (a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. <i>(N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. YES, NO, OR N/A if agency does not conduct administrative or criminal sexual abuse investigations (FROM 115.334(a)-1) POLICY: AGENCY TRAINING POLICY (FROM 115.334(a)-1) Refer to page/section: (FROM 115.334(a)-1) OTHER DOCUMENTATION: TRAINING CURRICULUM (FROM 115.334(a)-2) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 1, 2 REVIEW: Training records/logs of investigative staff. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
§115.334 (b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. <i>(N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: POLICY: AGENCY TRAINING POLICY (FROM 115.334(a)-1) Refer to page/section: (FROM 115.334(a)-1) OTHER DOCUMENTATION: TRAINING CURRICULUM (FROM 115.334(a)-2) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 3 REVIEW: Training records/logs of investigative staff. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
§115.334 (c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. <i>(N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agency maintains documentation showing that investigators have completed the required training. YES OR NO (FROM 115.334(c)-1) The number of investigators the agency currently employs: (FROM # OF INVESTIGATORS FROM AGENCY INFORMATION) The number of investigators currently employed who have completed the required training: (FROM 115.334(c)-2)

<i>sexual abuse investigations. See 115.321(a).)</i>		OTHER DOCUMENTATION: DOCUMENTATION THAT INVESTIGATORS HAVE COMPLETED TRAINING (FROM 115.334(b)-1) AUDITOR NOTES: Audit: AUDITOR NOTES:
§115.334 (d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. <i>Note to auditors: Agents and investigators must be trained in conducting investigations in confinement settings as per 115.334(b) above.</i>	N/A	
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

§115.335 – Specialized training: Medical and mental health care.

Auditor Findings		Verification Documents/Data for Auditor Review
§115.335 (a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <i>Note. Examine policy and verify that all required elements are addressed. Indicate reasons for variance from policy, if any.</i>	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. YES OR NO (FROM 115.335(a)-1) The number of all medical and mental health care practitioners who work regularly at this facility who received the training: (FROM 115.335(a)-2) The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: (FROM 115.335(a)-2) POLICY: POLICY (FROM 115.335(a)-1) Refer to page/section: (FROM 115.335(a)-1) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 2 REVIEW: Examine and verify from training records and personnel records counts of regular practitioners have been trained ("Regular" does not include practitioners who are engaged infrequently). (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
§115.335 (b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. <i>(N/A if agency medical staff at the facility do not conduct forensic exams.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: Agency medical staff at this facility conduct forensic exams: YES OR NO (FROM 115.335(b)-1) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 1 REVIEW: Exam logs (spot check). List of all medical staff at facility and a sample of training logs and forensic exam training curriculum. If contract medical staff are used, determine if trained. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
§115.335 (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency maintains documentation showing that medical and mental health practitioners have completed the required training. YES OR NO (FROM 115.335(c)-1) OTHER DOCUMENTATION: DOCUMENTATION OF TRAINING (FROM 115.335(c)-1)

		AUDITOR NOTES:
		Audit:
		AUDITOR NOTES:
§115.335 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.	☐ Yes ☐ No	Pre-Audit:
		AUDITOR NOTES:
		Audit:
		REVIEW: Training logs of medical and mental health care practitioners to ensure they received the training for employees AND contractors/volunteers (depending on their status) in the referenced standards. <i>(UPLOAD IF NECESSARY)</i>
		AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)		
Auditor Comments (including corrective actions needed if it does not meet standard)		

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.341 – Obtaining information from residents.

Auditor Findings		Verification Documents/Data for Auditor Review
115.341 (a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.341(a)-1) 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. YES OR NO (FROM 115.341(a)-2) In the past 12 months: - The number of residents entering the facility (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: (FROM 115.341(a)-3) - The percent of residents entering the facility (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: (CALCULATED 115.341(a)-3 AND # OF RESIDENTS ADMITTED FROM FACILITY CHARACTERISTICS) The policy requires that a resident's risk level be reassessed periodically throughout their confinement. YES OR NO (FROM 115.341(a)-4) POLICY: SCREENING POLICY (FROM 115.341(a)-1) Refer to page/section: (FROM 115.341(a)-1) AUDITOR NOTES: Audit: REVIEW: Records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. (UPLOAD IF NECESSARY) INTERVIEW GUIDE(S): Staff Responsible for Risk Screening– Q: 1, 2, 5, 6 Random Sample of Residents – Q: 7 AUDITOR NOTES:
115.341 (b) Such assessments shall be conducted using an objective screening instrument.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Risk assessment is conducted using an objective screening instrument. YES OR NO (FROM 115.341(b)-1) OTHER DOCUMENTATION: SCREENING INSTRUMENT (FROM 115.341(b)-1) AUDITOR NOTES: Audit: AUDITOR NOTES:
115.341 (c) At a minimum, the agency shall	☐ Yes	Pre-Audit:

attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. <i>Note each item prescribed by the PREA standard that is missing from the facility's risk screening instrument; note each item not prescribed in the PREA standards that is included in the facility's instrument. (In order to be in compliance, the screening should use all criteria (1-11), at a minimum, to assess risk.)</i>	☐ No	OTHER DOCUMENTATION: <i>SCREENING INSTRUMENT (FROM 115.341(b)-1)</i> AUDITOR NOTES:  Audit: INTERVIEW GUIDE(S): Staff Responsible for Risk Screening– Q: 3 AUDITOR NOTES: 
115.341 (d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.	☐ Yes ☐ No	Audit: INTERVIEW GUIDE(S): Staff Responsible for Risk Screening– Q: 5 AUDITOR NOTES: 
115.341 (e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's	☐ Yes (describe in notes) ☐ No	Pre-Audit: POLICY: <i>SCREENING POLICY (FROM 115.341(a)-1)</i> Refer to page/section: <i>(FROM 115.341(a)-1)</i> AUDITOR NOTES:

detriment by staff or other residents.		
		Audit:
		INTERVIEW GUIDE(S): PREA Coordinator– Q: 4 PREA Compliance Manager – Q: 6 Staff Responsible for Risk Screening– Q: 7
		AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)		
Auditor Comments (including corrective actions needed if it does not meet standard) 		

115.342 – Placement of residents in housing, bed, program, education, and work assignments.

Auditor Findings		Verification Documents/Data for Auditor Review
115.342 (a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency/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. YES OR NO (FROM 115.342(a)-1) OTHER DOCUMENTATION: DOCUMENTATION OF USE OF SCREENING INFORMATION FOR THESE PURPOSES (FROM 115.342(a)-1) Refer to page/section: (FROM 115.342(a)-1) DOCUMENTATION OF HOW DECISIONS ARE MADE (FROM 115.342(a)-1) Refer to page/section: (FROM 115.342(a)-1) AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 5 Staff Responsible for Risk Screening – Q: 8 REVIEW: Documentation of risk-based housing decisions. (UPLOAD IF NECESSARY) AUDITOR NOTES: _____
115.342 (b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.342(b)-1) 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. YES OR NO (FROM 115.342(b)-2) In the past 12 months: • The number of residents at risk of sexual victimization who were placed in isolation: (FROM 115.342(b)-3) • 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: (FROM 115.342(b)-4) • The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: (FROM 115.342(b)-5) POLICY: RELEVANT POLICY (FROM 115.342(b)-1) Refer to page/section: (FROM 115.342(b)-1) AUDITOR NOTES: _____

		Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 11, 12 Staff who Supervise Residents in Isolation – Q: 1, 2, 3, 4 Medical and Mental Health Staff – Q: 19 Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 1, 2, 3, 4 PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc. REVIEW: Case files of residents held in isolation during the past 12 months to determine if any residents were placed in isolation due to a risk of sexual victimization. <i>(UPLOAD IF NECESSARY)</i> Records for length of placement of residents at risk of sexual victimization who were in isolation during the past 12 months. <i>(UPLOAD IF NECESSARY)</i> For residents at risk of sexual victimization who were placed in isolation, documentation of resident access to large muscle exercise, legally required education, special education services, and other programs and work opportunities. <i>(UPLOAD IF NECESSARY)</i> Documentation that residents at risk of sexual victimization who were placed in isolation received daily visits from a medical or mental health care clinician. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: _____
115.342 (c)	Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. ☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.342(c)-1)</i> The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. <i>YES OR NO (FROM 115.342(c)-2)</i> POLICY: <i>RELEVANT POLICY (FROM 115.342(c)-1 and 2)</i> Refer to page/section: <i>(FROM 115.342(c)-1 and 2)</i> AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): PREA Coordinator – Q: 5 PREA Compliance Manager – Q: 19 Transgendered/Intersex/Gay/Lesbian/Bisexual Residents – Q: 1, 2, 5 REVIEW: Documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: _____
115.342 (d)	In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the ☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. <i>YES OR NO (FROM 115.342(d)-1)</i>

agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.		POLICY: <i>RELEVANT POLICY (FROM 115.342(c)-1 and 2)</i> Refer to page/section: <i>(FROM 115.342(c)-1 and 2)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 20 Transgender/Intersex Residents – Q. 1,2 AUDITOR NOTES:
115.342 (e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>RELEVANT POLICY (FROM 115.342(c)-1 and 2)</i> Refer to page/section: <i>(FROM 115.342(c)-1 and 2)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 21 Staff Responsible for Risk Screening – Q. 10 REVIEW: Documentation of reassessment of programming assignments for each transgender or intersex residents for compliance with the standard. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.342 (f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>RELEVANT POLICY (FROM 115.342(c)-1 and 2)</i> Refer to page/section: <i>(FROM 115.342(c)-1 and 2)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 22 Staff Responsible for Risk Screening – Q. 11 Transgender and Intersex Residents – Q. 1 AUDITOR NOTES:
115.342 (g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>RELEVANT POLICY (FROM 115.342(c)-1 and 2)</i> Refer to page/section: <i>(FROM 115.342(c)-1 and 2)</i> AUDITOR NOTES:

		Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 23 Staff Responsible for Risk Screening – Q: 12 Transgender/Intersex Residents – Q: 3 PREA AUDIT TOUR: Tour living units and accommodations made for transgender and intersex residents to shower separately from other residents. AUDITOR NOTES:
115.342 (h)	If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: 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: - 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: (FROM 115.342(h)-1) AUDITOR NOTES: Audit: REVIEW: Case files of residents at risk of sexual victimization who were held in isolation in the past 12 months. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.342 (i)	Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.342(i)-1) POLICY: AGENCY POLICY (FROM 115.342(b)-1) Refer to page/section: (FROM 115.342(b)-1) OTHER DOCUMENTATION: DOCUMENTATION OF 30 DAY REVIEWS (FROM 115.342(i)-1) Audit: INTERVIEW GUIDE(S): Staff who Supervise Residents in Isolation – Q: 5 Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 4
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

REPORTING

115.351 – Resident reporting.

Auditor Findings		Verification Documents/Data for Auditor Review
115.351 (a) The agency shall provide multiple internal ways for residents to privately report 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.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: - 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. YES OR NO (FROM 115.351(a)-1) POLICY: RESIDENT REPORTING POLICY (FROM 115.351(a)-1) Refer to page/section: (FROM 115.351(a)-1) OTHER DOCUMENTATION: OTHER RELEVANT DOCUMENTATION ON RESIDENT REPORTING (E.G. RESIDENT HANDBOOKS) (FROM 115.351(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Random Sample of Staff– Q: 7 Random Sample of Residents – Q: 8 PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc.: AUDITOR NOTES:
115.351 (b) The agency shall also provide 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 and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.351(b)-1) 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. YES OR NO (FROM 115.351(b)-2) POLICY: RESIDENT REPORTING POLICY (FROM 115.351(a)-1) Refer to page/section: (FROM 115.351(a)-1) OTHER DOCUMENTATION: DOCUMENTATION OF AGREEMENT WITH OUTSIDE PUBLIC OR PRIVATE ENTITY RESPONSIBLE FOR TAKING REPORTS (FROM 115.351(b)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 8, 9 Random Sample of Residents – Q: 9, 10

		PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc. REVIEW Information provided to residents detained solely for civil immigration purposes. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.351 (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.351(c)-1)</i> Staff are required to document verbal reports. <i>YES OR NO (FROM 115.351(c)-2)</i> - If YES, the time frame that staff are required to document verbal reports: <i>(FROM 115.351(c)-2)</i> - If NO, the explanation provided: <i>(FROM 115.351(c)-2)</i> POLICY: <i>RESIDENT REPORTING POLICY (FROM 115.351(a)-1)</i> Refer to page/section: <i>(FROM 115.351(a)-1)</i> OTHER DOCUMENTATION: <i>OTHER RELEVANT DOCUMENTATION ON RESIDENT REPORTING (E.G. RESIDENT HANDBOOKS) (FROM 115.351(a)-1)</i> <i>DOCUMENTATION MADE OF VERBAL REPORTS (FROM 115.351(c)-2)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 8 Random Sample of Residents– Q: 11 AUDITOR NOTES:
115.351 (d) The facility shall provide residents with access to tools necessary to make a written report.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.351(d)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 7 Residents who Reported a Sexual Abuse – Q: 10 REVIEW Tools necessary to make a written report. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:

115.351 (e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.	☐ Yes ☐ No	Pre-Audit:
		QUESTIONNAIRE: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. YES OR NO (FROM 115.351(e)-1) - If YES, the description provided: (FROM 115.351(e)-1) - If NO, the explanation provided: (FROM 115.351(e)-1)
		Staff are informed of these procedures in the following ways. (FROM 115.351(e)-2)
		POLICY: STAFF REPORTING POLICY OR PROCEDURES (FROM 115.351(e)-1) Refer to page/section: (FROM 115.351(e)-1)
		OTHER DOCUMENTATION: OTHER DOCUMENTATION, SUCH AS STAFF HANDBOOKS (FROM 115.351(e)-2)
		AUDITOR NOTES:
		Audit:
		INTERVIEW GUIDE(S): Random Sample of Staff– Q: 6
		AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)		
Auditor Comments (including corrective actions needed if it does not meet standard)		

115.352 – Exhaustion of administrative remedies.

Auditor Findings		Verification Documents/Data for Auditor Review
115.352 (a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. <i>Note. If no, standard 115.352 does not apply to the agency and does not mean non-compliance.</i>	☐ Exempt ☐ Not Exempt	Pre-Audit: QUESTIONNAIRE: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. YES OR NO (FROM 115.352(a)-1) POLICY: RELEVANT POLICY/PROCEDURE REGARDING RESIDENT GRIEVANCES OF SEXUAL ABUSE (FROM 115.352(a)-1) Refer to page/section: (FROM 115.352(a)-1) AUDITOR NOTES: Audit: AUDITOR NOTES:
115.352 (b) (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired. <i>(N/A if agency is exempt from this standard.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.352(b)-1) If NO, time limit for a resident to submit a grievance regarding an allegation of sexual abuse: (FROM 115.352(b)-1) 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. YES OR NO (FROM 115.352(b)-2) POLICY: RELEVANT POLICY/PROCEDURE REGARDING RESIDENT GRIEVANCES OF SEXUAL ABUSE (FROM 115.352(a)-1) Refer to page/section: (FROM 115.352(a)-1) AUDITOR NOTES: Audit: REVIEW: Resident handbook to determine that relevant information is provided. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.352 (c) The agency shall ensure that— (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint. <i>(N/A if agency is exempt from this standard.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agencies 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. YES OR NO (FROM 115.352(c)-1) The agencies 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. YES OR NO (FROM 115.352(c)-2) POLICY: RELEVANT POLICY/PROCEDURE REGARDING RESIDENT GRIEVANCES OF SEXUAL ABUSE (FROM 115.352(a)-1) Refer to page/section: (FROM 115.352(c)-1 and 2) AUDITOR NOTES:

		Audit: REVIEW: Resident handbook to determine that relevant information is provided. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.352 (d) (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. <i>(N/A if agency is exempt from this standard.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agency has 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. <i>YES OR NO (FROM 115.352(d)-1)</i> In the past 12 months: - The number of grievances that were filed that alleged sexual abuse: <i>(FROM 115.352(d)-2)</i> - The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: <i>(FROM 115.352(d)-3)</i> - The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: <i>(FROM 115.352(d)-4)</i> 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. <i>YES OR NO (FROM 115.352(d)-5)</i> If YES, the number of grievances that took longer than a 70-day extension period to resolve: <i>(FROM 115.352(d)-5)</i> 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. <i>YES OR NO (FROM 115.352(d)-6)</i> POLICY: <i>RELEVANT POLICY/PROCEDURE REGARDING RESIDENT GRIEVANCES OF SEXUAL ABUSE (FROM 115.352(a)-1)</i> Refer to page/section: <i>(FROM 115.352(d)-1)</i> OTHER DOCUMENTATION: <i>SUPPORTING LOGS/RECORDS THAT INVOLVED AN EXTENSION (FROM 115.352(d)-4)</i> <i>DOCUMENTATION OF WRITTEN NOTIFICATIONS OF EXTENSIONS (FROM 115.352(d)-6)</i> AUDITOR NOTES:
115.352 (e) (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party, other than a	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.352(e)-1)</i> 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. <i>YES OR NO (FROM 115.352(e)-2)</i> Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals,

parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. <i>(N/A if agency is exempt from this standard.)</i>	on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. YES OR NO (FROM 115.3352(e)-3) The number of 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: (FROM 115.3352(e)-4) POLICY: RELEVANT POLICY/PROCEDURE REGARDING RESIDENT GRIEVANCES OF SEXUAL ABUSE (FROM 115.352(a)-1) Refer to page/section: (FROM 115.352(e)-1 and 2) AUDITOR NOTES: [REDACTED] Audit: REVIEW: Documentation of third-party reports and declination of third-party assistance. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
115.352 (f) (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. <i>(N/A if agency is exempt from this standard.)</i>	☐ Yes ☐ No ☐ N/A Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.352(f)-1) Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. YES OR NO (FROM 115.352(f)-2) - The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: (FROM 115.352(f)-3) - The number of those grievances in 115.352 (e) – 3 that had an initial response within 48 hours: (FROM 115.352(f)-4) 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. YES OR NO (FROM 115.352(f)-5) The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: (FROM 115.352(f)-6) POLICY: POLICY/PROCEDURE FOR EMERGENCY GRIEVANCES (FROM 115.352(f)-1) Refer to page/section: (FROM 115.352(f)-1) AUDITOR NOTES: [REDACTED] Audit: REVIEW: Documentation of emergency grievances filed pursuant to this standard. (UPLOAD IF NECESSARY)

115.352 (g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. <i>(N/A if agency is exempt from this standard.)</i>	☐ Yes ☐ No ☐ N/A	AUDITOR NOTES:
		Pre-Audit:
		QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.352(g)-1)</i> 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: <i>(FROM 115.352(g)-2)</i>
		POLICY: <i>POLICY (FROM 115.352(g)-1)</i> Refer to page/section: <i>(FROM 115.352(g)-1)</i>
		AUDITOR NOTES:
		Audit:
		REVIEW: Documentation of any such disciplinary actions. <i>(UPLOAD IF NECESSARY)</i>
		AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

115.353 – Resident access to outside support services and legal representation.

Auditor Findings	Verification Documents/Data for Auditor Review
115.353 (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone s, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by: - Giving 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. <i>YES OR NO (FROM 115.353(a)-1)</i> - Giving 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. <i>YES OR NO (FROM 115.353(a)-1)</i> - Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. <i>YES OR NO (FROM 115.353(a)-1)</i> POLICY: <i>POLICY/PROCEDURE (FROM 115.353(a)-1)</i> Refer to page/section: <i>(FROM 115.353(a)-1)</i> OTHER DOCUMENTATION: <i>HANDBOOKS OR WRITTEN MATERIALS PREPARED FOR RESIDENTS PERTINENT TO REPORTING SEXUAL ABUSE AND ACCESS TO SUPPORT SERVICES (FROM 115.353(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Random Sample of Residents – Q: 13, 14, 15, 16, 17 Residents who Reported a Sexual Abuse – Q: 11, 12, 13 PREA AUDIT TOUR: Make observations (e.g., posting of information) and ask questions per the tour instructions. Note observations, etc.: [REDACTED] AUDITOR NOTES: [REDACTED]
115.353 (b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. <i>YES OR NO (FROM 115.353(b)-1)</i> 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 to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. <i>YES OR NO (FROM 115.353(b)-2)</i> POLICY: <i>POLICY/PROCEDURE (FROM 115.353(a)-1)</i> Refer to page/section: <i>(FROM 115.353(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Random Sample of Residents – Q: 18 Residents who Reported a Sexual Abuse – Q: 14

		AUDITOR NOTES:
115.353 (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.	☐ Yes ☐ No	Pre-Audit:
		QUESTIONNAIRE: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. <i>YES OR NO (FROM 115.353(c)-1)</i> - If YES to 115.353 (c) - 1, the agency or facility maintains copies of those agreements. <i>YES OR NO (FROM 115.353(c)-2)</i> - If NO to 115.353 (c) - 1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. <i>YES OR NO (FROM 115.353(c)-3)</i> - If YES, an explanation of why these attempts have not been successful. <i>(FROM 115.353(c)-3)</i> - If YES, the agency maintains documentation of the attempts to enter into such agreements. <i>YES OR NO (FROM 115.353(c)-4)</i>
		OTHER DOCUMENTATION: <i>AGREEMENTS OR MOUS (FROM 115.353(c)-2)</i> <i>DOCUMENTATION OF ATTEMPTS TO ENTER INTO AGREEMENTS (FROM 115.353(c)-4)</i>
		AUDITOR NOTES:
115.353 (d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.	☐ Yes ☐ No	Pre-Audit:
		QUESTIONNAIRE: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. <i>YES OR NO (FROM 115.353(d)-1)</i> The facility provides residents with reasonable access to parents or legal guardians. <i>YES OR NO (FROM 115.353(d)-2)</i>
		POLICY: <i>POLICY/PROCEDURE (FROM 115.353(d)-1 and 2)</i> Refer to page/section: <i>(FROM 115.353(d)-1 and 2)</i>
		AUDITOR NOTES:
		Audit:
		INTERVIEW GUIDE(S): Superintendent or Designee – Q: 16, 17 PREA Compliance Manager – Q: 17, 18 Random Sample of Residents – Q: 19, 20 Residents who Reported a Sexual Abuse Q – 15, 16
		AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)		
Auditor Comments (including corrective actions needed if it does not meet standard)		

115.354 – Third-party reporting

Auditor Findings

115.354 (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

- ☐ Yes
☐ No

Verification Documents/Data for Auditor Review

Pre-Audit:

QUESTIONNAIRE:

The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

YES OR NO (FROM 115.354(a)-1)

If YES, a description of the method: *(FROM 115.354(a)-1)*

The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. *YES OR NO (FROM 115.354(a)-2)*

If YES, the description provided: *(FROM 115.354(a)-2)*

OTHER DOCUMENTATION:

PUBLICALLY DISTRIBUTED INFORMATION (FROM 115.354(a)-2)

AUDITOR NOTES:

Audit:

AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.361 – Staff and agency reporting duties.

Auditor Findings		Verification Documents/Data for Auditor Review
115.361 (a) The agency shall require 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.361(a)-1) - Any retaliation against residents or staff who reported such an incident. YES OR NO (FROM 115.361(a)-2) - Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. YES OR NO (FROM 115.361(a)-3) POLICY: AGENCY POLICY (FROM 115.361(a)-1) Refer to page/section: (FROM 115.361(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 5 AUDITOR NOTES:
115.361 (b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. YES OR NO (FROM 115.361(b)-1) POLICY: AGENCY POLICY (FROM 115.361(b)-1) Refer to page/section: (FROM 115.361(b)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 1 AUDITOR NOTES:

115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Apart from reporting to 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. <i>YES OR NO (FROM 115.361(c)-1)</i> POLICY: <i>AGENCY POLICY (FROM 115.361(a)-1)</i> Refer to page/section: <i>(FROM 115.361(a)-1)</i> AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Random Sample of Staff – Q: 5 AUDITOR NOTES: _____
115.361 (d) (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>AGENCY POLICY (FROM 115.361(a)-1)</i> Refer to page/section: <i>(FROM 115.361(a)-1)</i> AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 3, 4, 5 REVIEW: Documentation of any such reports. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: _____
115.361 (e) (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>AGENCY POLICY (FROM 115.361(a)-1)</i> Refer to page/section: <i>(FROM 115.361(a)-1)</i> AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): PREA Compliance Manager – Q: 10, 11, 12 Superintendent or Designee – Q: 13, 14, 15 REVIEW: Documentation of any such reports. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: _____

115.361 (f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>AGENCY POLICY (FROM 115.361(a)-1)</i> Refer to page/section: <i>(FROM 115.361(a)-1)</i>
		AUDITOR NOTES:
		Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 18
		REVIEW: Sample of reports to investigators. <i>(UPLOAD IF NECESSARY)</i>
		AUDITOR NOTES:
	Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)	
	Auditor Comments (including corrective actions needed if it does not meet standard)	

115.362 – Agency protection duties.

Auditor Findings

115.362 (a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

- ☐ Yes
☐ No

Verification Documents/Data for Auditor Review

Pre-Audit:

QUESTIONNAIRE:

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). *YES OR NO (FROM 115.362(a)-1)*

In the past 12 months, the number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: *(FROM 115.362(a)-2)*

If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: *(FROM 115.362(a)-3)*

The longest time amount of time that passed before taking action: *(FROM 115.362(a)-4)*

If not "immediate" (i.e., without unreasonable delay), the explanation provided: *(FROM 115.362(a)-4)*

POLICY:

POLICY (FROM 115.362(a)-1)

Refer to page/section: *(FROM 115.362(a)-1)*

OTHER DOCUMENTATION:

RELEVANT DOCUMENTATION (FROM 115.62(a)-2-4)

AUDITOR NOTES:

Audit:

INTERVIEW GUIDE(S):

Agency Head – Q: 12, 13

Superintendent or Designee – Q: 8, 9

Random Sample of Staff – Q: 13, 14

AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.363 – Reporting to other confinement facilities.

Auditor Findings		Verification Documents/Data for Auditor Review
115.363 (a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.363(a)-1) The agency's policy also requires that the head of the facility notify the appropriate investigative agency. YES OR NO (FROM 115.363(a)-2) In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: (FROM 115.363(a)-3) The facility's description of their response to allegations: (FROM 115.363(a)-3) POLICY: POLICY (FROM 115.363(a)-1) Refer to page/section: (FROM 115.363(a)-1) AUDITOR NOTES: [REDACTED] Audit: REVIEW: Documentation of allegations that a resident was abused while confined at another facility. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
115.363 (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. YES OR NO (FROM 115.363(b)-1) POLICY: POLICY (FROM 115.363(a)-1) Refer to page/section: (FROM 115.363(a)-1) AUDITOR NOTES: [REDACTED] Audit: AUDITOR NOTES: [REDACTED]
115.363 (c) The agency shall document that it has provided such notification.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. YES OR NO (FROM 115.363(c)-1) OTHER DOCUMENTATION: DOCUMENTATION OF NOTIFICATIONS (FROM 115.363(c)-1) AUDITOR NOTES: [REDACTED]

115.363 (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.	☐ Yes ☐ No	Audit: REVIEW: Additional documentation of notifications, to verify they occurred within 72 hours of receiving allegation. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
		Pre-Audit: QUESTIONNAIRE: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. <i>YES OR NO (FROM 115.363(d)-1)</i> In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: <i>(FROM 115.363(d)-2)</i> POLICY: <i>POLICY (FROM 115.363(d)-1)</i> Refer to page/section: <i>(FROM 115.363(d)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Agency Head – Q: 5 Superintendent or Designee – Q: 19, 20 REVIEW: Documentation of allegations from other facilities and documentation of response (i.e., evidence that allegation has been investigated in accordance with the standard). <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.364 – Staff first responder duties.

Auditor Findings		Verification Documents/Data for Auditor Review
115.364 (a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (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; and (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.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency has a first responder policy for allegations of sexual abuse. <i>YES OR NO (FROM 115.364(a)-1)</i> If YES, the agency 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: <i>LIST OF ALL CHECKED ELEMENTS (FROM 115.364(a)-1)</i> In the past 12 months, the number of allegations that a resident was sexually abused: <i>(FROM 115.364(a)-2)</i> Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: <i>(FROM 115.364(a)-3)</i> 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: <i>(FROM 115.364(a)-4)</i> Of these allegations, where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report: - Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: <i>(FROM 115.364(a)-5)</i> - 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: <i>(FROM 115.364(a)-5)</i> - 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: <i>(FROM 115.364(a)-5)</i> POLICY: <i>POLICY ON FIRST RESPONDER DUITES (FROM 115.364(a)-1)</i> Refer to page/section: <i>(FROM 115.364(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Security Staff and Non-Security Staff First Responders – Q: 1 Residents who Reported a Sexual Abuse – Q: 1, 2, 3, REVIEW: Documentation of response to allegations. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: [REDACTED]
115.364 (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to: <i>LIST OF ALL CHECKED ELEMENTS (FROM 115.364(b)-1)</i> 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: *(FROM 115.364(b)-2)*

Of those allegations responded to first by a non-security staff member, the number of times that the staff member:

- Requested that the alleged victim not take any actions that could destroy physical evidence: *(FROM 115.364(b)-3)*
- Notified security staff: *(FROM 115.364(b)-3)*

POLICY:

POLICY ON FIRST RESPONDER DUITES (FROM 115.364(a)-1)

Refer to page/section: *(FROM 115.364(a)-1)*

AUDITOR NOTES:

Audit:

INTERVIEW GUIDE(S):

Security Staff and Non-Security Staff First Responders – Q: 1

Random Sample of Staff – Q: 11

REVIEW:

Documentation of responses to allegations. *(UPLOAD IF NECESSARY)*

AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.365 – Coordinated response.

Auditor Findings		Verification Documents/Data for Auditor Review
115.365 (a) The facility shall develop 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. <i>Note to auditors. In order to be compliant, there must be an institutional plan for each facility (not merely agency-wide plan).</i>	☐ Yes ☐ No	Pre-Audit:
		QUESTIONNAIRE: The facility has 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. YES OR NO (FROM 115.365(a)-1)
		OTHER DOCUMENTATION: FACILITY'S INSTITUTIONAL PLAN (FROM 115.365(a)-1)
		AUDITOR NOTES: []
		Audit:
		INTERVIEW GUIDE(S): Superintendent or Designee – Q: 21
		AUDITOR NOTES: []
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)		
Auditor Comments (including corrective actions needed if it does not meet standard) 		

115.366 – Preservation of ability to protect residents from contact with abusers.

Auditor Findings		Verification Documents/Data for Auditor Review
115.366 (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.366(a)-1) OTHER DOCUMENTATION: ALL AGREEMENTS ENTERED INTO SINCE AUGUST 20, 2012/LAST PREA AUDIT (FROM 115.366(A)-1) (Verify that all agreements permit the agency to remove alleged staff sexual abusers from contact with any residents pending an investigation or of a determination of whether and to what extent discipline is warranted.) AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Agency Head – Q: 6 AUDITOR NOTES: _____
115.366 (b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.	NA	

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.367 – Agency protection against retaliation.

Auditor Findings		Verification Documents/Data for Auditor Review
115.367 (a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.367(a)-1) The Agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. YES OR NO (FROM 115.367(a)-2) • If YES, the name(s) of the staff member(s): (FROM 115.367(a)-2) • If YES, the title(s) of the staff member(s): (FROM 115.367(a)-2) • If YES, the department(s) of the staff member(s): (FROM 115.367(a)-2) POLICY: POLICY PROTECTING RESIDENTS AGAINST RETALIATION (FROM 115.367(a)-1) Refer to page/section: (FROM 115.367(a)-1) AUDITOR NOTES: [REDACTED] Audit: AUDITOR NOTES: [REDACTED]
115.367 (b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.	☐ Yes ☐ No	Pre-Audit: POLICY: POLICY PROTECTING RESIDENTS AGAINST RETALIATION (FROM 115.367(a)-1) Refer to page/section: (FROM 115.367(a)-1) AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Agency Head – Q: 7 Superintendent or Designee – Q: 22 Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) – Q: 1, 2, 3 Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 5 Residents who Reported a Sexual Abuse – Q: 25 REVIEW: Documentation of any protective measures taken. (UPLOAD IF NECESSARY) AUDITOR NOTES: [REDACTED]
115.367 (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.367(c)-1) If YES, the length of time that the agency and/or facility monitors the conduct or treatment: (FROM 115.367(c)-2) The agency/facility acts promptly to remedy any such retaliation. YES OR NO (FROM 115.367(c)-3) The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. YES

retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.	<i>OR NO (FROM 115.367(c)-4)</i> The number of times an incident of retaliation occurred in the past 12 months: <i>(FROM 115.367(c)-5)</i> POLICY: <i>POLICY PROTECTING RESIDENTS AGAINST RETALIATION (FROM 115.367(a)-1)</i> Refer to page/section: <i>(FROM 115.367(a)-1)</i> AUDITOR NOTES: <i>Audit:</i> INTERVIEW GUIDE(S): Superintendent or Designee – Q: 23 Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) – Q: 4, 5, 6 REVIEW: Documentation of monitoring efforts. <i>(UPLOAD IF NECESSARY)</i> Documentation of reports of retaliation and agency response. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.367 (d) In the case of residents, such monitoring shall also include periodic status checks.	☐ Yes ☐ No <i>Pre-Audit:</i> POLICY: <i>POLICY PROTECTING RESIDENTS AGAINST RETALIATION (FROM 115.367(a)-1)</i> Refer to page/section: <i>(FROM 115.367(a)-1)</i> AUDITOR NOTES: <i>Audit:</i> INTERVIEW GUIDE(S): Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) – Q: 4 REVIEW: Documentation of monitoring of residents. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.367 (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.	☐ Yes ☐ No <i>Pre-Audit:</i> POLICY: <i>POLICY PROTECTING RESIDENTS AGAINST RETALIATION (FROM 115.367(a)-1)</i> Refer to page/section: <i>(FROM 115.367(a)-1)</i> AUDITOR NOTES: <i>Audit:</i> INTERVIEW GUIDE(S): Agency Head – Q: 8 Superintendent or Designee – Q: 22, 23 REVIEW: Documentation of any such protective measures taken. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:

115.367 (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.	NA	
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

115.368 – Post-allegation protective custody.

Auditor Findings

115.368 (a) Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

- ☐ Yes
☐ No

Verification Documents/Data for Auditor Review

Pre-Audit:

QUESTIONNAIRE:

The facility has a policy that residents who allege to have suffered sexual abuse may *only* be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and *only* until an alternative means of keeping all residents safe can be arranged. **YES OR NO (FROM 115.368(a)-1)**

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. **YES OR NO (FROM 115.368(a)-2)**

In the past 12 months:

- The number of residents who allege to have suffered sexual abuse who were placed in isolation: **(FROM 115.368(a)-3)**
- 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: **(FROM 115.368(a)-4)**
- The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization: **(FROM 115.368(a)-5)**

From a review of case files of residents who allege to have suffered sexual abuse who were held in isolation in the past 12 months, the number of case files that include BOTH:

- 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: **(FROM 115.368(a)-6)**

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. **YES OR NO (FROM 115.368(a)-7)**

POLICY:

RELEVANT POLICY (FROM 115.368(a)-1)

Refer to page/section: **(FROM 115.368(a)-1)**

OTHER DOCUMENTATION:

DOCUMENTATION OF INSTANCES WHEN ISOLATION (SEGREGATED HOUSING) WAS USED TO PROTECT A RESIDENT WHO IS ALLEGED TO HAVE SUFFERED SEXUAL ABUSE (FROM 115.368(a)-1)

DOCUMENTATION OF 30 DAY REVIEWS (FROM 115.368(a)-1)

AUDITOR NOTES:

Audit:

INTERVIEW GUIDE(S):

Superintendent or Designee – Q: 10, 11, 12

Staff who Supervise Residents in Isolation – Q: 1, 2, 3, 4, 5

Medical and Mental Health Staff – Q: 19

Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 1, 2, 3, 4

PREA AUDIT TOUR:

Make observations and ask questions per the tour instructions. Note observations, etc.

REVIEW:

Case files of residents held in isolation during the past 12 months to determine if any residents were placed in isolation due to alleging to have suffered sexual abuse. **(UPLOAD IF NECESSARY)**

Records for length of placement of residents who allege to have suffered sexual abuse who were in isolation during the past 12 months. *(UPLOAD IF NECESSARY)*

For residents who allege to have suffered sexual abuse who were placed in isolation, documentation of resident access to large muscle exercise, legally required education, special education services, and other programs and work opportunities. *(UPLOAD IF NECESSARY)*

Documentation that residents who allege to have suffered sexual abuse who were placed in isolation received daily visits from a medical or mental health care clinician. *(UPLOAD IF NECESSARY)*

Case files of residents who allege to have suffered sexual abuse who were held in isolation in the past 12 months. *(UPLOAD IF NECESSARY)*

AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

INVESTIGATIONS

115.371 – Criminal and administrative agency investigations

Auditor Findings		Verification Documents/Data for Auditor Review
115.371 (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. <i>(N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or sexual harassment. See 115.321 (a).)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agency/facility has a policy related to criminal and administrative agency investigations. YES OR NO (FROM 115.371(a)-1) POLICY: POLICY RELATED TO CRIMINAL AND ADMINSTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1) Refer to page/section: (FROM 115.371(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff– Q: 5, 8 REVIEW: Sample of investigative records/reports for allegations of sexual abuse or sexual harassment. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.371 (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.	☐ Yes ☐ No	Pre-Audit: OTHER DOCUMENTATION: TRAINING RECORDS (FROM 115.334(d)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 1, 2, 3 AUDITOR NOTES:
115.371 (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.	☐ Yes ☐ No	Pre-Audit: POLICY: POLICY RELATED TO CRIMINAL AND ADMINSTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1) Refer to page/section: (FROM 115.371(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 6, 7, 9 REVIEW: Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse. (UPLOAD IF NECESSARY) AUDITOR NOTES:

115.371 (d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency does not terminate an investigation solely because the source of the allegation recants the allegation. YES OR NO (FROM 115.371(d)-1) POLICY: POLICY RELATED TO CRIMINAL AND ADMINSTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1) Refer to page/section: (FROM 115.371(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 16 AUDITOR NOTES:
115.371 (e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.	☐ Yes ☐ No	Pre-Audit: POLICY: POLICY RELATED TO CRIMINAL AND ADMINSTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1) Refer to page/section: (FROM 115.371(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 10 REVIEW: Sample of criminal and administrative investigation reports. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.371 (f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.	☐ Yes ☐ No	Pre-Audit: POLICY: POLICY RELATED TO CRIMINAL AND ADMINSTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1) Refer to page/section: (FROM 115.371(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 11, 12 Residents who Reported a Sexual Abuse – Q: 17 AUDITOR NOTES:
115.371 (g) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and	☐ Yes ☐ No	Pre-Audit: POLICY: POLICY RELATED TO CRIMINAL AND ADMINSTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1) Refer to page/section: (FROM 115.371(a)-1)

(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.		AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 17, 18 REVIEW: Sample of administrative investigation reports. <i>(UPLOAD IF NECESSARY)</i> Sample of cases involving substantiated allegations to ensure that they were referred for prosecution. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.371 (h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.	☐ Yes ☐ No	Pre-Audit: AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 19 REVIEW: Sample of criminal investigation reports. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.371 (i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Substantiated allegations of conduct that appear to be criminal are referred for prosecution. <i>YES OR NO (FROM 115.371(h)-1)</i> 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: <i>(FROM 115.371(h)-2)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 13 REVIEW: Sample of cases referred for prosecution. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.371 (j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. <i>YES OR NO (FROM 115.371(i)-1)</i> POLICY: <i>POLICY RELATED TO CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1)</i> Refer to page/section: <i>(FROM 115.371(a)-1)</i>

		AUDITOR NOTES: Audit: REVIEW: Sample of investigation reports (including older reports, if applicable). <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.371 (k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.	☐ Yes ☐ No	Pre-Audit: POLICY: <i>POLICY RELATED TO CRIMINAL AND ADMINSTRATIVE AGENCY INVESTIGATIONS (FROM 115.371(a)-1)</i> Refer to page/section: <i>(FROM 115.371(a)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Investigative Staff – Q: 14 AUDITOR NOTES:
115.371 (l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.	N/A	
115.371 (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. <i>(N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 26 PREA Coordinator – Q: 9 PREA Compliance Manager – Q: 13 Investigative Staff – Q: 15 AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

115.372 – Evidentiary standards for administrative investigations

Auditor Findings		Verification Documents/Data for Auditor Review
115.372 (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.	☐ Yes	Pre-Audit:
	☐ No	QUESTIONNAIRE: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. <i>YES OR NO (FROM 115.372(a)-1)</i>
		POLICY: <i>POLICY (FROM 115.372(a)-1)</i>
		Refer to page/section: <i>(FROM 115.372(a)-1)</i>
		AUDITOR NOTES: [REDACTED]
		Audit:
		INTERVIEW GUIDE(S): Investigative Staff – Q: 20
		REVIEW: Documentation of administrative findings for proper standard of proof. <i>(UPLOAD IF NECESSARY)</i>
		AUDITOR NOTES: [REDACTED]
	Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action)	
Auditor Comments (including corrective actions needed if it does not meet standard)		

115.373 – Reporting to residents.

Auditor Findings		Verification Documents/Data for Auditor Review
115.373 (a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.373(a)-1)</i> In the past 12 months: - The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility: <i>(FROM 115.373(a)-2)</i> - Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: <i>(FROM 115.373(a)-3)</i> POLICY: <i>POLICY REQUIRING NOTIFICATION (FROM 115.373(a)-1)</i> Refer to page/section: <i>(FROM 115.373(a)-1)</i> OTHER DOCUMENTATION: <i>SAMPLE OF ALLEGED SEXUAL ABUSE INVESTIGATIONS COMPLETED BY AGENCY (FROM 115.373(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 27 Investigative Staff – Q: 23 REVIEW: Additional sample of alleged sexual abuse investigations completed by agency. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: [REDACTED]
115.373 (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. <i>(N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. <i>YES, NO, N/A if the agency/facility is responsible for conducting administrative and criminal investigations (FROM 115.373(b)-1)</i> In the past 12 months: - The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: <i>(FROM 115.373(b)-2)</i> - Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: <i>(FROM 115.373(b)-3)</i> OTHER DOCUMENTATION: <i>SAMPLE OF ALLEGED SEXUAL ABUSE INVESTIGATIONS COMPLETED BY OTHER AGENCY (FROM 115.373(b)-1)</i> Audit: REVIEW: Additional sample of alleged sexual abuse investigations completed by outside agency. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: [REDACTED]

115.373 (c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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/facility has determined that the allegation is unfounded) whenever: • 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. <i>YES OR NO (FROM 115.373(c)-1)</i> 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. <i>YES OR NO (FROM 115.373(c)-2)</i> If YES, in each case the agency subsequently informed the resident whenever: • 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 a charge related to sexual abuse within the facility. <i>YES OR NO (FROM 115.373(c)-3)</i> POLICY: <i>POLICY REQUIRING NOTIFICATION (FROM 115.373(a)-1)</i> Refer to page/section: <i>(FROM 115.373(a)-1)</i> OTHER DOCUMENTATION: <i>SAMPLE DOCUMENTATION OF SUBSTANTIATED OR UNSUBSTANTIATED COMPLAINTS (FROM 115.373(c)-1)</i> <i>SAMPLE DOCUMENTATION OF NOTIFICATIONS (FROM 115.373(c)-2)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Residents who Reported a Sexual Abuse – Q: 22 REVIEW: Additional sample documentation of founded complaints. <i>(UPLOAD IF NECESSARY)</i> Additional sample documentation of notifications. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.373 (d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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: • 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. <i>YES OR NO (FROM 115.373(d)-1)</i>

facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.		POLICY: <i>POLICY REQUIRING NOTIFICATION (FROM 115.373(a)-1)</i> Refer to page/section: <i>(FROM 115.373(a)-1)</i> OTHER DOCUMENTATION: <i>SAMPLE DOCUMENTATION OF NOTIFICATIONS (FROM 115.373(d)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Residents who Reported a Sexual Abuse – Q: 23 REVIEW: Additional sample documentation of notifications. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.373 (e) All such notifications or attempted notifications shall be documented.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency has a policy that all notifications to residents described under this standard are documented. <i>YES OR NO (FROM 115.373(e)-1)</i> In the past 12 months: - The number of notifications to residents that were made pursuant to this standards: <i>(FROM 115.373(e)-2)</i> - The number of those notifications that were documented: <i>(FROM 115.373(e)-3)</i> POLICY: <i>POLICY REQUIRING DOCUMENTATION OF NOTIFICATION (FROM 115.373(e)-1)</i> Refer to page/section: <i>(FROM 115.373(e)-1)</i> OTHER DOCUMENTATION: <i>SAMPLE DOCUMENTATION OF NOTIFICATIONS (FROM 115.373(e)-1)</i> AUDITOR NOTES: Audit: REVIEW: Logs or other documentation of notifications to confirm number provided. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.373 (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.	NA	

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

DISCIPLINE

115.376 – Disciplinary sanctions for staff.

Auditor Findings	Verification Documents/Data for Auditor Review
115.376 (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. <i>YES OR NO (FROM 115.376(a)-1)</i> POLICY: <i>STAFF DISCIPLINARY SANCTIONS (FROM 115.376(a)-1)</i> Refer to page/section: <i>(FROM 115.376(a)-1)</i> AUDITOR NOTES: Audit: AUDITOR NOTES:
115.376 (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: In the past 12 months: - The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: <i>(FROM 115.376(b)-1)</i> - The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: <i>(FROM 115.376(b)-2)</i> POLICY: <i>STAFF DISCIPLINARY SANCTIONS (FROM 115.376(a)-1)</i> Refer to page/section: <i>(FROM 115.376(a)-1)</i> OTHER: <i>SAMPLE RECORDS OF TERMINATIONS, RESIGNATIONS, OR OTHER SANCTIONS FOR VIOLATION OF SEXUAL ABUSE OR HARASSMENT POLICY(FROM 115.376(b)-1)</i> Audit: REVIEW: Additional sample records of terminations, resignations or other sanctions for violation of sexual abuse or harassment policies. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.376 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by	☐ Yes ☐ No Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.376(c)-1) 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: <i>YES OR NO (FROM 115.376(c)-2)</i>

other staff with similar histories.		POLICY: <i>STAFF DISCIPLINARY SANCTIONS (FROM 115.376(a)-1)</i> Refer to page/section: <i>(FROM 115.376(a)-1)</i> Audit: REVIEW: Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.376 (d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.376(d)-1)</i> 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: <i>(FROM 115.376(d)-2)</i> POLICY: <i>STAFF DISCIPLINARY SANCTIONS (FROM 115.376(a)-1)</i> Refer to page/section: <i>(FROM 115.376(a)-1)</i> Audit: REVIEW: Records of reports to law enforcement for violations of agency sexual abuse or sexual harassment policies. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.377 – Corrective action for contractors and volunteers.

Auditor Findings		Verification Documents/Data for Auditor Review
115.377 (a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.377(a)-1)</i> Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. <i>YES OR NO (FROM 115.377(a)-2)</i> 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. <i>YES OR NO (FROM 115.377(a)-3)</i> If YES, the number of contractors/volunteers reported to law enforcement for engaging in sexual abuse of residents: <i>(FROM 115.377(a)-4)</i> POLICY: <i>POLICY REQUIRING NOTIFICATION (FROM 115.377(a))</i> Refer to page/section: <i>(FROM 115.377(a))</i> OTHER DOCUMENTATION: <i>REPORTS OF SEXUAL ABUSE OF RESIDENTS BY CONTRACTORS OR VOLUNTEERS (FROM 115.377(a)-3)</i> AUDITOR NOTES:
	☐ Yes ☐ No	Audit: Documentation of referrals to law enforcement and/or relevant licensing bodies. <i>(UPLOAD IF NECESSARY)</i> Investigative reports if relevant. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.377 (b) The facility shall take appropriate remedial measures, and shall consider 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.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.377(b)-1)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION OF REMEDIAL MEASURES THAT HAVE BEEN ENFORCED (FROM 115.377(b)-2)</i> Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 24 AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

DISCIPLINE

115.378 – Disciplinary sanctions for residents

Auditor Findings		Verification Documents/Data for Auditor Review
115.378 (a) A resident may be 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 or following a criminal finding of guilt for resident-on-resident sexual abuse.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.378(a)-1) 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. YES OR NO (FROM 115.378(a)-2) In the past 12 months: - The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: (FROM 115.378(a)-3) - The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: (FROM 115.378(a)-4) POLICY: RESIDENT DISCIPLINARY SANCTIONS (FROM 115.378(a)) Refer to page/section: (FROM 115.378(a)-1) AUDITOR NOTES: Audit: AUDITOR NOTES:
115.378 (b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.378(b)-1) 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. YES OR NO (FROM 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 have access to other programs and work opportunities to the extent possible. YES OR NO (FROM 115.378(b)-3) In the past 12 months: - The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: (FROM 115.378(b)-4) - 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: (FROM 115.378(b)-5) - 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: (FROM 115.378(b)-6)

		POLICY: <i>RESIDENT DISCIPLINARY SANCTIONS (FROM 115.378(a))</i> Refer to page/section: <i>(FROM 115.378(a)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 25 REVIEW: Investigative reports and documentation of sanctions imposed. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.378 (c)	The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. ☐ Yes ☐ No	Pre-Audit: POLICY: <i>RESIDENT DISCIPLINARY SANCTIONS (FROM 115.378(a))</i> Refer to page/section: <i>(FROM 115.378(a)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 25 REVIEW: Investigative reports and documentation of sanctions imposed. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.378 (d)	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. ☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. <i>YES OR NO (FROM 115.378(d)-1)</i> If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for 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. <i>YES OR NO (FROM 115.378(d)-2)</i> Access to general programming or education is not conditional on participation in such interventions. <i>YES OR NO (FROM 115.378(d)-3)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 6, 7 AUDITOR NOTES:
115.378 (e)	The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. ☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. <i>YES OR NO (FROM 115.378(e)-1)</i>

		POLICY: <i>RESIDENT DISCIPLINARY SANCTIONS (FROM 115.378(a))</i> Refer to page/section: <i>(FROM 115.378(a)-1)</i> OTHER DOCUMENTATION: <i>SAMPLE OF RECORDS OF DISCIPLINARY ACTIONS AGAINST RESIDENTS FOR SEXUAL CONDUCT WITH STAFF (FROM 115.378(e)-1)</i> AUDITOR NOTES: Audit: REVIEW: Additional records of disciplinary actions against residents for sexual conduct with staff. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.378 (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.378(f)-1)</i> POLICY: <i>RESIDENT DISCIPLINARY SANCTIONS (FROM 115.378(a))</i> Refer to page/section: <i>(115.378(a)-1)</i> AUDITOR NOTES: Audit: AUDITOR NOTES:
115.378 (g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. <i>N/A if the agency does not prohibit all sexual activity between residents.</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agency prohibits all sexual activity between residents. <i>YES OR NO (FROM 115.378(g)-1)</i> 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. <i>YES, NO, or N/A if the agency does not prohibit all sexual activity between residents. (FROM 115.378(g)-2)</i> POLICY: <i>RESIDENT DISCIPLINARY SANCTIONS (FROM 115.378(a))</i> Refer to page/section: <i>(FROM 115.378(a)-1)</i> AUDITOR NOTES: Audit: AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

MEDICAL AND MENTAL CARE

115.381 - Medical and mental health screenings; history of sexual abuse

Auditor Findings		Verification Documents/Data for Auditor Review
115.381 (a) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.381(a)-1) If YES, the follow-up meeting was offered within 14 days of the intake screening. YES OR NO (FROM 115.381(a)-2) 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: (FROM 115.381(a)-3) Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. YES OR NO (FROM 115.381(a)-4) POLICY: MEDICAL/MENTAL HEALTH TREATMENT (FROM 115.381(a)-1) Refer to page/section: (FROM 115.381(a)-1) OTHER DOCUMENTATION: SAMPLE MEDICAL/MENTAL HEALTH SECONDARY MATERIALS (FROM 115.381 (a)-4), if applicable. AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Residents who Disclose Sexual Victimization at Risk Screening – Q: 1 Staff Responsible for Risk Screening – Q: 12 REVIEW: Additional medical/mental health secondary materials. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.381 (b) If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.381(b)-1) If YES, the follow-up meeting was offered within 14 days of the intake screening. YES OR NO (FROM 115.381(b)-2) In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow up meeting with a mental health practitioner: (FROM 115.381(b)-3) Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. YES OR NO (FROM 115.381(b)-4) POLICY: MEDICAL/MENTAL HEALTH TREATMENT (FROM 115.381(a)-1) Refer to page/section: (FROM 115.381(a)-1) OTHER DOCUMENTATION: SAMPLE MENTAL HEALTH SECONDARY MATERIALS (FROM 115.381 (b)-4), if applicable. AUDITOR NOTES:

		[] Audit: INTERVIEW GUIDE(S): Staff Responsible for Risk Screening – Q: 13 REVIEW: Additional medical/mental health secondary materials (the term secondary materials refers to materials maintained by health staff in a secure area but separate from the resident's medical record that document compliance with the provisions of this standard). <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: []
115.381(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. <i>YES OR NO (FROM 115.381(c)-1)</i> 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. <i>YES OR NO (FROM 115.381(c)-2)</i> POLICY: <i>MEDICAL/MENTAL HEALTH TREATMENT (FROM 115.381(a)-1)</i> Refer to page/section: <i>(FROM 115.381(a)-1)</i> OTHER DOCUMENTATION: <i>SAMPLE OF RESIDENT CONFINEMENT RECORDS/OTHER RECORDS AVAILABLE TO CUSTODY STAFF OR NON-HEALTH PERSONNEL (FROM 115.381(c)-1)</i> AUDITOR NOTES: [] Audit: PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc. REVIEW: Additional sample of resident confinement records/other records available to custody staff or non-health personnel <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: []
115.381(d) Medical and mental health practitioners shall 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.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. POLICY: <i>MEDICAL/MENTAL HEALTH TREATMENT (FROM 115.381(a)-1)</i> Refer to page/section: <i>(FROM 115.381(a)-1)</i> OTHER DOCUMENTATION: <i>CONSENT DOCUMENTATION/LOG (FROM 115.381(e)-1)</i> AUDITOR NOTES: [] Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 8, 9

AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.382 - Access to emergency medical and mental health services

Auditor Findings		Verification Documents/Data for Auditor Review
115.382 (a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. YES OR NO (FROM 115.382(a)-1) The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. YES OR NO (FROM 115.382(a)-2) Medical and mental health staff maintain secondary materials (e.g., form, log) documenting 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. <i>(Such documentation is not required by the standard, but may be helpful to review during the audit.)</i> YES OR NO (FROM 115.382(a)-3) OTHER DOCUMENTATION: SAMPLE MEDICAL/MENTAL HEALTH SECONDARY FORMS/LOGS RE: ACCESS TO SERVICES (FROM 115.382(a)-1) AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 10, 11, 12 Residents who Reported a Sexual Abuse – Q: 4 REVIEW: Additional medical/mental health secondary materials describing access to services. (UPLOAD IF NECESSARY) AUDITOR NOTES: _____
115.382 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.	☐ Yes ☐ No	Pre-Audit: AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Security Staff and Non-Security Staff First Responders – Q: 1 REVIEW Documentation demonstrating immediate notification of appropriate medical and mental health practitioners. (UPLOAD IF NECESSARY) AUDITOR NOTES: _____
115.382 (c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.382(c)-1) Medical and mental health staff maintain secondary materials (e.g., form, log) documenting 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. <i>(Such documentation is not required by the standard, but may be helpful to review during the audit.)</i> YES or NO (FROM 115.382(a)-3)

		OTHER DOCUMENTATION: <i>SAMPLE MEDICAL/MENTAL HEALTH SECONDARY FORMS/LOGS RE: ACCESS TO SERVICES (FROM 115.382(a)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 13 Residents who Reported a Sexual Abuse – Q: 6 REVIEW: Additional medical/mental health secondary materials describing access to services. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.382 (d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.382(d)-1)</i> POLICY: <i>MEDICAL/MENTAL HEALTH TREATMENT: SEXUAL ABUSE (FROM 115.382(d)-1)</i> Refer to page/section: <i>(FROM 115.382(d)-1)</i> AUDITOR NOTES: Audit: AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers		
Auditor Findings	Verification Documents/Data for Auditor Review	
115.383 (a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.383(a)-1)</i> POLICY: <i>ONGOING MEDICAL/MENTAL HEALTH TREATMENT FOR VICTIMS AND ABUSERS (FROM 115.383(a)-1)</i> Refer to page/section: <i>(FROM 115.383(a)-1)</i> AUDITOR NOTES: _____ Audit: PREA AUDIT TOUR: Make observations and ask questions per the tour instructions. Note observations, etc. _____ AUDITOR NOTES: _____
115.383 (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.	☐ Yes ☐ No	Pre-Audit: AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 14 Residents who Reported a Sexual Abuse – Q: 5 REVIEW: Medical records or secondary documentation that demonstrate victims receive as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: _____
115.383 (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.	☐ Yes ☐ No	Pre-Audit: AUDITOR NOTES: _____ Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 15 REVIEW: Medical records or secondary documentation that demonstrate victims received medical and mental health services consistent with community level of care. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: _____
115.383 (d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. <i>(N/A if all-male facility.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. <i>YES, NO or N/A IN ALL MALE FACILITIES (FROM 115.383(d)-1)</i>

		POLICY: ONGOING MEDICAL/MENTAL HEALTH TREATMENT FOR VICTIMS AND ABUSERS (FROM 115.383(a)-1) Refer to page/section: (FROM 115.383(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Residents who Reported a Sexual Abuse (if female) – Q: 26 REVIEW: Medical records or secondary documentation that demonstrates that female victims were offered pregnancy tests. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.383 (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. (N/A if all-male facility.)	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: 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. YES, NO, OR N/A for all-male facilities (FROM 115.383(e)-1) POLICY: ONGOING MEDICAL/MENTAL HEALTH TREATMENT FOR VICTIMS AND ABUSERS (FROM 115.383(a)-1) Refer to page/section: (FROM 115.383(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 16, 17 Residents who Reported a Sexual Abuse (if female) – Q: 27 AUDITOR NOTES:
115.383 (f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. YES OR NO (FROM 115.383(f)-1) POLICY: ONGOING MEDICAL/MENTAL HEALTH TREATMENT FOR VICTIMS AND ABUSERS (FROM 115.383(a)-1) Refer to page/section: (FROM 115.383(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Residents who Reported a Sexual Abuse – Q: 7 REVIEW: Medical records or secondary documentation that demonstrates victims are offered tests for sexually transmitted infections as medically appropriate. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.383 (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. YES OR NO (FROM 115.382(d)-1)

any investigation arising out of the incident.		POLICY: ONGOING MEDICAL/MENTAL HEALTH TREATMENT FOR VICTIMS AND ABUSERS (FROM 115.383(a)-1) Refer to page/section: (FROM 115.383(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Residents who Reported a Sexual Abuse – Q: 8 AUDITOR NOTES:
115.383 (h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. YES OR NO (FROM 115.383(h)-1) POLICY: ONGOING MEDICAL/MENTAL HEALTH TREATMENT FOR VICTIMS AND ABUSERS (FROM 115.383(a)-1) Refer to page/section: (FROM 115.383(a)-1) AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Medical and Mental Health Staff – Q: 18 REVIEW: Mental health records or secondary documentation that demonstrate evaluations of resident-on-resident abusers. (UPLOAD IF NECESSARY) AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

DATA COLLECTION AND REVIEW

115.386 – Sexual abuse incident reviews

Auditor Findings

Verification Documents/Data for Auditor Review

115.386 (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

☐ Yes
☐ No

Pre-Audit:

QUESTIONNAIRE:

The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded. **YES OR NO (FROM 115.386(a)-1)**

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: **(FROM 115.386(a)-2)**

POLICY:

SEXUAL ABUSE INCIDENT REVIEWS (FROM 115.386(a)-1)

Refer to page/section: **(FROM 115.386(a)-1)**

OTHER DOCUMENTATION:

DOCUMENTATION OF INCIDENT REVIEWS (FROM 115.386(a)-1) , if applicable.

SAMPLE DOCUMENTATION OF COMPLETED CRIMINAL OR ADMINISTRATIVE INVESTIGATIONS OF SEXUAL ABUSE (FROM 115.386(a)-1), if incident review documents contained therein.

AUDITOR NOTES:

Audit:

REVIEW:

Additional documentation of completed criminal or administrative investigations of sexual abuse. **(UPLOAD IF NECESSARY)**

AUDITOR NOTES:

115.386 (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

☐ Yes
☐ No

Pre-Audit:

QUESTIONNAIRE:

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. **YES OR NO (FROM 115.386(b)-1)**

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: **(FROM 115.386(b)-2)**

OTHER DOCUMENTATION:

DOCUMENTATION OF INCIDENT REVIEWS (FROM 115.386(a)-1) , if applicable.

SAMPLE DOCUMENTATION OF COMPLETED CRIMINAL OR ADMINISTRATIVE INVESTIGATIONS OF SEXUAL ABUSE (FROM 115.386(a)-1), if incident review documents contained therein.

AUDITOR NOTES:

Audit:

REVIEW:

Additional documentation of completed criminal or administrative investigations of sexual abuse. **(UPLOAD IF NECESSARY)**

AUDITOR NOTES:

115.386 (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.386(c)-1)</i> POLICY: <i>SEXUAL ABUSE INCIDENT REVIEWS (FROM 115.386(a)-1)</i> Refer to page/section: <i>(FROM 115.386(a)-1)</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q: 28 REVIEW Documentation of review team minutes or reports. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.386 (d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.386(d)-3)</i> OTHER DOCUMENTATION: <i>DOCUMENTATION OF INCIDENT REVIEWS (FROM 115.386(a)-1) , if applicable.</i> <i>REPORTS OF FINDINGS FROM SEXUAL ABUSE INCIDENT REVIEWS (FROM 115.386(d)-3), if applicable.</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Superintendent or Designee – Q:29, 30 PREA Compliance Manager – Q: 25, 26, 27 Incident Review Team – Q: 1, 2, 3, 4 REVIEW: Additional reports of findings from sexual abuse incident reviews. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:

115.386 (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The facility implements the recommendations for improvement or documents its reasons for not doing so. YES OR NO <i>(FROM 115.386(e)-1)</i>
		OTHER DOCUMENTATION: <i>DOCUMENTATION SUPPORTING IMPLEMENTATION OF RECOMMENDATIONS (FROM 115.386(e)-1) OR</i> <i>DOCUMENTATION OF REASONS FOR NOT IMPLEMENTING RECOMMENDATIONS (FROM 115.386(e)-1)</i>
		AUDITOR NOTES:
		Audit:
		AUDITOR NOTES:

Overall Determination:
☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.387 – Data collection

Auditor Findings		Verification Documents/Data for Auditor Review
115.387 (a) and (c) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.387(a)/(c)-1)</i> 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 conducted by the Department of Justice. <i>YES OR NO (FROM 115.387 (a)/(c)-2)</i> POLICY: <i>SEXUAL ABUSE DATA COLLECTION (FROM 115.387(a)/(c)-1)</i> Refer to page/section: <i>(FROM 115.387(a)/(c)-1)</i> OTHER DOCUMENTATION: <i>SET OF DEFINITIONS (FROM 115.387(a)/(c)-1) , if applicable.</i> <i>DATA COLLECTION INSTRUMENT (FROM 115.387(a)/(c)-2) , if applicable.</i> AUDITOR NOTES: Audit: AUDITOR NOTES:
115.387 (b) The agency shall aggregate the incident-based sexual abuse data at least annually.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency aggregates the incident-based sexual abuse data at least annually. <i>YES OR NO (FROM 115.387(b)-1)</i> AUDITOR NOTES: Audit: REVIEW: Sample of aggregated data. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.387 (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. <i>YES OR NO (FROM 115.387(d)-1)</i> POLICY: <i>SEXUAL ABUSE DATA COLLECTION (FROM 115.387(a)/(c)-1)</i> Refer to page/section: <i>(FROM 115.387(d)-1)</i> AUDITOR NOTES: Audit: AUDITOR NOTES:
115.387 (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. <i>YES, NO, or N/A if agency does not contract for the confinement of its residents (FROM 115.387(e)-1)</i>

<i>(N/A if agency does not contract for the confinement of its residents.)</i>		The data from private facilities complies with SSV reporting regarding content. YES OR NO (FROM 115.387(e)-1) POLICY: <i>SEXUAL ABUSE DATA COLLECTION (FROM 115.387(a)/(c)-1)</i> Refer to page/section: <i>(FROM 115.387(e)-1)</i> AUDITOR NOTES: Audit: REVIEW: Sample of incident-based and aggregated data from private facility, if applicable. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES:
115.387 (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. <i>(N/A if DOJ has not requested agency data.)</i>	☐ Yes ☐ No ☐ N/A	Pre-Audit: QUESTIONNAIRE: The agency provided the Department of Justice with data from the previous calendar year upon request. YES, NO, or N/A if DOJ has not requested agency data (FROM 115.387(f)-1) AUDITOR NOTES: Audit: AUDITOR NOTES:

Overall Determination:

☐ Exceeds Standard (substantially exceeds requirements of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

115.388 – Data Review for Corrective Action

Auditor Findings		Verification Documents/Data for Auditor Review
115.388 (a) The agency shall review 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, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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: - 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. YES OR NO (FROM 115.388(a)-1) OTHER DOCUMENTATION: DOCUMENTATION OF CORRECTIVE ACTION PLANS (FROM 115.388(a)-1), if applicable. ANNUAL REPORT OF FINDINGS FROM DATA REVIEWS/CORRECTIVE ACTIONS (FROM 115.388(a)-1), if applicable. AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): Agency Head – Q: 9 PREA Coordinator – Q: 6, 7 PREA Compliance Manager – Q: 24 REVIEW: Additional documentation of corrective action plans. (UPLOAD IF NECESSARY) AUDITOR NOTES:
115.388 (b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. YES OR NO (FROM 115.388(b)-1) The annual report provides an assessment of the agency's progress in addressing sexual abuse. YES OR NO (FROM 115.388(b)-2) OTHER DOCUMENTATION: ANNUAL REPORT OF FINDINGS FROM DATA REVIEWS/CORRECTIVE ACTIONS (FROM 115.388(a)-1), if applicable. AUDITOR NOTES: Audit: AUDITOR NOTES:
115.388 (c) The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency makes its annual report readily available to the public at least annually through its website. YES OR NO (FROM 115.388(c)-1) If NO, the agency makes it available through other means. YES OR NO (FROM 115.388(c)-2) The annual reports are approved by the agency head. YES OR NO (FROM 115.388(c)-3) OTHER DOCUMENTATION: WEBSITE WHERE ANNUAL REPORT IS AVAILABLE (FROM 115.388(c)-1), if applicable. AUDITOR NOTES:

		Audit: INTERVIEW GUIDE(S): Agency Head – Q: 10 AUDITOR NOTES:
115.388 (d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.388(d)-1)</i> The agency indicates the nature of material redacted. <i>YES OR NO (FROM 115.388(d)-2)</i> OTHER DOCUMENTATION: <i>ANNUAL REPORT OF FINDINGS FROM DATA REVIEWS/CORRECTIVE ACTIONS (FROM 115.388(a)-1), if applicable.</i> AUDITOR NOTES: Audit: INTERVIEW GUIDE(S): PREA Coordinator – Q: 8 AUDITOR NOTES:
Overall Determination: ☐ Exceeds Standard (substantially exceeds requirements of standard) ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Auditor Comments (including corrective actions needed if it does not meet standard)		

115.389 – Data Storage, Publication, and Destruction

Auditor Findings

Verification Documents/Data for Auditor Review

115.389 (a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: The agency ensures that incident-based and aggregate data are securely retained. <i>YES OR NO (FROM 115.389(a)-1)</i> POLICY: <i>DATA STORAGE (FROM 115.389(a)-1)</i> Refer to page/section: <i>(FROM 115.389(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: INTERVIEW GUIDE(S): PREA Coordinator – Q: 6 AUDITOR NOTES: [REDACTED]
115.389 (b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.389(b)-1)</i> If NO, the agency makes it available through other means. <i>YES OR NO (FROM 115.388(b)-2)</i> POLICY: <i>DATA AVAILABILITY (FROM 115.389(b)-1)</i> Refer to page/section: <i>(FROM 115.389(a)-1)</i> AUDITOR NOTES: [REDACTED] Audit: REVIEW: Website or other means for publicly available aggregated sexual abuse data. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: [REDACTED]
115.389 (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. <i>YES OR NO (FROM 115.389(c)-1)</i> AUDITOR NOTES: [REDACTED] Audit: REVIEW: Sample of publicly available sexual abuse data to check that personal identifiers have been removed. <i>(UPLOAD IF NECESSARY)</i> AUDITOR NOTES: [REDACTED]
115.389 (d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless	☐ Yes ☐ No	Pre-Audit: QUESTIONNAIRE: 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. <i>YES OR NO (FROM 115.389(d)-1)</i>

Federal, State, or local law requires otherwise.

OTHER DOCUMENTATION:

If Federal, State or local law requires otherwise, please provide a copy of the law: *APPLICABLE LAW (FROM 115.388(d)-1)*

AUDITOR NOTES:

Audit:

REVIEW:

Historical data since August 20, 2012. *(UPLOAD IF NECESSARY)*

AUDITOR NOTES:

Overall Determination:

- ☐ Exceeds Standard (substantially exceeds requirements of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if it does not meet standard)

AUDIT FINDINGS

NARRATIVE:

[The auditor should provide a summary of the audit process that includes the date of audit, who was in attendance, a description of sampling procedures and staff and residents interviewed, areas of facility toured as part of the audit, etc.]

DESCRIPTION OF FACILITY CHARACTERISTICS:

[The auditor should include a summary describing the facility.]

SUMMARY OF AUDIT FINDINGS:

[The auditor should include a summary statement of the overall audit findings. *E.g.: On March 1, 2013 X number of site visits were completed at facility XYZ in X County, Maryland. The results indicate...Facility X exceeded X number of standards; met X number of standards; X number of standards were not met.*]

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Auditor Signature

Date