PREA AUDIT: AUDITOR COMPLIANCE TOOL
Facility: Juvenile

Completed by:	
Date of Final Submission	

AGENCY INFORMATION	
Name of agency:	
Date of last agency PREA audit(if applicable):	
Telephone:	
Governing authority or parent agency (if applicable):	
Physical Address:	
Mailing Address:	
The Agency is:	☐ Federal: Bureau of Prisons ☐ Federal: Military ☐ State ☐ U.S. Territory ☐ County or Multi-County ☐ Regional Authority ☐ City or Municipal ☐ Judicial District ☐ Private ☐ Other
Agency Mission (attach additional document if necessary):	
Upload Attachment (optional):	

Agency Chief Executive Officer Information:	
Name:	**Title:**
Email address:	**Telephone number:**

Agency-Wide PREA Coordinator Information:	
Name:	**Email:**
PREA coordinator reports to:	
Number of compliance managers who	

report to PREA coordinator:	
Agency website with PREA information:	
Is the agency accredited by any other organization?	☐ Yes ☐ No

FACILITY INFORMATION	
Facility name:	
Facility physical address:	
Facility mailing address:	

Facility website with PREA Information:	☐ N/A
Has the facility been accredited within the past 3 years?	◯ Yes ◯ No
If the facility has been accredited within the past 3 years, select the accrediting organization(s): Select all that apply (N/A if the facility has not been accredited within the past 3 years):	☐ ACA ☐ NCCHC ☐ CALEA ☐ Other(please name or describe): ☐ N/A
If your facility has completed any internal or external audits other than those that resulted in accreditation, please describe:	☐ N/A
Upload any relevant accreditation, internal, or external audit reports (referenced above):	☐ N/A

Primary Contact	
Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	
Email Address:	
Telephone Number:	

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	
Current population of facility:	
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	○ Yes ○ No
What is the facility's population designation?	
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	☐ Male ☐ Female ☐ Intersex ☐ Transgender ☐ Nonbinary

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	
Average length of stay or time under supervision:	
Facility security levels/resident custody levels:	
Number of residents admitted to facility during the past 12 months:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	○ Yes ○ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ US Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other(please name or describe): ☐ N/A
Number of staff currently employed at the facility who may have contact with residents:	

Number of staff hired by the facility during the past 12 months who may have contact with residents:	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade	

swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	
Number of single resident cells, rooms, or other enclosures:	
Number of multiple occupancy cells, rooms, or other enclosures:	
Number of open bay/dorm housing units:	
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	○ Yes ○ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in	○ Yes ○ No

the past 12 months?	

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	○ Yes ○ No
Are mental health services provided on-site?	○ Yes ○ No
Where are sexual assault forensic medical exams provided? Select all that apply	☐ On-site ☐ Local hospital/clinic ☐ Rape Crisis Center ☐ Other(please name or describe):

Investigations

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

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other(please name or describe): ☐ N/A
Facility Lists	
Upload staff rosters and lists of contractors and volunteers	☐ N/A
Upload rosters of persons confined in the facility	☐ N/A
Upload lists of sexual abuse and sexual harassment allegations (including how they were investigated)	☐ N/A
Upload other list(s) (e.g., lists of grievances and/or incident reports related to sexual abuse and sexual harassment)	☐ N/A

Prevention Planning

115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.311 (a)-1	The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. • Upload/select zero tolerance policy	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.311 (a)-2	The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. • Upload/select policy outlining implementation plan	**Yes/No** Yes No Enter Comment	
115.311 (a)-3	The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.	**Yes/No** Yes No Enter Comment	
115.311 (a)-4	The policy includes sanctions for those found to have participated in prohibited behaviors.	**Yes/No** Yes No Enter Comment	
115.311 (a)-5	The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.	**Yes/No** Yes No Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?*

Provision Findings

- ○ Yes
- ○ No

Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.311 (b)-1	The agency employs or designates an upper-level, agency-wide PREA Coordinator. • Upload/select agency organizational chart	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.311 (b)-2	The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.	**Yes/No** ○ Yes ○ No Enter Comment	
115.311 (b)-3	The position of the PREA Coordinator in the agency's organizational structure:	Enter Comment	

Audit

Interview Guides

- PREA Coordinator - Q: 1, 2, 3

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the agency employed or designated an agency-wide PREA Coordinator?*

Provision Findings
- ○ Yes
- ○ No

Is the PREA Coordinator position in the upper-level of the agency hierarchy?*

Provision Findings
- ○ Yes
- ○ No

Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?*

Provision Findings
- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility**	

		Response	
115.311 (c)-1	The facility has designated a PREA Compliance Manager. If "No", skip to 115.312. • If applicable, select agency organizational chart and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.311 (c)-2	The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.	**Yes/No** Yes No Enter Comment	
115.311 (c)-3	The position of the PREA Compliance Manager in the agency's organizational structure:	Enter Comment	
115.311 (c)-4	The person to whom the PREA Compliance Manager reports:	Enter Comment	

Audit

Interview Guides

- PREA Compliance Manager - Q: 1

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If this agency operates more than one facility, has each facility designated a PREA

compliance manager? (N/A if agency operates only one facility.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Prevention Planning

115.312: Contracting with other entities for the confinement of residents

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.312 (a)-1	The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. If "No", skip to 115.313. • Upload/select contracts for the confinement of residents entered into (or renewed) after August 20, 2012, or since the last PREA audit	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.312 (a)-2	All of the above contracts require contractors to adopt and comply with PREA standards.	**Yes/No** Yes No Enter Comment	
115.312 (a)-3	The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012 or since the last PREA audit, whichever is later:	(Number only) Enter Comment	
115.312 (a)-4	The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards:	(Number only) Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.312 (b)-1	All of the above contracts require the agency to monitor the contractor's compliance with PREA standards. • If applicable, select contracts and indicate relevant page/ section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.312 (b)-2	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:	(Number only) Enter Comment	

Audit

Interview Guides

- Agency's Contract Administrator - Q: 1, 2, 3

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for

the confinement of residents OR the response to 115.312(a)-1 is "NO".)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Prevention Planning

115.313: Supervision and monitoring

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.313 (a)-1	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. • Upload/select: ◦ documentation of staffing plan development process ◦ staffing plan	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.313 (a)-2	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents:	(Number only) Enter Comment	
115.313 (a)-3	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated:	(Number only) Enter Comment	

Audit

Interview Guides

- Superintendent or Designee - Q: 1, 2, 3

- PREA Compliance Manager - Q: 4

PREA Audit Site Review

SUPERVISION PRACTICES
During the site review the auditor must compare the written staffing plan against the following observations: to determine whether the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, whether the facility is staffed according to the plan, as it is written, to later determine whether deviations from the plan have been documented:

- Observe the number of staff, contractors, and volunteers present (including security and non-security staff) and staffing patterns during every shift, including:
    - In the housing units
    - In isolated areas like administrative/disciplinary segregation and protective custody
    - In the programming, work, education, other areas
    - In areas where sexual abuse is known to be more likely to occur according to the staffing plan.
- Observe staffing ratios in the housing unit during waking hours and sleeping hours (staffing ratios refer to the minimum number of staff to residents to ensure the sexual safety of juveniles during waking and non-waking hours, as prescribed in §115.331(c)).
    - Juvenile facilities are required to establish and maintain minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours.
- Observe staffing ratios outside of the housing unit(s) during waking hours and sleeping hours.
    - Juvenile facilities are required to establish and maintain minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours - including in educational, programming, and other areas of the facility outside of the housing units. Staffing ratios must be maintained constantly and in every area of the facility. These are not aggregate or building-wide ratios.
- Observe staff line of sight and assess whether there are blind spots.
- Observe areas where persons confined in the facility are not allowed to determine whether movement in and out of that space is monitored (e.g., by cameras or other forms of surveillance), to ensure that confined persons never enter those areas.
- Observe the level of supervision and frequency of cell checks in housing areas where confined persons are double-celled, in dormitories, or in holding pens with more than one person (if applicable).
- Observe indirect supervision practices, including camera placement.
    - In addition to observation of camera placement, inquire about and observe the monitoring room, including staffing rotation (i.e., how often is camera

feed monitored and by whom).

- Note any staffing concerns, including understaffing, overcrowding, failure to meet staffing ratios, poor line of sight, etc.

Additionally, the auditor should:

- Have informal conversations with staff regarding supervision practices (e.g., staffing norms, understaffing, shortages, overcrowding, frequency of unannounced rounds) and staffing ratios (e.g., whether observed staffing ratios are typical).
- Have informal conversations with persons confined in the facility regarding the impact of supervision practices and staffing presence (e.g., safety, accessibility or limits to programming, education, work, overcrowding in housing units).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?*

Provision Findings

- ○ Yes
- ○ No

Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?*

Provision Findings

- ○ Yes
- ○ No

Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?*

Provision Findings

- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?*

Provision Findings
- Yes
- No

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?*

Provision Findings
- Yes
- No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.313 (b)-1	Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if no deviations from plan). • Upload/select documentation of deviations from staffing plans and written justifications for all such deviations	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.313 (b)-2	If documented, the six most common reasons for deviating from the staffing plan in the past 12 months:	Enter Comment	

Audit

Interview Guides

- Superintendent or Designee - Q: 4

PREA Audit Site Review

- Review site review instructions outlined under provision (a).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?*

Provision Findings

- ○ Yes
- ○ No

In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.313 (c)-1	The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. • If applicable, select documentation of deviations from staffing plan and written justifications for all such deviations and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.313 (c)-2	The facility maintains staff ratios of a minimum of 1:8 during resident waking hours.	**Yes/No** Yes No Enter Comment	
115.313 (c)-3	The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.	**Yes/No** Yes No Enter Comment	
115.313 (c)-4	In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours:	(Number only) Enter Comment	
115.313 (c)-5	In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours:	(Number only) Enter Comment	

Audit

Interview Guides

- Superintendent or Designee - Q: 5

PREA Audit Site Review

- Review site review instructions outlined under provision (a).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)*

Provision Findings
- Yes
- No
- N/A

Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)*

Provision Findings
- Yes
- No
- N/A

Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)*

Provision Findings
- Yes
- No
- N/A

Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)*

Provision Findings
- Yes
- No
- N/A

Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing

ratios set forth in this paragraph?*

Provision Findings

- ○ Yes
- ○ No

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 (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.313 (d)-1	At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. • Upload/select documentation of annual reviews	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- PREA Coordinator - Q: 10

Documentation Review

- Additional annual reviews.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?*

Provision Findings

- ○ Yes
- ○ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?*

Provision Findings

- ○ Yes
- ○ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?*

Provision Findings

- ○ Yes
- ○ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator,

assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.313 (e)-1	The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. If "No," skip to 115.315. • Upload/select policy or other documentation of requirement	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.313 (e)-2	If YES, the facility documents unannounced rounds. • Upload/select evidence that rounds were conducted	**Yes/No** ○ Yes ○ No Enter Comment	
115.313 (e)-3	If YES, over time the unannounced rounds cover all shifts. • Upload/select evidence that rounds covered all shifts	**Yes/No** ○ Yes ○ No Enter Comment	
115.313 (e)-4	If YES, the facility prohibits staff from alerting other staff of the conduct of such rounds.	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

Interview Guides

- Intermediate or Higher-Level Facility Staff - Q: 1, 2, 3

Documentation Review

- Video demonstrating unannounced rounds when available (spot-check).
- Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the facility implemented 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? (N/A for non-secure facilities)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the facility have a policy prohibiting 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? (N/A for non-secure facilities)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Prevention Planning

115.315: Limits to cross-gender viewing and searches

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.315 (a)-1	The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents. • Upload/select policy on searches	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.315 (a)-2	In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents:	(Number only) Enter Comment	

Audit

Interview Guides

- Non-medical staff (involved in cross-gender strip or visual searches) - Q: 1

PREA Audit Site Review

CROSS-GENDER SEARCHES
Note: the Standards use the term "cross-gender," but for the purposes of clarity in this document we use both "cross-gender" and "opposite-gender" when referring to viewing or searches of persons confined in the facility by staff of the opposite gender.
During the site review, the auditor must:

- Observe areas used to conduct strip searches, visual body cavity searches, and pat-down searches and assess whether opposite-gender staff (i.e., non-medical personnel) can watch the conduct of a strip search or visual body cavity search (absent exigent circumstances).
    - **If opposite-gender supervisors are required to supervise or observe strip searches**, observe the area used to conduct searches and note if a privacy screen or other similar device is used to obstruct cross-gender viewing.
    - **If opposite-gender staff or personnel can be in the vicinity of the strip search area**, observe the area used to conduct searches and note if a privacy screen or other similar device is used to obstruct cross-gender viewing or if the staff or personnel are kept at a sufficient distance where the contours of the breasts, genitalia, or buttocks are not readily distinguishable.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding search procedures (e.g., limits to cross-gender viewing, supervision of searches).

Documentation Review

- Logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?*

Provision Findings

- ○ Yes
- ○ No

115.315 (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.315 (b)-1	The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. • If applicable, select policy on searches and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.315 (b)-2	In the past 12 months, the number of cross-gender pat-down searches of residents:	(Number only) Enter Comment	
115.315 (b)-3	In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s):	(Number only) Enter Comment	

Audit

Interview Guides

- Random Sample of Staff - Q: 3
- Resident Interview Questionnaire - Q: 5

Documentation Review

- Logs of cross-gender pat down searches of residents to identify documentation of

exigent circumstances.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.315 (c)-1	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. • If applicable, select policy on searches and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Documentation Review

- Documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of residents.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?*

Provision Findings
- ○ Yes
- ○ No

Does the facility document all cross-gender pat-down searches?*

Provision Findings
- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.315 (d)-1	The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). • Upload/select: ◦ policy on cross-gender viewing ◦ logs of exigent circumstances that may deviance from the standard	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.315	Policies and procedures require staff		

(d)-2	of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing.	**Yes/No** Yes No Enter Comment

Audit

Interview Guides

- Resident Interview Questionnaire - Q: 4, 6
- Random Sample of Staff - Q: 15, 16

PREA Audit Site Review

CROSS-GENDER VIEWING & SEARCHES
Note: the Standards use the term "cross-gender," but for the purposes of clarity in this document we use both "cross-gender" and "opposite-gender" when referring to viewing or searches of persons confined in the facility by staff of the opposite gender.
Cross-Gender Viewing
During the site review, the auditor must:

- Observe all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes.
    - All areas include:
        - Inside housing units.

        - Outside of the housing units (e.g., medical areas, intake cells/ showers/areas, transport holding areas, recreation areas).
- Observe if any nonmedical staff of the opposite gender are able to view confined persons in a state of undress, including from different angles and via mirror placement.
    - In multi-tier facilities, observe spaces from multiple perspectives and vantage points, including from the floor and any other tiers, as applicable.
    - If mirrors are present, observe the placement and angle of mirrors.
- Observe electronic surveillance monitoring areas such as control rooms or other spaces where staff monitor live or recorded video feeds of confined persons (e.g., via camera feed) and determine if:
    - Opposite-gender staff are assigned to monitor video surveillance (recorded or live) (e.g., male staff viewing female confined persons).
    - The video monitoring technology allows for point, tilt, zoom (PTZ) capabilities which could allow staff to see confined persons in a state of undress.
    - The facility uses any type of software (e.g., pixelation or blurring) or other mechanisms (e.g., post-its, tape) to obscure cross-gender viewing of confined persons in a state of undress.

Additionally, the auditor should:

- Have informal conversations with staff regarding cross-gender viewing, including staff responsible for monitoring camera feed/electronic monitoring (e.g., procedures to prevent cross-gender viewing via electronic monitoring, staff assigned to monitor camera feed, whether live or recorded, frequency of monitoring).
- Have informal conversations with persons confined in the facility regarding changing clothes, using the toilet, and showering without staff of the opposite gender being able to view.

Inside housing units, the auditor must also:

- Observe the method(s) used to alert individuals confined in the facility that an opposite-gender staff person has entered a housing unit/area where they are likely to be in a state of undress (i.e., cross-gender announcement).
    - Alert methods might include a verbal announcement, distinct buzzer, bell, or other noise-making device.
- Assess whether the alert method(s) is sufficient to alert persons confined in the facility that an opposite-gender staff person will be entering the housing unit and allow them to cover-up and determine whether:
    - The alert is loud enough for all of the confined persons in the housing unit/ area to hear.
    - The time between the alert and the staff person’s arrival provides enough time for confined persons to cover up before the staff enter the area.
    - The alert is provided in such a manner that confined persons with disabilities (e.g., persons who are Deaf or hard of hearing, Blind or have low vision, or those who are cognitively or functionally disabled (including intellectual,

psychiatric, or speech disabilities)) are also properly alerted to staff of the opposite-gender in the housing unit.

Additionally, the auditor should:

- Have informal conversations with staff in housing units regarding knock and announce procedures (e.g., verify knock and announce procedures, frequency of knock and announce) and unannounced rounds conducted by supervisors.
- Have informal conversations with persons confined in the facility regarding knock and announce procedures.
- **Important note:** It may not always be possible to observe a cross-gender announcement if, for example, there are staff of both genders working in the housing unit(s) or if the auditor is of the same gender as the staff and confined persons in the housing unit(s). In these circumstances, the auditor should rely upon other types of evidence (i.e., documentation, interviews of staff and persons confined in the facility).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility 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?*

Provision Findings

- ○ Yes
- ○ No

Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?*

Provision Findings

- ○ Yes
- ○ No

In facilities (such as group homes) that do not contain discrete housing units, does the

facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.315 (e)-1	The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. • Upload/select policy on transgender or intersex residents	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.315 (e)-2	Such searches (described in 115.315(e)-1) occurred in the past 12 months:	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

Interview Guides

- Random Sample of Staff - Q: 4
- Transgender/Intersex Residents - Q: 4

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?*

Provision Findings

- ○ Yes
- ○ No

If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.315 (f)-1	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: (The percentage given does not necessarily indicate compliance or non-compliance with the standard.) • Upload/select: ◦ training curricula ◦ training logs	(Number only) Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Random Sample of Staff - Q: 2

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?*

Provision Findings

- ○ Yes
- ○ No

Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Prevention Planning

115.316: Residents with disabilities and residents who are limited English proficient

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.316 (a)-1	The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. • Upload/select: ◦ policy/documentation of procedures ◦ contracts with interpreters or other professionals hired to ensure effective communication with residents who have disabilities ◦ written materials used for effective communications about PREA with residents	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

		with disabilities ◦ documentation of staff training on PREA-compliant practices for residents with disabilities	

Audit

Interview Guides

- Agency Head - Q:11
- Residents (with disabilities or who are limited English proficient) - Q: 1, 2, 3

PREA Audit Site Review

INTERPRETATION SERVICES
As part of the formal interview process, the auditor must interview persons confined in the facility who are LEP. As such, those interviews are an excellent opportunity to test the facility's access to interpretation services. The auditor should not notify or set-up interpreting or language line access in advance of the audit. Instead, the auditor must test the facility's process for securing an interpreter in real-time. Note, the auditor must access the interpretation services in whatever manner is available to the persons confined in the facility.
During the site review, the auditor must:

- Test the facility's process for securing interpretation services on-demand.

    - If services are provided via a language line, the auditor must test access to services via the language line to assess whether the phones for accessing the language line work properly (e.g., the auditor should pick up the phone to confirm there is a dial tone).
- Determine if persons confined in the facility must self-identify (e.g., enter pin, provide name/ID number) to access interpretation services. This is important to understand related to anonymous reporting or confidential access to emotional support services.
- Assess the availability of interpretation services (e.g., ability to access immediate interpretation services).
- Assess the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter, including persons confined in restricted housing).
- Observe the location of interpretation services (e.g., are services provided in a location that provides some privacy for the persons confined in the facility?).

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding accessibility of interpretation services when needed (e.g., experiences with interpretation services in the past).

Documentation 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.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to

prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?*

Provision Findings

- Yes
- No

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?*

Provision Findings

- Yes
- No

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?*

Provision Findings

- Yes
- No

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?*

Provision Findings

- Yes
- No

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?*

Provision Findings

- Yes
- No

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)*

Provision Findings

Yes
No

Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?*

Provision Findings
Yes
No

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?*

Provision Findings
Yes
No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?*

Provision Findings
Yes
No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?*

Provision Findings
Yes
No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?*

Provision Findings
Yes
No

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 specialized vocabulary.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.316 (b)-1	The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. • Upload/select: ◦ policy/documentation of procedures ◦ contracts with interpreters or other professionals hired to ensure effective communication with residents with Limited English Proficiency ◦ written materials used for effective communication about PREA with residents with Limited English Proficiency ◦ documentation of staff training on PREA-compliant practices for residents with Limited English Proficiency	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

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

PREA Audit Site Review

- Review the site review instructions outlined in provision (a).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?*

Provision Findings

- ○ Yes
- ○ No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.316 (c)-1	Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. • Upload/select policy on resident interpreters, readers, or assistants	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.316 (c)-2	If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (Absence of such documentation does not result in noncompliance with the standard.)	**Yes/No** Yes No Enter Comment	
115.316 (c)-3	In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations:	(Number only) Enter Comment	

Audit

Interview Guides

- Random Sample of Staff - Q: 9
- Residents (with disabilities or who are limited English proficient) - Q: 1, 2, 3

Documentation Review

- Documentation of circumstances when resident interpreters, readers, other resident assistants were used.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Prevention Planning

115.317: Hiring and promotion decisions

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.317 (a)-1	Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: • 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. • Upload/select policy on hiring and promoting	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Documentation 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.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?*

Provision Findings

- ○ Yes
- ○ No

Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?*

Provision Findings

- ○ Yes
- ○ No

Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?*

Provision Findings

- ○ Yes
- ○ No

Does the agency prohibit the enlistment of 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)?*

Provision Findings

- ○ Yes
- ○ No

Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?*

Provision Findings

- ○ Yes
- ○ No

Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.317 (b)-1	Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. • If applicable, select policy on hiring and promotions and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Administrative (Human Resources) Staff - Q: 2

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency 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?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.317 (c)-1	Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its 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. • If applicable, select policy on hiring and promotions and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.317 (c)-2	In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks.	(Number only) 87 / 87 = 100% Percentages are calculated from information entered into this subsection and information entered into the agency/facility information section(s). Enter Comment	

Audit

Interview Guides

- Administrative (Human Resources) Staff - Q: 1, 3

Documentation Review

- Files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.317(c).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?*

Provision Findings

- ○ Yes
- ○ No

Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?*

Provision Findings

- ○ Yes
- ○ No

Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.317 (d)-1	Agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. • If applicable, select policy on hiring and promotions and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.317 (d)-2	In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents:	(Number only) Enter Comment	

Audit

Interview Guides

- Administrative (Human Resources) Staff - Q: 1

Documentation Review

- Records of background checks of contractors who might have contact with residents.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?*

Provision Findings

- ○ Yes
- ○ No

Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.317 (e)-1	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. • Upload/select policy on background checks of current employees/contractors	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Administrative (Human Resources) Staff - Q: 4

Documentation Review

- Documentation of background records checks of current employees and contractors at five- year intervals when applicable.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Administrative (Human Resources) Staff - Q: 5, 6

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?*

Provision Findings

- Yes
- No

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?*

Provision Findings

- Yes
- No

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?*

Provision Findings

- Yes
- No

115.317 (g): Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.317 (g)-1	Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. • If applicable, select policy on hiring and promotions and/or policy on background checks and indicate relevant page(s)/section(s).	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?*

Provision Findings
Yes
No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Administrative (Human Resources) Staff- Q: 7

Documentation Review

- If providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law, review a copy of the law.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Prevention Planning

115.318: Upgrades to facilities and technologies

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.318 (a)-1	The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Agency Head - Q: 1
- Superintendent or Designee - Q: 6

Documentation Review

- Documentation on how the agency considered the effect of the facility design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.318 (b)-1	The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

Agency Head - Q: 2
Superintendent or Designee - Q: 7

Documentation Review

- If the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, documentation of how the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse (e.g., minutes from meetings referencing installing or updating monitoring technology).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall

Compliance Determination.

Provision Findings

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Responsive Planning

115.321: Evidence protocol and forensic medical examinations

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.321 (a)-1	The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.321 (a)-2	The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	**Yes/No** ○ Yes ○ No Enter Comment	
115.321 (a)-3	If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, skip to 115.321(c)-1)::	Enter Comment	
115.321 (a)-4	When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. • Upload/select uniform evidence protocol	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

Interview Guides

- Random Sample of Staff - Q: 10, 12

Documentation Review

- Review uniform evidence protocol for evidence that there is sufficient technical detail to aid responders in obtaining usable physical evidence.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.321 (b)-1	The protocol is developmentally appropriate for youth. • If applicable, select uniform evidence protocol and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.321 (b)-2	The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. If "No", indicate the source used to develop the protocol in the comments section. • Upload/select alternative source (if applicable)	**Yes/No** Yes No Enter Comment	

Audit

Documentation Review

- Review uniform evidence protocol for evidence that it is developmentally appropriate for youth, where applicable, and, as appropriate adapted from or otherwise based on the DOJ's publication.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

115.321 (c): The agency shall offer all residents who experienced 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.321 (c)-1	The facility offers all residents who experience sexual abuse access to forensic medical examinations. If no, skip to 115.321 (d)-1.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.321 (c)-2	The facility offers all residents who experience sexual abuse access to forensic medical examinations onsite.	**Yes/No** Yes No Enter Comment	
115.321 (c)-3	The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility.	**Yes/No** Yes No Enter Comment	
115.321 (c)-4	Forensic medical examinations are offered without financial cost to the victim. • Upload/select documentation that forensic medical exams are offered for free	**Yes/No** Yes No Enter Comment	
115.321 (c)-5	Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section.	**Yes/No** Yes No Sometimes Enter Comment	
115.321 (c)-6	When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.	**Yes/No** Yes No Enter Comment	
115.321 (c)-7	The facility documents efforts to provide SANEs or SAFEs. • Upload/select documentation of efforts to provide SANEs/ SAFEs	**Yes/No** Yes No Enter Comment	
115.321 (c)-8	The number of forensic medical exams conducted during the past 12 months:	(Number only) Enter Comment	
115.321	The number of exams performed by		

(c)-9	SANEs/SAFEs during the past 12 months:	(Number only) Enter Comment
115.321 (c)-10	The number of exams performed by a qualified medical practitioner during the past 12 months:	(Number only) Enter Comment

Audit

Interview Guides

- SAFEs/SANEs Staff - Q: 1, 2

Documentation Review

- Documentation to corroborate that all victims of sexual abuse have access to forensic medical examinations.
- Any available documentation that delineates responsibilities of outside medical and mental health practitioners.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency 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?*

Provision Findings
- Yes
- No

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?*

Provision Findings
- Yes
- No

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?*

Provision Findings
- Yes
- No

Has the agency documented its efforts to provide SAFEs or SANEs?*

Provision Findings
- Yes
- No

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 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.321 (d)-1	The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.321 (d)-2	These efforts are documented. • Upload/select documentation of agreement(s) with rape crisis center for services or documentation of efforts	**Yes/No** ○ Yes ○ No Enter Comment	
115.321 (d)-3	If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. • Upload/select documentation of staff member's qualifications if agency staff member used	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

Interview Guides

- PREA Compliance Manager - Q: 15, 16
- Residents who Reported a Sexual Abuse - Q: 9

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?*

Provision Findings
- ○ Yes
- ○ No

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?*

Provision Findings
- ○ Yes
- ○ No

Has the agency documented its efforts to secure services from rape crisis centers?*

Provision Findings
- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.321 (e)-1	If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. • Upload/select any relevant documentation	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- PREA Compliance Manager - Q: 14
- Residents who Reported a Sexual Abuse - Q: 9

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim

through the forensic medical examination process and investigatory interviews?*

Provision Findings
- Yes
- No

As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?*

Provision Findings
- Yes
- No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.321 (f)-1	If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check N/A if the agency/facility is responsible for administrative and criminal investigations. • Upload/select agreements/ MOUs with responsible agency	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Documentation Review

- Documentation of the request regarding requirements of §115.321(a) through (e) with outside investigating agency.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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 facilties.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

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.

Pre-Audit	Issue Log Notes

Audit

Documentation Review

- Documentation of screening for appropriateness.
- Documentation of education received concerning sexual assault and forensic examination issues.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Responsive Planning

115.322: Policies to ensure referrals of allegations for investigations

115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.322 (a)-1	The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. • Upload/select policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.322 (a)-2	In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received:	(Number only) Enter Comment	
115.322 (a)-3	In the past 12 months, the number of allegations resulting in an administrative investigation:	(Number only) Enter Comment	
115.322 (a)-4	In the past 12 months, the number of allegations referred for criminal investigation:	(Number only) Enter Comment	
115.322 (a)-5	Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed. If "NO", please explain in the comments section.	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Agency Head - Q: 3, 4

Documentation Review

- Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative report with findings.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?*

Provision Findings
- ○ Yes
- ○ No

Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?*

Provision Findings
- ○ Yes
- ○ No

115.322 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse and/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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.322 (b)-1	The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. • Upload/select investigative policy	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.322 (b)-2	The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means.	**Yes/No** Yes No Enter Comment	
115.322 (b)-3	The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Investigative Staff - Q: 4

Documentation Review

- Verify that policy is on website or other means made publicly available.
- Documentation of referrals of allegations of sexual abuse and sexual harassment.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall

Compliance Determination.

Provision Findings

Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?*

Provision Findings
- ○ Yes
- ○ No

Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?*

Provision Findings
- ○ Yes
- ○ No

Does the agency document all such referrals?*

Provision Findings
- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Documentation 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

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.a policy governing the conduct of such investigations.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

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.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

by the facility.

Training and Education

115.331: Employee training

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; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.331 (a)-1	The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. • Upload/select: ◦ training policy and/or procedures ◦ training curriculum	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.331 (a)-2	The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	
115.331 (a)-3	The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	
115.331 (a)-4	The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	
115.331 (a)-5	The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile	**Yes/No** Yes No Enter Comment	

	facilities. • If applicable, select training curriculum and indicate relevant page/section.	
115.331 (a)-6	The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment
115.331 (a)-7	The agency trains all employees who may have contact with residents on 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. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment
115.331 (a)-8	The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment
115.331 (a)-9	The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. • If applicable, select training	**Yes/No** Yes No Enter Comment

	curriculum and indicate relevant page/section.	
115.331 (a)-10	The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment
115.331 (a)-11	The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent. • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment

Audit

Interview Guides

- Random Sample of Staff - Q: 1

Documentation Review

- Sample of training records.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?*

Provision Findings
- Yes
- No

Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?*

Provision Findings
- Yes
- No

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 facility that houses only female residents, or vice versa.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.331 (b)-1	Training is tailored to the unique needs and attributes and gender of the residents at the facility. • If applicable, select training policy, procedures, or training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.331 (b)-2	Employees who are reassigned from facilities housing the opposite gender are given additional training. • If applicable, select training policy, procedures, or training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	

Audit

Documentation Review

- Sample of training records.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is such training tailored to the unique needs and attributes of residents of juvenile facilities?*

Provision Findings

Yes
No

Is such training tailored to the gender of the residents at the employee's facility?*

Provision Findings
Yes
No

Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?*

Provision Findings
Yes
No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.331 (c)-2	Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. (If "YES", please describe in the comments section.) • If applicable, select training curriculum and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.331 (c)-3	The frequency with which employees who may have contact with residents receive refresher training on PREA requirements:	Enter Comment	

Audit

Documentation Review

- Sample of training records.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Have all current employees who may have contact with residents received such training?*

Provision Findings

- Yes
- No

Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?*

Provision Findings
- Yes
- No

In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?*

Provision Findings
- Yes
- No

115.331 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.331 (d)-1	The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Documentation Review

- Documentation of employee signatures or electronic verification signifying comprehension of the training.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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Training and Education

115.332: Volunteer and contractor training

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.332 (a)-1	All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. • Upload/select training curriculum for volunteers and contractors	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.332 (a)-2	The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:	(Number only) Enter Comment	

Audit

Interview Guides

- Volunteer(s) or Contractor(s) who have Contact with Residents - Q: 1

Documentation Review

- Sample of training records of volunteers and contractors who may have contact with residents.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.332 (b)-1	The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. • If applicable, select volunteer/ contractor training curriculum and indicate relevant page/ section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.332 (b)-2	All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Volunteer(s) or Contractor(s) who have Contact with Residents - Q: 2, 3

Documentation Review

- Sample of training records of volunteers and contractors.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?*

Provision Findings

- ○ Yes
- ○ No

115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.332 (c)-1	The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Documentation Review

- Relevant documentation (e.g., signed acknowledgement of understanding by volunteers/contractors).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in

your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Training and Education

115.333: Resident education

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.333 (a)-1	Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. • Upload/select agency/facility policy governing PREA education of residents	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.333 (a)-2	The number of residents admitted in past 12 months who were given this information at intake:	(Number only) Enter Comment	
115.333 (a)-3	This information is provided in an age appropriate fashion:	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Intake Staff - Q: 1, 2
- Resident Interview Questionnaire- Q: 3

PREA Audit Site Review

INTAKE: PREA INFORMATION
As part of the site review, the auditor must ask to observe, during an actual intake process, if possible, the sexual safety information (PREA information/zero-tolerance information) provided at the point of intake or transfer; if no one is being admitted during the onsite audit, the auditor may ask staff to walk through the process and do a mock intake for demonstration purposes.
During the intake or mock demo, the auditor must:

- Confirm who is responsible for conducting the intake process.
    - This information will be important for interviewing the right staff who are responsible for the intake process.
- Test how the facility provides the necessary PREA information to all confined persons, regardless of ability and language, including whether:
    - Written information, if applicable, is clear and provided at an appropriate reading-level and is accessible for all persons confined in the facility, including those who are limited English proficient (LEP) (i.e., the facility provides written information in the languages most commonly spoken in the facility and/or provides translation services on-demand).
    - The facility provides interpreters, when needed, to assist Deaf and non-English speaking persons confined in the facility (see section Interpretation Services, below).
    - Staff are prepared to read written information out loud, if applicable, to make accommodations for persons confined in the facility when necessary (e.g., Blind or have low vision, limited reading skills).
    - Mental health staff or other skilled educators/staff are involved in providing the required information to confined persons with cognitive or functional disabilities.

Additionally, the auditor should:

- Have informal conversations with staff (if mock demo) or persons confined in the facility (if an actual intake) regarding initial PREA education provided during intake (e.g., understanding of information provided, access to additional support to understand information provided, if necessary).

Note: Individuals who are “limited English proficient” (LEP) refers to those who do not speak English as their primary language and who have a limited ability to read, write, speak, or

understand English. These individuals may use spoken or sign language.

INTERPRETATION SERVICES

As part of the formal interview process, the auditor must interview persons confined in the facility who are LEP. As such, those interviews are an excellent opportunity to test the facility's access to interpretation services. The auditor should not notify or set-up interpreting or language line access in advance of the audit. Instead, the auditor must test the facility's process for securing an interpreter in real-time. Note, the auditor must access the interpretation services in whatever manner is available to the persons confined in the facility.

During the site review, the auditor must:

- Test the facility's process for securing interpretation services on-demand.
    - If services are provided via a language line, the auditor must test access to services via the language line to assess whether the phones for accessing the language line work properly (e.g., the auditor should pick up the phone to confirm there is a dial tone).
- Determine if persons confined in the facility must self-identify (e.g., enter pin, provide name/ID number) to access interpretation services. This is important to understand related to anonymous reporting or confidential access to emotional support services.
- Assess the availability of interpretation services (e.g., ability to access immediate interpretation services).
- Assess the accessibility of interpretation services (i.e., available to all persons confined in the facility who need an interpreter, including persons confined in restricted housing).
- Observe the location of interpretation services (e.g., are services provided in a location that provides some privacy for the persons confined in the facility?).

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding accessibility of interpretation services when needed (e.g., experiences with interpretation services in the past).

Documentation Review

- Intake records of residents entering the facility in the last 12 months (spot check).
- Log or other record corroborating that those residents received information at intake (e.g., resident signatures).
- Any relevant education materials (e.g. resident handbook) to ensure that relevant information is covered and material is presented in age appropriate fashion.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?*

Provision Findings
- Yes
- No

During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?*

Provision Findings
- Yes
- No

Is this information presented in an age-appropriate fashion?*

Provision Findings
- Yes
- No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.333 (b)-1	The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:	(Number only) Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Intake Staff - Q: 3, 4
- Resident Interview Questionnaire - Q: 2

PREA Audit Site Review

COMPREHENSIVE PREA EDUCATION
The auditor must ask to observe the actual comprehensive education process with a person confined in the facility, if possible; if no one confined in the facility is receiving the comprehensive education at the time of the onsite portion of the audit, the auditor may ask staff to walk through the process and do a mock education session for demonstration purposes.
During the site review, the auditor must:

- Determine whether comprehensive education is provided via video or in-person.
- Assess whether the education provided includes the required information as outlined in the Standards (e.g., 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).
- Assess how the facility makes the comprehensive education accessible to all persons confined in the facility (i.e., confined persons who are Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills).

Additionally, the auditor should:

- Have informal conversations with staff (if mock demo) or persons confined in the facility (if during comprehensive PREA education) regarding comprehensive PREA education (e.g., understanding of information provided, access to additional support to understand information provided, if necessary, frequency/availability of information being provided).

Documentation Review

- Intake records of residents entering the facility in the last 12 months (spot check).
- Log or other record corroborating that those residents received comprehensive PREA education within 10 days of intake (e.g., resident signatures).
- Any relevant education materials (e.g., video, resident handbook, training curricula) to ensure that relevant information is covered and material is presented in age appropriate fashion.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?*

Provision Findings

○ Yes

No

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?*

Provision Findings

Yes
No

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?*

Provision Findings

Yes
No

115.333 (c): 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.333 (c)-1	Of those who were NOT educated (as stated in 115.333 (b)-1) within 10 days of intake, all residents have been educated subsequently.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.333 (c)-2	If YES, by what date were they educated by:	Enter Comment	
115.333 (c)-3	If NO, the number still not educated.	(Number only) Enter Comment	
115.333 (c)-4	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. • If applicable, select policy on PREA education of residents and indicate relevant page/ section.	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Intake Staff - Q: 2

Documentation 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).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Have all residents received such education?*

Provision Findings

- ○ Yes
- ○ No

Do residents 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?*

Provision Findings

- ○ Yes
- ○ No

115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.333 (d)-1	Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. • If applicable, select policy on PREA education of residents and indicate relevant page/ section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.333 (d)-2	Resident PREA education is available in formats accessible to all residents, including those who are deaf. • If applicable, select policy on PREA education of residents and indicate relevant page/ section.	**Yes/No** Yes No Enter Comment	
115.333 (d)-3	Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. • If applicable, select policy on PREA education of residents and indicate relevant page/ section.	**Yes/No** Yes No Enter Comment	
115.333 (d)-4	Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. • If applicable, select policy on PREA education of residents and indicate relevant page/ section.	**Yes/No** Yes No Enter Comment	
115.333 (d)-5	Resident PREA education is available in formats accessible to all residents, including those who have limited reading skills. • If applicable, select policy on PREA education of residents	**Yes/No** Yes No Enter Comment	

	and indicate relevant page/ section.		

Audit

PREA Audit Site Review

- Review site review instructions outlined in provision (a).

Documentation Review

- Resident education materials.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?*

Provision Findings
- ○ Yes
- ○ No

Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?*

Provision Findings
- ○ Yes
- ○ No

Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?*

Provision Findings
- ○ Yes
- ○ No

Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?*

Provision Findings
- ○ Yes
- ○ No

Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?*

Provision Findings
- ○ Yes
- ○ No

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.333 (e)-1	The agency maintains documentation of resident participation in PREA education sessions.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Documentation Review

- Sample of documentation of resident participation in education sessions.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency maintain documentation of resident participation in these education sessions?*

Provision Findings
Yes
No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.333 (f)-1	The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

PREA Audit Site Review

SIGNAGE
During the site review, the auditor must actively observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage

includes audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information (see table below). The auditor must review the information provided on signage to determine whether it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. *Note: The expectations of what an auditor must observe regarding signage are outlined below; however, a thorough review of signage documentation for readability and accessibility, consistency, placement, and accuracy must also be conducted as part of the auditor's analysis of the evidence to make a compliance determination.*
During the site review, the auditor must:

- Observe whether signage throughout the facility can be easily read/accessed by persons in the facility, specifically:
    - Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility.
        - Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes, and should be provided at an age-appropriate reading level.
    - Signage is provided in English and translated for the other languages most commonly spoken in the facility.
    - The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
    - The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage is ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words which makes them illegible).
- Observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).
- Observe where signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility and other persons who may need the information or services provided. The auditor must observe the placement of the following types of signage:
    - **Other PREA Signage**
        - Posted in areas where staff and persons confined in the facility are able to read and retain the information being provided (e.g., staff dining area, staff break room, locker rooms, medical and mental health staff areas, housing units).
        - Is key PREA information continuously and readily available and observed throughout the facility (e.g., posters, handbooks, brochures, or other written formats)?

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; consistency and accuracy of information; signage posted just for the audit or always posted (with the exception of the PREA Audit Notice).

Documentation Review

- Education and informational materials (posters, resident handbook, etc.) in compliance with the standard.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Training and Education

115.334: Specialized training: Investigations

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.334 (a)-1	Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check N/A if the agency does not conduct administrative or criminal sexual abuse investigations and skip to 115.335(a)-1. • Upload/select: ◦ training policy ◦ training curriculum for investigators	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Investigative Staff - Q: 1, 2

Documentation Review

- Training records/logs of investigative staff.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)*

Provision Findings

- ( ) Yes
- ( ) No
- ( ) N/A

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 3

Documentation Review

- Training records/logs of investigative staff.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)*

Provision Findings
- ○ Yes
- ○ No
- ○ N/A

Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)*

Provision Findings
- ○ Yes
- ○ No
- ○ N/A

Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)*

Provision Findings
- ○ Yes
- ○ No
- ○ N/A

Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)*

Provision Findings
- ○ Yes
- ○ No
- ○ N/A

115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.334 (c)-1	The agency maintains documentation showing that investigators have completed the required training. • Upload/select documentation that investigators have completed training	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.334 (c)-2	The number of investigators currently employed who have completed the required training:	(Number only) Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)*

Provision Findings
- Yes
- No
- N/A

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.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- Note to auditors: Agents and investigators must be trained in conducting investigations in confinement settings as per 115.334(b) above.
- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Training and Education

115.335: Specialized training: Medical and mental health care

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.335 (a)-1	The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities. • Upload/select agency policy related to training of medical and mental health care practitioners	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.335 (a)-2	The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy:	(Number only) Enter Comment	
115.335 (a)-3	The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.	(Number only) Enter Comment	

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 2

Documentation Review

- Training records and personnel records to verify that regular practitioners have been trained ("regular" does not include practitioners who are engaged infrequently).
- Review policy and verify that all required elements are addressed. Indicate reasons for variance from policy, if any.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.335 (b)-1	Agency medical staff at this facility conduct forensic medical exams.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 1

Documentation Review

- Sample of training logs for medical staff employed by the agency who conduct forensic examinations, if applicable.
- Forensic exam training curriculum.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.335 (c)-1	The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities. • Upload/select documentation of training	**Yes/No** ○ Yes ○ No ○ N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Documentation Review

- Training logs of medical and mental health care practitioners to ensure they received the training.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit	Issue Log Notes

Audit

Documentation 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.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Screening for Risk of Sexual Victimization and Abusiveness

115.341: Obtaining information from residents

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.341 (a)-1	The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. • Upload/select screening policy	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.341 (a)-2	The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. • If applicable, select screening policy and indicate relevant page/section.	**Yes/No** Yes No Enter Comment	
115.341 (a)-3	The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility:	(Number only) Enter Comment	
115.341 (a)-4	The policy requires that the resident's risk level be reassessed periodically throughout their confinement. • Upload/select screening policy	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Staff Responsible for Risk Screening - Q: 1, 2, 5, 6
- Resident Interview Questionnaire - Q: 7

PREA Audit Site Review

PREA RISK SCREENING
During the site review, the auditor must ask to observe a confined person being screened for risk of being sexually abused or sexually abusive, if possible; if no confined persons are being screened during the onsite portion of the audit, the auditor may ask staff to walk through the process and do a mock intake for demonstration purposes.
During the PREA risk screening or mock demo, the auditor must:

- Confirm who is responsible for risk screening (e.g., medical, mental health, risk screening staff).
    - This information will be important for interviewing the right staff who are responsible for conducting risk screening.
- Assess whether the screening process occurs in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed (e.g., screening takes place out of earshot of other staff and confined persons who would not otherwise participate in the screening process).
- Assess whether screening staff ask screening questions in a manner that fosters comfort and elicits responses.
- Test the method for assessing confined persons for risk of being sexually abused by other persons confined in the facility or sexually abusive toward other persons confined in the facility, including whether:
    - Screening staff use an instrument to collect information during the risk screening process.
    - Screening staff affirmatively ask persons confined in the facility about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI (in addition to making a subjective determination about perceived status).
    - Screening staff use additional sources of information, outlined in the Standards, to complete the initial risk screening assessment.
    - Information obtained pursuant to Standard 115.341 is used to reduce the risk of sexual abuse by or upon a resident. Note: The risk screening instrument is not required to return a “score,” similar to that in adult facilities.

Additionally, the auditor should:

- Have informal conversations with staff while conducting risk screening (or mock demo) regarding the risk screening process (e.g., how information is collected/ specifics of the screening tool, how privacy is maintained).
- Have informal conversations with persons confined in the facility regarding the risk screening process (e.g., their comfort answering questions in the space where the screening is being conducted, ability to answer the questions asked).

Documentation Review

- Records for residents admitted to the facility within the past 12 months for evidence

of appropriate screening within 72 hours.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?*

Provision Findings
- ○ Yes
- ○ No

Does the agency also obtain this information periodically throughout a resident's confinement?*

Provision Findings
- ○ Yes
- ○ No

115.341 (b): Such assessments shall be conducted using an objective screening instrument.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.341 (b)-1	Risk assessment is conducted using an objective screening instrument. • Upload/select screening instrument	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

PREA Audit Site Review

- Review site review instructions outlined in provision (a).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are all PREA screening assessments conducted using an objective screening instrument?*

Provision Findings

- Yes
- No

115.341 (c): At a minimum, the agency shall 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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Staff Responsible for Risk Screening - Q: 3

PREA Audit Site Review

- Review site review instructions outlined in provision (a).

Other Audit Instructions

- 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.)

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability?*

Provision Findings
- Yes
- No

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?*

Provision Findings
- Yes
- No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Staff Responsible for Risk Screening - Q: 5

PREA Audit Site Review

- Review site review instructions outlined in provision (a).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?*

Provision Findings

- ○ Yes
- ○ No

Is this information ascertained: During classification assessments?*

Provision Findings

- ○ Yes
- ○ No

Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files?*

Provision Findings

- ○ Yes
- ○ No

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 detriment by staff or other residents.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- PREA Coordinator - Q: 4
- PREA Compliance Manager - Q: 6
- Staff Responsible for Risk Screening - Q: 7

PREA Audit Site Review

RECORD STORAGE
During the site review, the auditor must:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock and key).
- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).
    - Note, the auditor may have to speak with the agency/facility information technology staff person to understand the secure storage of electronic information and who has access to that information.

Additionally, the auditor should:

- Have informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically

and in hard copy, specifically who has access and how access is restricted).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

The narrative below must include a comprehensive discussion of all the evidence relied upon in

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

Screening for Risk of Sexual Victimization and Abusiveness

115.342: Placement of residents

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.342 (a)-1	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. • Upload/select: ◦ documentation of use of screening information for these purposes ◦ documentation of how decisions are made pursuant to the standard	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- PREA Compliance Manager - Q: 5
- Staff Responsible for Risk Screening - Q: 8

Documentation Review

- Documentation of risk-based housing decisions.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?*

Provision Findings

- ○ Yes
- ○ No

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?*

Provision Findings

- ○ Yes
- ○ No

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?*

Provision Findings

- ○ Yes

No

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?*

Provision Findings

Yes

No

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?*

Provision Findings

Yes

No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.342 (b)-1	The facility has a policy that residents at risk of sexual victimization 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. • Upload/select any relevant policies	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.342 (b)-2	The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. • Upload/select any relevant policies	**Yes/No** Yes No Enter Comment	
115.342 (b)-3	The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months.	(Number only) Enter Comment	
115.342 (b)-4	The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months.	(Number only) Enter Comment	
115.342 (b)-5	The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months.	Enter Comment	

Audit

Interview Guides

- 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

Documentation 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.
- Records for length of placement of residents at risk of sexual victimization who were in isolation during the past 12 months.

  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.
- Documentation that residents at risk of sexual victimization who were placed in isolation received daily visits from a medical or mental health care clinician.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are residents 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?*

Provision Findings

- ○ Yes
- ○ No

During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?*

Provision Findings
- Yes
- No

During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?*

Provision Findings
- Yes
- No

Do residents in isolation receive daily visits from a medical or mental health care clinician?*

Provision Findings
- Yes
- No

Do residents also have access to other programs and work opportunities to the extent possible?*

Provision Findings
- Yes
- No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.342 (c)-1	The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. • Upload/select any relevant policies	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.342 (c)-2	The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. • Upload/select any relevant policies	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- PREA Coordinator - Q: 5
- PREA Compliance Manager - Q: 19
- Transgendered/Intersex/Gay/Lesbian/Bisexual Residents - Q: 1, 2, 5

Documentation Review

- Documentation of housing assignments of residents identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?*

Provision Findings
- ○ Yes
- ○ No

Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?*

Provision Findings
- ○ Yes
- ○ No

Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?*

Provision Findings
- ○ Yes
- ○ No

Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?*

Provision Findings
- ○ Yes
- ○ No

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 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.342 (d)-1	In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety. Check N/A if this is a facility level audit tied to an agency audit. • Upload/select any relevant policies	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.342 (d)-2	In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems. Check N/A if this is an agency level audit. • Upload/select any relevant policies	**Yes/No** Yes No N/A Enter Comment	

Audit

Interview Guides

- PREA Compliance Manager - Q: 20
- Transgender/Intersex Residents - Q: 1, 2

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?*

Provision Findings

- ( ) Yes
- ( ) No

When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?*

Provision Findings

- ( ) Yes
- ( ) No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- PREA Compliance Manager - Q: 21
- Staff Responsible for Risk Screening - Q: 10

Documentation Review

- Documentation of reassessment of programming assignments for each transgender or intersex resident for compliance with the standard.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?*

Provision Findings

- ○ Yes
- ○ No

115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- PREA Compliance Manager - Q: 22
- Staff Responsible for Risk Screening - Q: 11
- Transgender/Intersex Residents Q: 1

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?*

Provision Findings

- ( ) Yes
- ( ) No

115.342 (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- PREA Compliance Manager - Q: 23
- Staff Responsible for Risk Screening - Q: 12
- Transgender/Intersex Residents - Q: 3

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are transgender and intersex residents given the opportunity to shower separately from other residents?*

Provision Findings

- ( ) Yes
- ( ) No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.342 (h)-1	From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • 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.	(Number only) Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Documentation Review

- Case files of residents at risk of sexual victimization who were held in isolation in the past 12 months.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.342 (i)-1	If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. • Upload/select any relevant policies	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- 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

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

In the case of each resident who is isolated as a last resort when less restrictive measures

are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Reporting

115.351: Resident reporting

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.351 (a)-1	The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • 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. • Upload/select: ◦ resident reporting policy(ies) ◦ other relevant documentation on resident reporting (e.g., resident handbooks)	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Random Sample of Staff - Q:7
- Resident Interview Questionnaire - Q:8

PREA Audit Site Review

SIGNAGE
During the site review, the auditor must actively observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage includes audit notices, civil immigration information, how to report sexual abuse and sexual

harassment, access to outside victim emotional support services, and other relevant PREA information (see table below). The auditor must review the information provided on signage to determine whether it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Note: The expectations of what an auditor must observe regarding signage are outlined below; however, a thorough review of signage documentation for readability and accessibility, consistency, placement, and accuracy must also be conducted as part of the auditor's analysis of the evidence to make a compliance determination.
During the site review, the auditor must:

- Observe whether signage throughout the facility can be easily read/accessed by persons in the facility, specifically:
    - Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility.
        - Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes, and should be provided at an age-appropriate reading level.
    - Signage is provided in English and translated for the other languages most commonly spoken in the facility.
    - The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
    - The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage is ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words which makes them illegible).
- Observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).
- Observe where signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility and other persons who may need the information or services provided. The auditor must observe the placement of the following types of signage:
    - **How to report sexual abuse and/or sexual harassment (external and internal reporting methods)**
        - Posted in any areas frequented by persons confined in the facility, including housing/living units, programming areas, work areas, education areas, etc.
        - Recommended: It is often helpful for such signage to be located near the phone(s), so persons confined in the facility can easily access the phone number if needed.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; consistency and accuracy of information; signage posted just for the audit or always posted (with the exception of the PREA Audit Notice).

TESTING INTERNAL REPORTING METHODS FOR CONFINED PERSONS

Note: Facilities are required to have multiple internal methods for confined persons to privately report sexual abuse or sexual harassment, retaliation by other persons confined in the facility or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Accordingly, during the site review, auditors must test the methods provided for the purpose of assessing whether persons confined in the facility have regular and timely access to reporting methods and how the facility receives these reports.

Reporting in Writing

If internal reporting includes a mechanism or mechanisms for submitting a written report (which might be a note or a form, and usually includes grievance forms) into a drop box or other receptacle, auditors are not expected to complete and submit a written report via hard copy/drop box. However, the auditor must assess access to writing materials (e.g., forms, paper, envelopes, writing implements) and the drop box in the same way as that available to persons confined in the facility.

During the site review the auditor must:

- Test access, or ask a person confined in the facility to test access, to the mechanism(s)/form(s).
    - Determine whether persons confined in the facility do not have to request forms from staff.
    - See section “Processes for Sending and Receiving Mail (Mail Drop boxes/ Mailroom)” below for instructions on what the auditor must observe during the site review regarding access to writing materials (e.g., writing implements, forms, paper, envelopes), drop boxes, etc. and security of written communications.

Reporting Electronically

If the facility has a system by which persons confined in the facility can report sexual abuse and/or sexual harassment electronically via kiosk, tablet, or computer (whether by internal email, grievance, or some other method), during the site review the auditor must:

- Complete and submit a test report via the kiosk/tablet/computer during the site review, and in the same manner as that available to persons confined in the facility.
- Assess whether the facility receives the test report.
    - Ask to see evidence of having received the test report that the auditor submitted.
    - Test accessibility of kiosks/tablets/computers, including whether:
        - Kiosks/tablets/computers are easily and readily available to all persons confined in the facility and are placed in areas frequented by

confined persons.
        - Kiosks/tablets/computers are accessible to all persons confined in the facility and have reasonable accommodations, where necessary (i.e., for confined persons who are Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills).
        - Kiosks/tablets/computers are accessible to persons confined in restricted housing, where possible.
            - If it is not possible to make a kiosk/tablet/computer available to persons confined in restricted housing, the auditor must determine whether an alternative method (or methods) is available that is accessible and allows the confined persons to remain anonymous upon request.
        - Kiosks/tablets/computers are placed in areas that afford persons confined in the facility reasonable privacy while submitting a report.
        - Kiosks/tablets/computers are operable (i.e., in working order).
- Assess whether kiosks/tablets/computers require persons confined in the facility to provide their name and/or ID in order to complete and submit a sexual abuse or sexual harassment report (i.e., allows the report to be submitted anonymously). This means that there must be a way for confined persons to access the reporting mechanism without logging into the kiosk/tablet/computer with a traceable login.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding internal reporting electronically (e.g., access to kiosks/tablets/computers, including access for persons confined in restricted housing, reasonable accommodations for persons confined in the facility who need it, operability of kiosks/tablets/computers, anonymity in reporting).

Reporting Verbally

For verbal reports of sexual abuse and/or sexual harassment made by persons confined in the facility, during the site review the auditor should:

- Have informal conversations with persons confined in the facility, to determine whether they are aware that they are allowed to report verbally and that they can report not only to an officer in their housing unit, but to other staff in the facility (i.e., medical and mental health staff, a counselor, etc.).
- Have informal conversations with staff, to determine whether staff are aware of the process for receiving and documenting verbal reports.
- See section “Record Storage” below for instructions on what the auditor must observe during the site review regarding how documented reports are stored and who has access to those documented reports.

PROCESSES FOR SENDING AND RECEIVING MAIL (MAIL DROP BOXES/MAILROOM)

During the site review, the auditor must:

- Assess the accessibility of writing instruments for persons confined in the facility (e.g., paper, writing instruments, sexual abuse and sexual harassment reporting form(s), if applicable, envelopes, stamps).
    - This includes accessibility for persons confined in restricted housing (e.g., ad seg, isolation).
- Observe how mail moves from confined persons to the mailroom.
    - If mail moves via mail drop boxes/receptacles/lock boxes:
        - Assess whether placement of mail drop boxes/receptacles are located in areas accessible to all persons confined in the facility.
            - Ideally, mail drop boxes/receptacles should also be in locations where a person confined in the facility could drop written communication anonymously (e.g., an area where a confined person could drop a form, letter, or note in passing.)
            - This includes accessibility to mail drop boxes/receptacles/lock boxes for persons confined in restricted housing.
            - **Note**: Drop boxes or other receptacles used to collect reports of sexual abuse and sexual harassment should not be used exclusively for reporting sexual abuse and sexual harassment. Other staff and confined persons should not know, from the nature of the receptacle being used, that a confined person is reporting a sexual abuse or sexual harassment.
    - If mail moves via staff (i.e., other than mailroom staff), see “have informal conversations” below.
- Assess the security of written communication
    - Mail drop boxes/receptacles/lock boxes are kept locked/secured.
    - Mail in the mail drop boxes/receptacles/lock boxes is only accessible by a designated agency or facility official(s).

Additionally, the auditor should:

- Have informal conversations with staff responsible for sending and receiving mail (e.g., mailroom staff and/or other staff) and persons confined in the facility regarding the process of sending and receiving mail to/from the external reporting entity, outside emotional support services, legal mail (e.g., the extent to which mail correspondence is kept private, confidential, and/or privileged (as allowed by Federal, State, and local laws), perception of privacy/confidentiality/anonymity in sending and receiving mail, and accessibility of writing instruments and required forms, including for persons confined in restricted housing).

RECORD STORAGE

During the site review, the auditor must:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock and key).

- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).
    - Note, the auditor may have to speak with the agency/facility information technology staff person to understand the secure storage of electronic information and who has access to that information.

Additionally, the auditor should:

- Have informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?*

Provision Findings

- ○ Yes
- ○ No

Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?*

Provision Findings

- ○ Yes
- ○ No

Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?*

Provision Findings

- ○ Yes

No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.351 (b)-1	The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. • Upload/select documentation of agreement with outside public or private entity	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.351 (b)-2	The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. • If applicable, select resident reporting policy and indicate relevant page/section	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- PREA Compliance Manager - Q: 8, 9
- Resident Interview Questionnaire- Q: 9, 10

PREA Audit Site Review

SIGNAGE
During the site review, the auditor must actively observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage includes audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information (see table below). The auditor must review the information provided on signage to determine whether it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. *Note: The expectations of what an auditor must observe regarding signage are outlined below; however, a thorough review of signage documentation for readability and accessibility, consistency, placement, and accuracy must also be conducted as part of the auditor's analysis of the evidence to make a compliance determination.*
During the site review, the auditor must:

- Observe whether signage throughout the facility can be easily read/accessed by persons in the facility, specifically:
    - Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility.
        - Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes, and should be provided at an age-appropriate reading level.
    - Signage is provided in English and translated for the other languages most commonly spoken in the facility.
    - The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
    - The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage is ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words which makes them illegible).
- Observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).
- Observe where signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility and other persons who may need the information or services provided. The auditor must observe the placement

of the following types of signage:

- **How to report sexual abuse and/or sexual harassment (external and internal reporting methods)**
  - Posted in any areas frequented by persons confined in the facility, including housing/living units, programming areas, work areas, education areas, etc.
  - Recommended: It is often helpful for such signage to be located near the phone(s), so persons confined in the facility can easily access the phone number if needed.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; consistency and accuracy of information; signage posted just for the audit or always posted (with the exception of the PREA Audit Notice).

TESTING EXTERNAL REPORTING METHOD(S) FOR CONFINED PERSONS

During the site review, the auditor must test access to the external reporting entity or ask a person confined in the facility to test access to the external reporting entity.

Reporting via Phone

If access to the external reporting entity is provided by phone, during the site review the auditor must:

- Test reporting via phones by calling the external reporting entity in the same manner that a person confined in the facility would be expected to call the external reporting entity (or have a confined person call the service provider), to assess whether:
  - The phones work (e.g., have a dial tone, can call outside the facility).
  - The phone number listed on the signage actually connects with the outside reporting entity.
  - Access to the outside reporting entity does not require a confined person to provide their pin or name (allowing the person to remain anonymous).
  - The phone number is local/toll-free.
  - The phone is answered by a live person or information about how and when to reach a live person is provided (versus a recording with no access to a live person).
  - The reporting entity is prepared to receive reports of sexual abuse and sexual harassment from persons confined in the facility and immediately forward reports to agency officials.
    - This requires a brief conversation with the person who answers the phone on behalf of the external reporting entity regarding responsibilities in regard to reporting. The auditor must ask the person to forward a test report to the agency under the auditor's name.
  - The reporting entity allows persons confined in the facility to report

anonymously upon request.
        - As above, this requires a brief conversation with the person who answers the phone on behalf of the external reporting entity regarding anonymity, if requested.
- Assess whether all persons confined in the facility have regular access to phones to report sexual abuse and sexual harassment to the external reporting entity, including persons confined in restricted housing, and have reasonable accommodations, where necessary (i.e., for confined persons who are Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills).
- Assess how the facility allows confined persons to report sexual abuse or sexual harassment anonymously, if requested:
    - Facilities should allow persons confined in the facility access to telephones that are unmonitored or that may provide more privacy (e.g., in a medical or mental health unit).
    - The configuration of the telephone should not make obvious that any confined person using the telephone system is making an allegation of sexual abuse or sexual harassment. For example, if the hotline is a dedicated phone, then the phone should also be used for other purposes besides reporting sexual abuse or sexual harassment.
    - Facilities should have reporting mechanisms in place that allow the identity of the confined person making the report to remain anonymous to facility staff and administrators.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding external reporting via the phone (e.g., access to phones, including access for persons confined in restricted housing, reasonable accommodations for persons confined in the facility who need it, anonymity in reporting).

Note: Facilities may not contract with an answering service to perform this function because an answering service is not a "public or private entity or office that is not part of the agency." An answering service in this context is, essentially, no more than an agent of or a contractor to the agency. See this FAQ for formal guidance: https://www.prearesourcecenter.org/frequently-asked-questions/can-answering-service-be-used-satisfy-requirement-standard-11551-b.

Reporting in Writing

Note: Auditors are not expected to test access to external reporting entities via mail. See section "Processes for Sending and Receiving Mail (Mail Drop boxes/Mailroom)" below for instructions on what the auditor must observe during the site review regarding sending and receiving mail, including to external reporting entities.

PROCESSES FOR SENDING AND RECEIVING MAIL (MAIL DROP BOXES/MAILROOM)

During the site review, the auditor must:

- Assess the accessibility of writing instruments for persons confined in the facility

(e.g., paper, writing instruments, sexual abuse and sexual harassment reporting form(s), if applicable, envelopes, stamps).
    - This includes accessibility for persons confined in restricted housing (e.g., ad seg, isolation).
- Observe how mail moves from confined persons to the mailroom.
    - If mail moves via mail drop boxes/receptacles/lock boxes:
        - Assess whether placement of mail drop boxes/receptacles are located in areas accessible to all persons confined in the facility.
            - Ideally, mail drop boxes/receptacles should also be in locations where a person confined in the facility could drop written communication anonymously (e.g., an area where a confined person could drop a form, letter, or note in passing.)
            - This includes accessibility to mail drop boxes/receptacles/lock boxes for persons confined in restricted housing.
            - **Note**: Drop boxes or other receptacles used to collect reports of sexual abuse and sexual harassment should not be used exclusively for reporting sexual abuse and sexual harassment. Other staff and confined persons should not know, from the nature of the receptacle being used, that a confined person is reporting a sexual abuse or sexual harassment.
    - If mail moves via staff (i.e., other than mailroom staff), see “have informal conversations” below.
- Assess the security of written communication
    - Mail drop boxes/receptacles/lock boxes are kept locked/secured.
    - Mail in the mail drop boxes/receptacles/lock boxes is only accessible by a designated agency or facility official(s).

Additionally, the auditor should:

- Have informal conversations with staff responsible for sending and receiving mail (e.g., mailroom staff and/or other staff) and persons confined in the facility regarding the process of sending and receiving mail to/from the external reporting entity, outside emotional support services, legal mail (e.g., the extent to which mail correspondence is kept private, confidential, and/or privileged (as allowed by Federal, State, and local laws), perception of privacy/confidentiality/anonymity in sending and receiving mail, and accessibility of writing instruments and required forms, including for persons confined in restricted housing).

RECORD STORAGE
During the site review, the auditor must:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock and key).
- Observe electronic safeguards of any information/documentation collected and

maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).
    - Note, the auditor may have to speak with the agency/facility information technology staff person to understand the secure storage of electronic information and who has access to that information.

Additionally, the auditor should:

- Have informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

Documentation Review

- Information provided to residents detained solely for civil immigration purposes.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?*

Provision Findings
- ○ Yes
- ○ No

Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?*

Provision Findings
- ○ Yes
- ○ No

Does that private entity or office allow the resident to remain anonymous upon request?*

Provision Findings
- Yes
- No

Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?*

Provision Findings
- Yes
- No

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.351 (c)-1	The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. • If applicable, select resident reporting policy and other relevant documentation on resident reporting (e.g. resident handbooks) and indicate relevant page(s)/section(s)	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.351 (c)-2	Staff are required to document verbal reports. If "Yes", please provide the time frame required to document the reports in the comments section. If "No", please explain in the comments section. • Upload/select documentation made of verbal reports	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Random Sample of Staff - Q:8
- Resident Interview Questionnaire - Q:11

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?*

Provision Findings

- ○ Yes
- ○ No

Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?*

Provision Findings

- ○ Yes
- ○ No

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.351 (d)-1	The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- PREA Compliance Manager - Q: 7
- Residents who Reported a Sexual Abuse - Q: 10

PREA Audit Site Review

- Review site review instructions outlined under provisions (a) and (b).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility provide residents with access to tools necessary to make a written report?*

Provision Findings

- ○ Yes
- ○ No

115.351 (e): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.351 (e)-1	The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. If "Yes," please describe the procedures in the comments. If "No", please explain in the comments section. • Upload/select staff reporting policies or procedures	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.351 (e)-2	Staff are informed of these procedures in the following ways: • Upload/select any other relevant documentation, such as staff handbooks	Enter Comment	

Audit

Interview Guides

- Random Sample of Staff - Q: 6

PREA Audit Site Review

TESTING STAFF REPORTING
During the site review, the auditor must:

- Test by asking a staff person to walk through the staff reporting method(s) provided by the facility.
- Observe whether the staff reporting method is available, on demand, to all staff in the facility.
- Assess whether staff are required to report to their direct colleagues or their immediate supervisor.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?*

Provision Findings
- ( ) Yes
- ( ) No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Reporting

115.352: Exhaustion of administrative remedies

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.352 (a)-1	The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. If "No", skip to 115.353(a)-1. • Upload/select policy/procedure regarding resident grievances of sexual abuse	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.*

Provision Findings
Yes
No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.352 (b)-1	Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. If NO, please provide time limit for a resident to submit a grievance regarding an allegation of sexual abuse in the comments. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/ section	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.352 (b)-2	Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/ section	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

Documentation Review

- Documentation to determine that relevant information is provided.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.352 (c)-1	The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.352 (c)-2	The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	

Audit

Documentation Review

- Documentation to determine that relevant information is provided.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.352 (d)-1	The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.352 (d)-2	In the past 12 months, the number of grievances that were filed that alleged sexual abuse:	(Number only) Enter Comment	
115.352 (d)-3	In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed:	(Number only) Enter Comment	
115.352 (d)-4	In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: • Upload/select supporting logs/ records that involved an extension	(Number only) Enter Comment	
115.352 (d)-5	In cases where the agency requested an extension of the 90 day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70 day extension period to resolve. If "No", skip to 115.352(d)-7.	**Yes/No** Yes No Enter Comment	
115.352 (d)-6	If YES, the number of grievances that took longer than a 70-day extension period to resolve:	(Number only) Enter Comment	
115.352 (d)-7	The agency always notifies the resident in writing when the agency	**Yes/No** Yes No	

	files for an extension, including notice of the date by which a decision will be made. • Upload/select documentation of written notifications of extensions	Enter Comment

Audit

Interview Guides

- Residents who Reported a Sexual Assault - Q:18, 19, 20

Documentation Review

- Sample of grievances that alleged sexual abuse and their final decision.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.352 (e)-1	Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.352 (e)-2	Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	
115.352 (e)-3	Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. • If applicable, select policy/ procedure regarding resident grievances of sexual abuse and indicate relevant page/	**Yes/No** Yes No Enter Comment	

	section	
115.352 (e)-4	The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline:	(Number only) Enter Comment

Audit

PREA Audit Site Review

SIGNAGE
During the site review, the auditor must actively observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage includes audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information (see table below). The auditor must review the information provided on signage to determine whether it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Note: The expectations of what an auditor must observe regarding signage are outlined below; however, a thorough review of signage documentation for readability and accessibility, consistency, placement, and accuracy must also be conducted as part of the auditor's analysis of the evidence to make a compliance determination.
During the site review, the auditor must:

- Observe whether signage throughout the facility can be easily read/accessed by persons in the facility, specifically:
    - Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility.

        - Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes, and should be provided at an age-appropriate reading level.
    - Signage is provided in English and translated for the other languages most commonly spoken in the facility.
    - The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
    - The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage is ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words which makes them illegible).
- Observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).
- Observe where signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility and other persons who may need the information or services provided. The auditor must observe the placement of the following types of signage:
    - **Third-party reporting**
        - Posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys (e.g., family visitation areas, attorney visiting areas, public-facing websites) as well as any areas frequented by persons confined in the facility.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; consistency and accuracy of information; signage posted just for the audit or always posted (with the exception of the PREA Audit Notice).

TESTING THIRD-PARTY REPORTING

Either prior to the onsite, during the site review, or post-onsite, the auditor must:

- Complete and submit a test third-party report using the same method(s) provided to the public (e.g., via the agency/facility website).
    - Confirm the method(s) to submit third-party reports is easily accessible and understandable and can be found in reasonably conspicuous and appropriate locations (e.g., facility/agency website).
    - Confirm that the third-party reporting method is not the general contact information for the facility, but is specific to reporting sexual abuse and sexual harassment in the facility.

- Verify the facility has a process for receiving third-party reports.
- Ask to see evidence of having received the test report that the auditor submitted.

Documentation Review

- Documentation of third-party sexual abuse reports and declination of third-party assistance.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a 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.) (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

If the resident declines to have the request processed on his or her behalf, does the agency

document the resident’s decision? (N/A if agency is exempt from this standard.)*

Provision Findings
- ○ Yes
- ○ No
- ○ N/A

Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)*

Provision Findings
- ○ Yes
- ○ No
- ○ N/A

If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)*

Provision Findings
- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.352 (f)-1	The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. • Upload/select policy/procedure for emergency grievances	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.352 (f)-2	The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. • Upload/select policy/procedure for emergency grievances	**Yes/No** Yes No Enter Comment	
115.352 (f)-3	The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months:	(Number only) Enter Comment	
115.352 (f)-4	The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours:	(Number only) Enter Comment	
115.352 (f)-5	The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. • If applicable, select policy/ procedure for emergency grievances and indicate relevant page/section	**Yes/No** Yes No Enter Comment	
115.352 (f)-6	The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days:	(Number only) Enter Comment	

Audit

Documentation Review

- Documentation of emergency grievances filed pursuant to this standard.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)*

Provision Findings

- Yes
- No
- N/A

Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)*

Provision Findings

- Yes
- No
- N/A

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)*

Provision Findings

- Yes
- No
- N/A

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)*

Provision Findings

- Yes
- No
- N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.352 (g)-1	The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. • Upload/select policy on resident disciplinary sanctions (specific to filing a grievance in bad faith)	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.352 (g)-2	In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith:	(Number only) Enter Comment	

Audit

Documentation Review

- Documentation of any such disciplinary actions.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Reporting

115.353: Resident access to outside confidential support services and legal representation

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 numbers, 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.353 (a)-1	The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. If "No", skip to 115.353(a)-1. • Upload/select policy/procedure regarding residents' access to outside victim advocates	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.353 (a)-2	The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. • Upload/select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services	**Yes/No** Yes No Enter Comment	
115.353 (a)-3	The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.	**Yes/No** Yes No Enter Comment	

	• If applicable, select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services and indicate relevant page/section	
115.353 (a)-4	The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. • If applicable, select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services and indicate relevant page/section	**Yes/No** Yes No Enter Comment

Audit

Interview Guides

- Resident Interview Questionnaire - Q:13, 14, 15, 16, 17
- Residents who Reported a Sexual Abuse - Q: 11, 12, 13

PREA Audit Site Review

SIGNAGE
During the site review, the auditor must actively observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage includes audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information (see table below). The auditor must review the information provided on signage to determine whether it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Note: The expectations of what an auditor must observe regarding signage are outlined below; however, a thorough review of signage documentation for readability and accessibility, consistency, placement, and accuracy must also be conducted as part of the auditor’s

analysis of the evidence to make a compliance determination.
During the site review, the auditor must:

- Observe whether signage throughout the facility can be easily read/accessed by persons in the facility, specifically:
    - Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility.
        - Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes, and should be provided at an age-appropriate reading level.
    - Signage is provided in English and translated for the other languages most commonly spoken in the facility.
    - The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
    - The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage is ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words which makes them illegible).
- Observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).
- Observe where signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility and other persons who may need the information or services provided. The auditor must observe the placement of the following types of signage:
    - Access to outside confidential (emotional) support services
        - Posted in all areas frequented by persons confined in the facility, including housing/living units, programming areas, work areas, education areas, etc.
        - Recommended: It is often helpful for such signage to be located near the phone(s), so persons confined in the facility can easily access the phone number if needed.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; consistency and accuracy of information; signage posted just for the audit or always posted (with the exception of the PREA Audit Notice).

TESTING ACCESS TO OUTSIDE EMOTIONAL SUPPORT SERVICES
During the site review, the auditor must test access to outside emotional support services or ask a person confined in the facility to test access to outside emotional support services.

Outside Emotional Support via Phone

If access to support services is provided by phone, during the site review the auditor must:

- Test access via phones by calling the outside emotional support service provider(s) in the same manner that a person confined in the facility would be expected to call (or have a confined person call the service provider(s)), to assess whether:
    - The phones work (e.g., have a dial tone, can call outside the facility).
    - The phone number listed on the signage actually connects with the organization providing outside emotional support services.
    - The phone number is local/toll-free.
    - The phone is answered by a service provider (i.e., a live person or information about how and when to reach a live person is provided versus a recording with no access to a live person).
    - The service provider is prepared to offer services to callers from the facility.
        - This requires a brief conversation with the person who answers the phone at the service provider regarding the services offered to persons confined in the facility.
- Assess whether all persons confined in the facility have regular access to phones to contact the outside emotional support service provider(s), including for persons confined in restricted housing, and have reasonable accommodations, where necessary (i.e., for confined persons who are Deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and/or have limited reading skills).
- Assess how the facility provides access to phones that are unmonitored or allow for privacy (e.g., medical or mental health unit) or otherwise provides a way for persons confined in the facility to correspond with outside emotional support services confidentially.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding access to outside emotional support services via the phone (e.g., access to phones, including access for persons confined in restricted housing, reasonable accommodations for persons confined in the facility who need it, limits to confidentiality).

Outside Emotional Support via Mail

Note: Auditors are not expected to test access to external reporting entities via mail. See section "Processes for Sending and Receiving Mail (Mail Drop boxes/Mailroom)" below for instructions on what the auditor must observe during the site review regarding sending and receiving mail, including to outside emotional support services.

PROCESSES FOR SENDING AND RECEIVING MAIL (MAIL DROP BOXES/MAILROOM)

During the site review, the auditor must:

- Assess the accessibility of writing instruments for persons confined in the facility (e.g., paper, writing instruments, sexual abuse and sexual harassment reporting form(s), if applicable, envelopes, stamps).

    - This includes accessibility for persons confined in restricted housing (e.g., ad seg, isolation).
- Observe how mail moves from confined persons to the mailroom.
    - If mail moves via mail drop boxes/receptacles/lock boxes:
        - Assess whether placement of mail drop boxes/receptacles are located in areas accessible to all persons confined in the facility.
            - Ideally, mail drop boxes/receptacles should also be in locations where a person confined in the facility could drop written communication anonymously (e.g., an area where a confined person could drop a form, letter, or note in passing.)
            - This includes accessibility to mail drop boxes/receptacles/lock boxes for persons confined in restricted housing.
            - **Note**: Drop boxes or other receptacles used to collect reports of sexual abuse and sexual harassment should not be used exclusively for reporting sexual abuse and sexual harassment. Other staff and confined persons should not know, from the nature of the receptacle being used, that a confined person is reporting a sexual abuse or sexual harassment.
    - If mail moves via staff (i.e., other than mailroom staff), see “have informal conversations” below.
- Assess the security of written communication
    - Mail drop boxes/receptacles/lock boxes are kept locked/secured.
    - Mail in the mail drop boxes/receptacles/lock boxes is only accessible by a designated agency or facility official(s).

Additionally, the auditor should:

- Have informal conversations with staff responsible for sending and receiving mail (e.g., mailroom staff and/or other staff) and persons confined in the facility regarding the process of sending and receiving mail to/from the external reporting entity, outside emotional support services, legal mail (e.g., the extent to which mail correspondence is kept private, confidential, and/or privileged (as allowed by Federal, State, and local laws), perception of privacy/confidentiality/anonymity in sending and receiving mail, and accessibility of writing instruments and required forms, including for persons confined in restricted housing).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility 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 numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?*

Provision Findings

- ○ Yes
- ○ No

Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?*

Provision Findings

- ○ Yes
- ○ No

Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.353 (b)-1	The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. • If applicable, select policy/ procedure regarding residents' access to outside victim advocates and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.353 (b)-2	The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. • If applicable, select policy/ procedure regarding residents' access to outside victim advocates and indicate relevant page/section	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Resident Interview Questionnaire- Q: 18
- Residents who Reported a Sexual Abuse - Q:14

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?*

Provision Findings
- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.353 (c)-1	The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. If "No", skip to 115.353 (c)-3.	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.353 (c)-2	If YES to 115.353(c)-1, the agency or facility maintains copies of those agreements. Skip to 115.354. • Upload/select agreements/ MOUs	**Yes/No** ○ Yes ○ No Enter Comment	
115.353 (c)-3	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. If "Yes", please explain why these attempts have not been successful in the comments section. If "No", skip to 115.353(d)-1.	**Yes/No** ○ Yes ○ No Enter Comment	

115.353 (c)-4	If YES to 115.353(c)-3, the agency maintains documentation of attempts to enter into such agreements. • Upload/select documentation of attempts to enter into agreements	**Yes/No** Yes No Enter Comment

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?*

Provision Findings

Yes

No

Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.353 (d)-1	The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. • Upload/select relevant policy(ies)	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.353 (d)-2	The facility provides residents with reasonable access to parents or legal guardians. • Upload/select relevant policy(ies)	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

Interview Guides

- Superintendent or Designee - Q: 16, 17

- PREA Compliance Manager - Q: 17, 18
- Resident Interview Questionnaire - Q: 19, 20
- Residents who Reported a Sexual Abuse - Q: 15, 16

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?*

Provision Findings
- ○ Yes
- ○ No

Does the facility provide residents with reasonable access to parents or legal guardians?*

Provision Findings
- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination
- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reporting

115.354: Third-party reporting

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.354 (a)-1	The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. If "Yes", please describe the method in the comments section.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.354 (a)-2	The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. If "Yes", please describe in the comments section. • Upload/select publicly distributed information	**Yes/No** Yes No Enter Comment	

Audit

PREA Audit Site Review

SIGNAGE
During the site review, the auditor must actively observe any posted or printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage includes audit notices, civil immigration information, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information (see table below). The auditor must review the information provided on signage to determine whether it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Note: The expectations of what an auditor must observe regarding signage are outlined below; however, a thorough review of signage documentation for readability and accessibility, consistency, placement, and accuracy must also be conducted as part of the auditor's analysis of the evidence to make a compliance determination.
During the site review, the auditor must:

- Observe whether signage throughout the facility can be easily read/accessed by persons in the facility, specifically:
  - Signage language is clear, easy to understand, and at an appropriate reading level for the persons confined in the facility.

        - Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes, and should be provided at an age-appropriate reading level.
    - Signage is provided in English and translated for the other languages most commonly spoken in the facility.
    - The signage text size, formatting, and physical placement accommodates most readers, including those of average height, low vision/visually impaired, or those physically disabled/in a wheelchair, etc.
    - The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage (e.g., part of the signage is ripped off that included the sexual abuse reporting hotline, a person drew a picture over the words which makes them illegible).
- Observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for service provider/organization name(s), addresses, phone number(s)).
- Observe where signage is placed in the facility to assess whether the signage is accessible to staff and/or those confined in the facility and other persons who may need the information or services provided. The auditor must observe the placement of the following types of signage:
    - **Third-party reporting**
        - Posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys (e.g., family visitation areas, attorney visiting areas, public-facing websites) as well as any areas frequented by persons confined in the facility.

Additionally, the auditor should:

- Have informal conversations with staff and persons confined in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; consistency and accuracy of information; signage posted just for the audit or always posted (with the exception of the PREA Audit Notice).

TESTING THIRD-PARTY REPORTING

Either prior to the onsite, during the site review, or post-onsite, the auditor must:

- Complete and submit a test third-party report using the same method(s) provided to the public (e.g., via the agency/facility website).
    - Confirm the method(s) to submit third-party reports is easily accessible and understandable and can be found in reasonably conspicuous and appropriate locations (e.g., facility/agency website).
    - Confirm that the third-party reporting method is not the general contact information for the facility, but is specific to reporting sexual abuse and sexual harassment in the facility.

- Verify the facility has a process for receiving third-party reports.
- Ask to see evidence of having received the test report that the auditor submitted.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?*

Provision Findings
- ○ Yes
- ○ No

Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?*

Provision Findings
- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination
- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Official Response Following a Resident Report

115.361: Staff and agency reporting duties

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.361 (a)-1	The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. • Upload/select policy on staff and agency reporting duties	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.361 (a)-2	The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. • If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	**Yes/No** Yes No Enter Comment	
115.361 (a)-3	The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. • If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Random Sample of Staff - Q: 5

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your

findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency 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?*

Provision Findings

- ○ Yes
- ○ No

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?*

Provision Findings

- ○ Yes
- ○ No

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?*

Provision Findings

- ○ Yes
- ○ No

115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.361 (b)-1	The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. • If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Random Sample of Staff - Q: 1

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.361 (c)-1	Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. • If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Random Sample of Staff - Q: 5

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff 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?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 3, 4, 5

Documentation Review

- Documentation of any such reports in accordance with mandatory reporting laws.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are medical and mental health practitioners 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?*

Provision Findings

- ○ Yes
- ○ No

Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- PREA Compliance Manager - Q: 10, 11, 12
- Superintendent or Designee - Q: 13, 14, 15

Documentation Review

- Documentation of any such reports.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?*

Provision Findings

- ○ Yes
- ○ No

Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation 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?*

Provision Findings

- ○ Yes
- ○ No

If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)*

Provision Findings

- Yes
- No
- N/A

If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?*

Provision Findings

- Yes
- No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Superintendent or Designee - Q: 18

Documentation Review

- Sample of reports to investigators.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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Official Response Following a Resident Report

115.362: Agency protection duties

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.362 (a)-1	When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). • Upload/select policy on agency/facility protection duties	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.362 (a)-2	In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: • Upload/select any relevant documentation	(Number only) Enter Comment	
115.362 (a)-3	If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: • Upload/select any relevant documentation	Enter Comment	
115.362 (a)-4	The longest time passed (in hours or days) before taking action (please note if response is in hours or days). If not "immediate" (i.e., without unreasonable delay), please explain in the comments section. • Upload/select any relevant documentation	Enter Comment	

Audit

Interview Guides

- Agency Head - Q: 12, 13
- Superintendent or Designee - Q: 8, 9
- Random Sample of Staff - Q: 13, 14

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?*

Provision Findings

- ( ) Yes
- ( ) No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ( ) Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Official Response Following a Resident Report

115.363: Reporting to other confinement facilities

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.363 (a)-1	The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. • Upload/select policy on agency reporting to other confinement facilities	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.363 (a)-2	The agency's policy also requires that the head of the facility notify the appropriate investigative agency. • Upload/select policy	**Yes/No** Yes No Enter Comment	
115.363 (a)-3	In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility:	(Number only) Enter Comment	
115.363 (a)-4	Please describe the facility's response to these allegations:	Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?*

Provision Findings

Yes
No

Does the head of the facility that received the allegation also notify the appropriate investigative agency?*

Provision Findings
Yes
No

115.363 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.363 (b)-1	Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. • If applicable, select policy on agency reporting to other confinement facilities and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?*

Provision Findings
- ○ Yes
- ○ No

115.363 (c): The agency shall document that it has provided such notification.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.363 (c)-1	The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. • Upload/select documentation of notifications	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Documentation Review

- Documentation of notifications to verify that they occurred within 72 hours of receiving allegation.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency document that it has provided such notification?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.363 (d)-1	The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. • Upload/select policy	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.363 (d)-2	In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:	(Number only) Enter Comment	

Audit

Interview Guides

- Agency Head - Q:5
- Superintendent or Designee - Q:19, 20

Documentation Review

- Documentation of allegations from other facilities and documentation of responses (i.e. evidence that allegation has been investigated in accordance with the standard).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Official Response Following a Resident Report

115.364: Staff first responder duties

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.364 (a)-1	The agency has a first responder policy for allegations of sexual abuse. If "No", skip to 115.364(a)-6. • Upload/select policy on first responder duties	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.364 (a)-2	The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. • If applicable, select policy on first responder duties and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	
115.364 (a)-3	The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. • If applicable, select policy on first responder duties and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	

115.364 (a)-4	The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. • If applicable, select policy on first responder duties and indicate relevant page/section	**Yes/No** Yes No Enter Comment
115.364 (a)-5	The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. • If applicable, select policy on first responder duties and indicate relevant page/section	**Yes/No** Yes No Enter Comment
115.364 (a)-6	In the past 12 months, the number of allegations that a resident was sexually abused:	(Number only) Enter Comment
115.364 (a)-7	Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:	(Number only) Enter Comment
115.364 (a)-8	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:	(Number only) Enter Comment

115.364 (a)-9	Of these allegations in the past 12 months 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:	(Number only) Enter Comment
115.364 (a)-10	Of these allegations in the past 12 months 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 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:	(Number only) Enter Comment
115.364 (a)-11	Of these allegations in the past 12 months 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 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:	(Number only) Enter Comment

Audit

Interview Guides

- Security Staff First Responders - Q:1
- Residents who Reported a Sexual Abuse - Q: 1, 2, 3

Documentation Review

- Documentation of responses to allegations.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?*

Provision Findings

- ○ Yes
- ○ No

Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?*

Provision Findings

- ○ Yes
- ○ No

Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?*

Provision Findings

- ○ Yes
- ○ No

Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?*

Provision Findings
Yes
No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.364 (b)-1	Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. • If applicable, select policy on first responder duties and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.364 (b)-2	Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. • If applicable, select policy on first responder duties and indicate relevant page/section	**Yes/No** Yes No Enter Comment	
115.364 (b)-3	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:	(Number only) Enter Comment	
115.364 (b)-4	Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy	(Number only) Enter Comment	

	physical evidence:	
115.364 (b)-5	Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff:	(Number only) Enter Comment

Audit

Interview Guides

- Security Staff and Non-Security Staff First Responders - Q: 1
- Random Sample of Staff - Q:11

Documentation Review

- Documentation of responses to allegations.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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Official Response Following a Resident Report

115.365: Coordinated response

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.365 (a)-1	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. • Upload/select facility's institutional plan	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Superintendent or Designee - Q: 21

Documentation Review

- Facility's written institutional plan. *Note to auditors: in order to be compliant, there must be an institutional plan for each facility (not merely agency-wide plan).*

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Official Response Following a Resident Report

115.366: Preservation of ability to protect residents from contact with abusers

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.366 (a)-1	The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. • Upload/select all agreements entered into since August 20, 2012 or since the last PREA audit	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Agency Head - Q:6

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged

staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Official Response Following a Resident Report

115.367: Agency protection against retaliation

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 abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.367 (a)-1	The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. • Upload/select policy protecting residents against retaliation	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.367 (a)-2	The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section.	**Yes/No** Yes No Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?*

Provision Findings
Yes
No

Has the agency designated which staff members or departments are charged with monitoring retaliation?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- 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

Documentation Review

- Documentation of any protective measures taken.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?*

Provision Findings

Yes

No

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 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.367 (c)-1	The agency/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. • If applicable, select policy on protecting residents against retaliation and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.367 (c)-2	If YES, the length of time that the agency/facility monitors the conduct or treatment.	Enter Comment	
115.367 (c)-3	The agency/facility acts promptly to remedy any such retaliation. • If applicable, select policy on	**Yes/No** Yes No Enter Comment	

	protecting residents against retaliation and indicate relevant page/section	
115.367 (c)-4	The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. • If applicable, select policy on protecting residents against retaliation and indicate relevant page/section	**Yes/No** Yes No Enter Comment
115.367 (c)-5	The number of times an incident of retaliation occurred in the past 12 months:	(Number only) Enter Comment

Audit

Interview Guides

- Superintendent or Designee - Q: 23
- Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - Q: 4, 5, 6

Documentation Review

- Documentation of monitoring efforts.
- Documentation of reports of retaliation and agency response.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?*

Provision Findings
- Yes
- No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?*

Provision Findings
- Yes
- No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?*

Provision Findings
- Yes
- No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?*

Provision Findings
- Yes
- No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?*

Provision Findings
- Yes
- No

Except in instances where the agency determines that a report of sexual abuse is

unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?*

Provision Findings
- Yes
- No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?*

Provision Findings
- Yes
- No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?*

Provision Findings
- Yes
- No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?*

Provision Findings
- Yes
- No

115.367 (d): In the case of residents, such monitoring shall also include periodic status checks.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Designated Staff Member Charged with Monitoring Retaliation (or Superintendent if none available) - Q:4

Documentation Review

- Documentation of retaliation monitoring of residents.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

In the case of residents, does such monitoring also include periodic status checks?*

Provision Findings

- Yes
- No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Agency Head - Q:8
- Warden or Designee - Q:22, 23

Documentation Review

- Documentation of any such protective measures taken.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?*

Provision Findings

- ○ Yes
- ○ No

115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Supporting Documentation

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Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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Official Response Following a Resident Report

115.368: Post-allegation protective custody

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.368 (a)-1	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. • Upload/select policy on post-allegation protective custody	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.368 (a)-2	The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. • If applicable, select policy on post-allegation protective custody and indicate relevant page/section	**Yes/No** Yes No Enter Comment	
115.368 (a)-3	The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months:	(Number only) Enter Comment	
115.368 (a)-4	The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months:	(Number only) Enter Comment	
115.368 (a)-5	The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months:	Enter Comment	
115.368 (a)-6	From a review of case files of residents at risk of sexual victimization who were held in	(Number only)	

	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: • Upload/select documentation of instances when isolation (segregated housing) was used to protect a resident who is alleged to have suffered sexual abuse	Enter Comment
115.368 (a)-7	If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. • Upload/select documentation of 30 day reviews	**Yes/No** Yes No Enter Comment

Audit

Interview Guides

- 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 Site Review

- Make observations and ask questions per the site review instructions. Note observations, etc.

Documentation 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.
- Records for length of placement of residents who allege to have suffered sexual abuse who were in isolation during the past 12 months.
- 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.
- 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.
- Case files of residents who allege to have suffered sexual abuse who were held in isolation in the past 12 months.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Investigations

115.371: Criminal and administrative agency investigations

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.371 (a)-1	The agency/facility has a policy related to criminal and administrative agency investigations. • Upload/select policy related to criminal and administrative agency investigations	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Investigative Staff - Q: 5, 8

Documentation Review

- Sample of investigative records/reports for allegations of sexual abuse or sexual harassment.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 1, 2, 3

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?*

Provision Findings

- ( ) Yes
- ( ) No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 6, 7, 9

Documentation Review

- Investigative reports, record retention schedule, and copies of case records detailing allegations of abuse.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?*

Provision Findings

- ○ Yes
- ○ No

Do investigators interview alleged victims, suspected perpetrators, and witnesses?*

Provision Findings

- ○ Yes
- ○ No

Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?*

Provision Findings

- ○ Yes
- ○ No

115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.371 (d)-1	The agency does not terminate an investigation solely because the source of the allegation recants the allegation. • If applicable, select policy related to criminal and administrative agency investigations and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Investigative Staff - Q:16

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 10

Documentation Review

- Sample of criminal and administrative investigation reports.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?*

Provision Findings

- ○ Yes

No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 11, 12
- Residents who Reported a Sexual Abuse - Q: 17

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?*

Provision Findings
Yes
No

Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?*

Provision Findings

- ○ Yes
- ○ No

115.371 (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 17, 18

PREA Audit Site Review

RECORD STORAGE
During the site review, the auditor must:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock and key).
- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).
    - Note, the auditor may have to speak with the agency/facility information technology staff person to understand the secure storage of electronic information and who has access to that information.

Additionally, the auditor should:

- Have informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

Documentation Review

- Sample of administrative investigation reports.
- Sample of cases involving substantiated allegations to ensure that they were referred for prosecution.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?*

Provision Findings

- ( ) Yes
- ( ) No

Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?*

Provision Findings

- ( ) Yes
- ( ) No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 19

PREA Audit Site Review

- Review site review instructions outlined in provision (g).

Documentation Review

- Sample of criminal investigation reports.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?*

Provision Findings

- ○ Yes
- ○ No

115.371 (i): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.371 (i)-1	Substantiated allegations of conduct that appear to be criminal are referred for prosecution.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.371 (i)-2	The number of substantiated 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:	(Number only) Enter Comment	

Audit

Interview Guides

- Investigative Staff - Q: 13

Documentation Review

- Sample of cases referred for prosecution.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?*

Provision Findings
- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.371 (j)-1	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. • If applicable, select policy on criminal and administrative agency investigations and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

PREA Audit Site Review

- Review site review instructions outlined in provision (g).

Documentation Review

- Sample of investigation reports (including older reports, if applicable).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency retain all written reports referenced in 115.371(g) and (h) 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?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Investigative Staff - Q: 14

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?*

Provision Findings

- ( ) Yes
- ( ) No

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Superintendent or Designee - Q: 26
- PREA Coordinator - Q: 9
- PREA Compliance Manager - Q: 13
- Investigative Staff - Q: 15

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have

collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Investigations

115.372: Evidentiary standard for administrative investigations

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.372 (a)-1	The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. • Upload/select policy on standards for administrative investigations	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Investigative Staff - Q: 20

Documentation Review

- Documentation of administrative findings for proper standard of proof.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Investigations

115.373: Reporting to residents

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.373 (a)-1	The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. • Upload/select: ◦ policy on resident notification requirements ◦ sample of alleged sexual abuse investigations completed by the agency	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.373 (a)-2	The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months:	(Number only) Enter Comment	
115.373 (a)-3	Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation:	(Number only) Enter Comment	

Audit

Interview Guides

- Superintendent or Designee - Q: 27
- Investigative Staff - Q: 23

Documentation Review

- Additional sample of alleged sexual abuse investigations completed by agency.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.373 (b)-1	If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. (Check N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) • Upload/select sample of alleged sexual abuse investigations completed by outside agency	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.373 (b)-2	The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months:	(Number only) Enter Comment	
115.373 (b)-3	Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation:	(Number only) Enter Comment	

Audit

Documentation Review

- Additional sample of alleged sexual abuse investigations completed by outside agency.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.373 (c)-1	Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • 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. • If applicable, select policy on resident notification requirements and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.373 (c)-2	There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. • Upload/select sample documentation of substantiated or unsubstantiated complaints	**Yes/No** ○ Yes ○ No Enter Comment	
115.373 (c)-3	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	**Yes/No** ○ Yes ○ No Enter Comment	

	the facility; or • The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility. • Upload/select sample documentation of notifications		

Audit

Interview Guides

- Resident who Reported a Sexual Abuse - Q:22

Documentation Review

- Additional sample documentation of founded complaints.
- Additional sample documentation of notifications.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?*

Provision Findings

- ○ Yes
- ○ No

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?*

Provision Findings

- ○ Yes
- ○ No

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?*

Provision Findings

- ○ Yes
- ○ No

Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?*

Provision Findings

- ○ Yes
- ○ No

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 facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.373 (d)-1	Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • 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. • Upload/select sample documentation of notifications • If applicable, also select policy on resident notification requirements and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Resident who Reported a Sexual Abuse - Q:23

Documentation Review

- Additional sample documentation of notifications.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?*

Provision Findings

- ( ) Yes
- ( ) No

Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?*

Provision Findings

- ( ) Yes
- ( ) No

115.373 (e): All such notifications or attempted notifications shall be documented.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.373 (e)-1	The agency has a policy that all notifications to residents described under this standard are documented. • Upload/select: ◦ policy on documentation of notifications ◦ sample documentation of notifications	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.373 (e)-2	In the past 12 months, the number of notifications to residents that were provided pursuant to this standard:	(Number only) Enter Comment	
115.373 (e)-3	Of those notifications made in the past 12 months, the number that were documented:	(Number only) Enter Comment	

Audit

Documentation Review

- Logs or other documentation of notifications to confirm number provided.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency document all such notifications or attempted notifications?*

Provision Findings

- Yes
- No

115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Pre-Audit | **Issue Log Notes**

Audit

Other Audit Instructions

- **Auditor is not required to audit this provision.**

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Discipline

115.376: Disciplinary sanctions for staff

115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.376 (a)-1	Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. • Upload/select policy on staff disciplinary sanctions	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?*

Provision Findings

- ( ) Yes
- ( ) No

115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.376 (b)-1	In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: • Upload/select sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policy ◦ also select policy on staff disciplinary sanctions and indicate relevant page/section	(Number only) Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.376 (b)-2	In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:	(Number only) Enter Comment	

Audit

Documentation Review

- Additional sample records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?*

Provision Findings

Yes

No

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 other staff with similar histories.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.376 (c)-1	The 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. • If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.376 (c)-2	In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):	(Number only) Enter Comment	

Audit

Documentation Review

- Records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.376 (d)-1	All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. • If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.376 (d)-2	In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies:	(Number only) Enter Comment	

Audit

Documentation Review

- Reports to law enforcement for violations of agency sexual abuse or sexual harassment policies.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or

resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?*

Provision Findings

- ○ Yes
- ○ No

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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Discipline

115.377: Corrective action for contractors and volunteers

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.377 (a)-1	Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. • Upload/select policy on corrective actions for contractors and volunteers	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.377 (a)-2	Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. • If applicable, select policy on corrective actions for contractors and volunteers and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	
115.377 (a)-3	In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. • Upload/select reports of sexual abuse of residents by contractors or volunteers	**Yes/No** Yes No Enter Comment	
115.377 (a)-4	In the past 12 months, the number of contractors or volunteers reported to	(Number only)	

	law enforcement for engaging in sexual abuse of residents:	Enter Comment

Audit

Documentation Review

- Documentation of referrals to law enforcement and/or relevant licensing bodies.
- Investigative reports, if relevant.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?*

Provision Findings

- ○ Yes
- ○ No

Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?*

Provision Findings

- ○ Yes
- ○ No

Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.377 (b)-1	The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. • Upload/select documentation of remedial measures that have been enforced	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Superintendent or Designee - Q: 24

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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Discipline

115.378: Interventions and disciplinary sanctions for residents

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.378 (a)-1	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. • Upload/select policy on resident disciplinary sanctions	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.378 (a)-2	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	
115.378 (a)-3	In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility:	(Number only) Enter Comment	
115.378 (a)-4	In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility:	(Number only) Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.378 (b)-1	In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.378 (b)-2	In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	
115.378 (b)-3	In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	
115.378 (b)-4	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse:	(Number only) Enter Comment	
115.378 (b)-5	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-	(Number only) Enter Comment	

	resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services:	
115.378 (b)-6	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities:	(Number only) Enter Comment

Audit

Interview Guides

- Superintendent or Designee - Q: 25

Documentation Review

- Investigative reports and documentation of sanctions imposed.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?*

Provision Findings
- Yes
- No

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?*

Provision Findings
- Yes
- No

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?*

Provision Findings
- Yes
- No

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?*

Provision Findings
- Yes
- No

In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?*

Provision Findings
- Yes
- No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Superintendent or Designee - Q: 25

Documentation Review

- Investigative reports and documentation of sanctions imposed.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.378 (d)-1	The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If "NO," skip to 115.378 (e)-1.	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.378 (d)-2	If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.	**Yes/No** ○ Yes ○ No Enter Comment	
115.378 (d)-3	Access to general programming or education is not conditional on participation in such interventions.	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 6, 7

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?*

Provision Findings
- Yes
- No

If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?*

Provision Findings
- Yes
- No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.378 (e)-1	The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. • Upload/select sample of records of disciplinary actions against residents for sexual conduct with staff • If applicable, also select policy on resident disciplinary sanctions and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Documentation Review

- Additional records of disciplinary actions against residents for sexual conduct with staff.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.378 (f)-1	The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?*

Provision Findings
Yes
No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.378 (g)-1	The agency prohibits all sexual activity between residents. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.378 (g)-2	If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Check N/A if the agency does not prohibit all sexual activity between residents. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/ section	**Yes/No** Yes No N/A Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

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Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

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Medical and Mental Care

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

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.381 (a)-1	All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. If "No", skip to 115.381(b). • Upload/select policy on medical and mental health treatment of residents	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.381 (a)-2	If YES, the follow-up meeting was offered within 14 days of the intake screening.	**Yes/No** Yes No Enter Comment	
115.381 (a)-3	In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner:	(Number only) Enter Comment	
115.381 (a)-4	Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. • Upload/select sample medical/ mental health secondary materials	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Residents who Disclose Sexual Victimization at Risk Screening -Q: 1
- Staff Responsible for Risk Screening – Q: 12

Documentation Review

- Additional medical/mental health secondary materials.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

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, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.381 (b)-1	All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. • If applicable, select policy on medical and mental health treatment of residents and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.381 (b)-2	If YES, the follow-up meeting was offered within 14 days of the intake screening.	**Yes/No** Yes No Enter Comment	
115.381 (b)-3	In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner:	(Number only) Enter Comment	
115.381 (b)-4	Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. • Upload/select sample of mental health secondary materials	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Staff Responsible for Risk Screening - Q: 13

Documentation 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).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

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, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.381 (c)-1	Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. If "Yes", skip to 115.381(d). • Upload/select sample of resident confinement records/ other records available to custody staff or non-health personnel • If applicable, also select policy on medical/mental health treatment of residents and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.381 (c)-2	If NO, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.	**Yes/No** ○ Yes ○ No Enter Comment	

Audit

PREA Audit Site Review

RECORD STORAGE
During the site review, the auditor must:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is secured (e.g., key card, lock and key).
- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).
    - Note, the auditor may have to speak with the agency/facility information technology staff person to understand the secure storage of electronic information and who has access to that information.

Additionally, the auditor should:

- Have informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

Documentation Review

- Additional sample of resident confinement records/other records available to custody staff or non-health personnel.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.381 (d)-1	Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. • Upload/select consent documentation/logs obtained from residents over age 18 • If applicable, also select policy on medical/mental health treatment of residents and indicate relevant page/section	**Yes/No** ◯ Yes ◯ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 8, 9

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Do 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?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Medical and Mental Care

115.382: Access to emergency medical and mental health services

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.382 (a)-1	Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.382 (a)-2	The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.	**Yes/No** Yes No Enter Comment	
115.382 (a)-3	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. (Such documentation is not required by the standard, but may be helpful to review during the audit.) • Upload/select sample medical/ mental health secondary forms/logs regarding residents' access to services	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 10, 11, 12
- Residents who Reported a Sexual Abuse - Q:4

Documentation Review

- Additional medical/mental health secondary materials describing access to services.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

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

Documentation Review

- Documentation demonstrating immediate notification of the appropriate medical and mental health practitioners.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?*

Provision Findings

- ○ Yes
- ○ No

Do staff first responders immediately notify the appropriate medical and mental health practitioners?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.382 (c)-1	Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Medical and Mental Health Staff - Q:13
- Residents who Reported a Sexual Abuse - Q:6

Documentation Review

- Additional medical/mental health secondary materials describing access to services.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.382 (d)-1	Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. • Upload/select policy on medical/mental health treatment for sexual abuse	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Medical and Mental Care

115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.383 (a)-1	The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. • Upload/select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your

findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Medical and Mental Health Staff - Q:14
- Residents who Reported a Sexual Abuse - Q:5

Documentation Review

- Medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?*

Provision Findings

- ○ Yes
- ○ No

115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Pre-Audit	Issue Log Notes

Audit

Interview Guides

- Medical and Mental Health Staff - Q:15

Documentation Review

- Medical records or secondary documentation that demonstrate victims receive medical and mental health services consistent with community level of care.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility provide such victims with medical and mental health services consistent with the community level of care?*

Provision Findings
- ○ Yes
- ○ No

115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.383 (d)-1	Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Check N/A if an all male facility. • If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	**Yes/No** ○ Yes ○ No ○ N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Residents who Reported a Sexual Abuse - Q:26

Documentation Review

- Medical records or secondary documentation that demonstrates that female victims were offered pregnancy tests.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

115.383 (e): If pregnancy results from the conduct described 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.383 (e)-1	If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check N/A if an all male facility. • If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 16, 17
- Residents who Reported a Sexual Abuse - Q: 27

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful

pregnancy-related medical services? (N/A if all-male facility.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

115.383 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.383 (f)-1	Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. • If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Residents who Reported a Sexual Abuse - Q: 7

Documentation Review

- Medical records or secondary documentation that demonstrate victims were offered tests for sexually transmitted infections as medically appropriate.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?*

Provision Findings

- ○ Yes
- ○ No

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 any investigation arising out of the incident.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.383 (g)-1	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. • If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Residents who Reported a Sexual Abuse - Q: 8

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.383 (h)-1	The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. • If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Interview Guides

- Medical and Mental Health Staff - Q: 18

Documentation Review

- Mental health records or secondary documentation that demonstrate evaluations of resident-on-resident abusers.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)
The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data Collection and Review

115.386: Sexual abuse incident reviews

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.386 (a)-1	The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. • Upload/select: ◦ policy on conducting sexual abuse incident reviews ◦ documentation of sexual abuse incident reviews ◦ sample documentation of completed criminal or administrative investigations of sexual abuse (if incident review documents contained therein)	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

115.386 (a)-2	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents:	(Number only) Enter Comment

Audit

Documentation Review

- Additional documentation of completed criminal or administrative investigations of sexual abuse.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the

allegation has been determined to be unfounded?*

Provision Findings

- ○ Yes
- ○ No

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

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.386 (b)-1	The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. • If applicable, select documentation of sexual abuse incident reviews and sample documentation of completed criminal or administrative (if incident review documents contained therein) and indicate relevant page(s)/section(s)	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested
115.386 (b)-2	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents:	(Number only) Enter Comment	

Audit

Documentation Review

- Additional documentation of completed criminal or administrative investigations of sexual abuse.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does such review ordinarily occur within 30 days of the conclusion of the investigation?*

Provision Findings

- ○ Yes
- ○ No

115.386 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.386 (c)-1	The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. • If applicable, select policy on sexual abuse incident reviews and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Superintendent or Designee - Q: 28

Documentation Review

- Documentation of review team minutes or reports.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.386 (d)-1	The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. • Upload/select reports of findings from sexual abuse incident reviews • If applicable, select documentation of sexual abuse incident reviews and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Superintendent or Designee - Q: 29, 30
- PREA Compliance Manager - Q: 25, 26, 27
- Incident Review Team - Q: 1, 2, 3, 4

Documentation Review

- Additional reports of findings from sexual abuse incident reviews.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?*

Provision Findings
- ○ Yes
- ○ No

Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?*

Provision Findings
- ○ Yes
- ○ No

Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?*

Provision Findings
- ○ Yes
- ○ No

Does the review team: Assess the adequacy of staffing levels in that area during different shifts?*

Provision Findings
- ○ Yes
- ○ No

Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?*

Provision Findings
- ○ Yes
- ○ No

Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?*

Provision Findings
- ○ Yes
- ○ No

115.386 (e): The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.386 (e)-1	The facility implements the recommendations for improvement or documents its reasons for not doing so. • Upload/select documentation supporting implementation of recommendations or documentation of reasons for not implementing recommendations	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the facility implement the recommendations for improvement, or document its reasons for not doing so?*

Provision Findings

- ( ) Yes
- ( ) No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ( ) Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Data Collection and Review

115.387: Data collection

115.387 (a): 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility**	

		Response	
115.387 (a)-1	The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. • Upload/select: ◦ policy on sexual abuse data collection ◦ set of definitions ◦ data collection instrument	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?*

Provision Findings
Yes
No

115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least

annually.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.387 (b)-1	The agency aggregates the incident-based sexual abuse data at least annually.	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Documentation Review

- Sample of aggregated data.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency aggregate the incident-based sexual abuse data at least annually?*

Provision Findings

- ○ Yes
- ○ No

115.387 (c): 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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.387 (c)-1	The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. • If applicable, select policy on sexual abuse data collection and data collection instrument and indicate relevant page(s)/section(s)	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.387 (d)-1	The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. • If applicable, select policy on sexual abuse data collection and indicate relevant page/ section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?*

Provision Findings
Yes
No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.387 (e)-1	The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. (Check N/A if agency does not contract for the confinement of its residents and skip to 115.387 (f).) • If applicable, select policy on sexual abuse data collection and indicate relevant page/ section	**Yes/No** Yes No N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.387 (e)-2	The data from private facilities complies with SSV reporting regarding content.	**Yes/No** Yes No Enter Comment	

Audit

Documentation Review

- Sample of incident-based and aggregated data from private facility, if applicable.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.387 (f)-1	The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Check N/A if DOJ has not requested agency data.	**Yes/No** ○ Yes ○ No ○ N/A Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Data Collection and Review

115.388: Data review for corrective action

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.388 (a)-1	The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, 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. • Upload/select: ◦ documentation of corrective action plans ◦ annual report of findings from data reviews/corrective actions	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- Agency Head - Q: 9

- PREA Coordinator - Q: 6, 7
- PREA Compliance Manager - Q: 24

Documentation Review

- Additional documentation of corrective action plans.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency 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 by: Identifying problem areas?*

Provision Findings

- ○ Yes
- ○ No

Does the agency 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 by: Taking corrective action on an ongoing basis?*

Provision Findings

- ○ Yes
- ○ No

Does the agency 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 by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?*

Provision Findings

- ○ Yes

No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.388 (b)-1	The annual report includes a comparison of the current year's data and corrective actions with those from prior years. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.388 (b)-2	The annual report provides an assessment of the agency's progress in addressing sexual abuse. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	**Yes/No** Yes No Enter Comment	

Audit

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?*

Provision Findings
- Yes
- No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.388 (c)-1	The agency makes its annual report readily available to the public at least annually through its website. If "yes," skip to 115.388(c)-3. • Provide link to website where annual report is available	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.388 (c)-2	If NO, the agency makes it available through other means.	**Yes/No** Yes No Enter Comment	
115.388 (c)-3	The annual reports are approved by the agency head.	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- Agency Head - Q: 10

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.388 (d)-1	When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.388 (d)-2	The agency indicates the nature of material redacted. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	**Yes/No** Yes No Enter Comment	

Audit

Interview Guides

- PREA Coordinator - Q: 8

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Data Collection and Review

115.389: Data storage, publication, and destruction

115.389 (a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.389 (a)-1	The agency ensures that incident-based and aggregate data are securely retained. • Upload/select policy on data storage	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Interview Guides

- PREA Coordinator - Q: 6

PREA Audit Site Review

RECORD STORAGE
During the site review, the auditor must:

- Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations) to determine if the area is

secured (e.g., key card, lock and key).

- Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information) to determine how access to the information is secured (e.g., password protected, accessible only in certain areas, role-based security).Note, the auditor may have to speak with the agency/facility information technology staff person to understand the secure storage of electronic information and who has access to that information.

Additionally, the auditor should:

- Have informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency ensure that data collected pursuant to § 115.387 are securely retained?*

Provision Findings

- ○ Yes
- ○ No

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.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.389 (b)-1	Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. • Upload/select policy on data availability	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested
115.389 (b)-2	If NO, the agency makes it available through other means.	**Yes/No** Yes No Enter Comment	

Audit

Documentation Review

- Review website or other means for publicly available aggregated sexual abuse data.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?*

Provision Findings

- ○ Yes
- ○ No

115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	
115.389 (c)-1	Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.	**Yes/No** ○ Yes ○ No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. ☐ Clarification requested ☐ Additional documentation requested

Audit

Documentation Review

- Sample of publicly available sexual abuse data to check that personal identifiers have been removed.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?*

Provision Findings

- ○ Yes
- ○ No

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 Federal, State, or local law requires otherwise.

Pre-Audit			Issue Log Notes
Section	**Question Text**	**Agency/Facility Response**	

115.389 (d)-1	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. • If federal, state, or local law requires otherwise, upload/ select a copy of the applicable law	**Yes/No** Yes No Enter Comment	The text and checkboxes below can be used to populate an audit Issue Log that identifies clarifications or additional documentation requested by the auditor. Note: this text will not be included in the interim or final reports. Clarification requested Additional documentation requested

Audit

Documentation Review

- Historical sexual abuse data collected since August 20, 2012.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Auditing and Corrective Action

115.401: Frequency and scope of audits

115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

Pre-Audit	Issue Log Notes

Audit

Documentation Review

- Review agency records, website, etc. to ensure that each facility has been audited.

Other Audit Instructions

- Note. The auditor comments (below) should indicate whether the agency met this standard during the prior three-year audit cycle. If the standard was not met for the prior cycle, the narrative should discuss the agency's plans for future audits during the current audit cycle. See also FAQ: Audit and Compliance, issued April 23, 2014.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)*

Provision Findings

- ○ Yes
- ○ No

115.401 (b): August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Pre-Audit	Issue Log Notes

Audit

Documentation Review

- Review agency records, website, etc. to ensure that one-third of each facility type has been audited.

Other Audit Instructions

- Note. The auditor comments (below) should indicate whether the agency met this standard during the prior year. If the standard was not met for the prior year, the narrative should discuss the agency's plans for future audits during the upcoming years. See also FAQ: Audit and Compliance, issued April 23, 2014.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)*

Provision Findings

- ○ Yes
- ○ No

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)*

Provision Findings

- ○ Yes
- ○ No
- ○ N/A

115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- Note. The agency/facility must have provided the auditor with full access to all areas of the audited agency/facility. If full access was not provided to any areas of the agency/facility, answer “No”.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Did the auditor have access to, and the ability to observe, all areas of the audited facility?*

Provision Findings
- ○ Yes
- ○ No

115.401 (i): The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- Note. The agency/facility must have provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). If copies of any requested documents were not provided, answer "No".

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?*

Provision Findings
- ○ Yes
- ○ No

115.401 (m): The auditor shall be permitted to conduct private interviews with residents.

Pre-Audit	Issue Log Notes

Audit

Other Audit Instructions

- Note. The agency/facility must have permitted the auditor to conduct interviews with any residents that were requested by the auditor. The agency/facility must have allowed the auditor to conduct these interviews in a private setting. If the agency/facility did not allow interviews of certain residents and/or did not allow interviews to be conducted in private, answer “No”.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?*

Provision Findings

- ○ Yes
- ○ No

115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Pre-Audit	Issue Log Notes

Audit

PREA Audit Site Review

- Ensure that information about the PREA audit (e.g., Notice of Audit) is posted in all housing units. Ask residents about the notice and how long it has been posted.

Documentation Review

- Review information provided to residents regarding the confidential nature of any correspondence and communication with the auditor. Ensure that the information is accurate
- Review methods provided by agency/facility for sending confidential information or correspondence to the auditor, and detail methods in the notes section or upload documentation, if applicable.

Other Audit Instructions

- Note. The agency/facility must have provided residents with information about the PREA audit at least six weeks prior to the site visit. The information or “Notice of Audit” is generally provided to the agency/facility by the auditor, and the agency is required to post such information in all housing units. The information provided to the residents must have included accurate information regarding the confidential nature of any correspondence and communication with the auditor. The agency/facility must have provided residents with a method of sending confidential information or correspondence to the auditor. Such method provided the same level of confidentiality as if the residents were communicating with legal counsel. If any of these elements were not met, answer “No”.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal

counsel?*

Provision Findings

- ○ Yes
- ○ No

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

Auditing and Corrective Action

115.403: Audit contents and findings

115.403 (f): The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

Pre-Audit	Issue Log Notes

Audit

Documentation Review

- A list of all of the agency’s facility and agency audit reports completed 90 days prior to the audit within the appropriate review period, and web links to each of these reports or any other evidence that these reports have been provided publicly if the agency does not have a website.

Auditor Personal Notes

Auditor's Personal Notes: This text will not be included in your report. Analysis of your findings for the interim/final report should go in the discussion following your Overall Compliance Determination.

Provision Findings

The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)*

Provision Findings

- ( ) Yes
- ( ) No
- ( ) N/A

Supporting Documentation

Supporting Documentation Instructions: Use this button to upload interview notes, your Site Review Checklist or other site review notes, supporting documentation you have collected during the course of the audit, and/or tag any supplemental files provided by the facility after the Pre-Audit Questionnaire was submitted.

Select File(s) (including supplemental files)

Auditor Overall Determination

Auditor Overall Determination

- ○ Exceeds Standard (Substantially exceeds requirement 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)

Instructions for Overall Compliance Determination Narrative (this text will appear in your report)

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	
2. End date of the onsite portion of the audit:	

Audit Notice

Remember that pursuant to Standard 115.401(j), auditors are required to preserve and retain, and release to DOJ upon request, all audit documentation relied upon in making audit determinations. This includes the notice of the onsite audit and documentation gathered by the auditor to verify that the notice was properly posted (e.g., interview notes, time- stamped photos).

3. Did you request that the facility post the audit notice at least 6 weeks in advance of the onsite portion of the audit?	○ Yes ○ No
4. Did the facility post the audit notice?	○ Yes ○ No

5. What steps did you take to verify whether the notice was posted in required areas by the agreed upon deadline? Check all that apply	☐ I requested time-stamped photos of all posted notices from the PREA Coordinator or other authorized point of contact in the facility ☐ I requested a written assurance (e.g., in an email) from the PREA Coordinator or other authorized point of contact in the facility that the notice was posted as required ☐ I visited the facility at least 6 weeks before the onsite portion of the audit and personally confirmed that the audit notice was posted as required ☐ During the onsite portion of the audit I asked all inmate/resident/detainee interviewees about the timing and placement of the audit notice ☐ Other
Confidential Correspondence	
6. Did you receive any confidential correspondence from INMATES/ RESIDENTS/DETAINEES that was relevant to sexual safety in the facility?	○ Yes ○ No
7. Did you receive any confidential correspondence from STAFF that was relevant to sexual safety in the facility?	○ Yes ○ No
8. Did you receive any confidential correspondence from VOLUNTEERS OR CONTRACTORS that was relevant to sexual safety in the facility?	○ Yes ○ No
9. Did you receive any confidential correspondence from any OTHER INTERESTED PARTIES (e.g., family members of incarcerated individuals, advocates) that was relevant to sexual safety in the facility?	○ Yes ○ No

Outreach	
10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	○ Yes ○ No
Research	
11. Did you review mandatory reporting laws for the state where the facility is located?	○ Yes ○ No
12. Did you review the agency and/or facility website(s) for PREA information (e.g., how to make a third-party report, PREA investigation policies, other policies, etc.)?	○ Yes ○ No ○ NA
13. Did you conduct internet research regarding the audited facility (e.g., litigation related to sexual abuse or sexual harassment, federal consent decrees, etc.)?	○ Yes ○ No
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	
15. Average daily population for the past 12 months:	
16. Number of inmate/resident/detainee housing units:	

DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ○ No ○ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics for the 12 Months Preceding the Audit (for documentation sampling)

Inmates/Residents/Detainees Population Characteristics for the 12 Months Preceding the Audit

18. Enter the total number of inmates/ residents/detainees who were admitted to the facility over the past 12 months:	
19. Enter the total number of inmates/ residents/detainees with a physical disability who were in the facility over the past 12 months:	
20. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) who were in the facility over the past 12 months:	

21. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) who were in the facility over the past 12 months:	
22. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing who were in the facility over the past 12 months:	
23. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) who were in the facility over the past 12 months:	
24. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual who were in the facility over the past 12 months:	
25. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex who were in the facility over the past 12 months:	
26. Enter the total number of inmates/ residents/detainees who reported sexual abuse in this facility over the past 12 months:	
27. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening who were in the facility over the past 12 months:	
28. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization who were in the facility over the past 12 months:	

29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees who were in the facility over the past 12 months (e.g., groups not tracked, issues with identifying certain populations).	
Staff, Volunteers, and Contractors Population Characteristics for the 12 Months Preceding the Audit	
30. Enter the total number of STAFF employed by the facility over the past 12 months:	
31. Enter the total number of STAFF employed by the facility who may have had contact with inmates/residents/ detainees over the past 12 months:	
32. Enter the total number of VOLUNTEERS who may have had contact with inmates/residents/detainees over the past 12 months:	
33. Enter the total number of CONTRACTORS who may have had contact with inmates/residents/ detainees over the past 12 months:	
34. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility over the past 12 months:	
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
35. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	

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

44. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	
45. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	
46. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
47. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	
48. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	
49. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	
50. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

51. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	
52. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
53. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	
54. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	○ Yes ○ No
55. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	

Targeted Inmate/Resident/Detainee Interviews	
56. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
57. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	
58. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	
59. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	
60. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	

61. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	
62. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	
63. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	
64. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	
65. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	
66. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	

67. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

68. Enter the total number of RANDOM STAFF who were interviewed:	
69. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☐ Shift assignment ☐ Work assignment ☐ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
70. Were you able to conduct the minimum number of RANDOM STAFF interviews?	○ Yes ○ No
71. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	

Specialized Staff, Volunteers, and Contractor Interviews

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

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

73. Were you able to interview the Agency Head?	○ Yes ○ No
74. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	○ Yes ○ No
75. Were you able to interview the PREA Coordinator?	○ Yes ○ No
76. Were you able to interview the PREA Compliance Manager?	○ Yes ○ No ○ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
78. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ○ No
79. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ○ No
80. Provide any additional comments regarding selecting or interviewing specialized staff.	

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

81. Did you have access to all areas of the facility?	○ Yes ○ No
Was the site review an active, inquiring process that included the following:	
82. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	○ Yes ○ No

83. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	○ Yes ○ No
84. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	○ Yes ○ No
85. Informal conversations with staff during the site review (encouraged, not required)?	○ Yes ○ No
86. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

87. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	○ Yes ○ No
88. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse				
Staff-on-inmate sexual abuse				
Total				

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment				
Staff-on-inmate sexual harassment				
Total				

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse				
Staff-on-inmate sexual abuse				
Total				

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment				
Staff-on-inmate sexual harassment				
Total				

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

96. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
97. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	
98. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
99. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
100. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	
101. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

102. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
103. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	
104. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ○ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
105. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	
106. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
107. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
108. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	
109. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
110. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
111. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	

SUPPORT STAFF INFORMATION

IMPORTANT REMINDER: Lead auditors are required to include in their audit contracts and in their audit reports information on all other DOJ-certified PREA auditors and non-certified support staff who assisted the lead auditor during any phase of the PREA audit. For details on what information to include, refer to p. 6 and p. 66 of the PREA Auditor Handbook. The following questions are about support staff. Please provide complete information about any assistance you received from any other DOJ-certified PREA auditors and/or non-certified support staff during each phase of this audit.

DOJ-certified PREA Auditors Support Staff

112. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ○ No

Non-certified Support Staff

113. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- ○ Yes
- ○ No

LEAD AUDITOR TIME SPENT AUDITING THIS FACILITY

114. How many HOURS did you (the lead auditor) spend on the PRE-ONSITE portion of this audit?

- ○ 10 hours or less
- ○ 11-20 hours
- ○ 21-30 hours
- ○ 31-40 hours
- ○ 41-50 hours
- ○ 51 or more hours

For the following question, please account for all days spent at the audited facility, regardless of the amount of time you were onsite on a particular day. For example, if you were onsite for only 2 hours on the last day of the onsite portion of the audit, count this as one day. Remember, the number of days you indicate here should match the number of days indicated in your Audit Start Date and Audit End Date entries above.

115. How many DAYS did you (the lead auditor) spend conducting the ONSITE portion of this audit?	○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days ○ 8 days ○ 9 days ○ 10 days ○ 11 days ○ 12 days
116. In the questions below, select the number of HOURS you spent onsite at the facility conducting the audit (e.g., conducting interviews, site review, and documentation review) for EACH DAY of the ONSITE portion of the audit.	
117. How many HOURS did you (the lead auditor) spend on the POST-ONSITE portion of this audit - including evidence review, interim audit report (if applicable), corrective action planning and verification (if applicable), and final audit report?	○ 10 hours or less ○ 11-20 hours ○ 21-30 hours ○ 31-40 hours ○ 26-30 hours ○ 41-50 hours ○ 51 hours or more

AUDITING ARRANGEMENTS AND COMPENSATION

For the following questions, the PREA Management Office is collecting information on auditing arrangements and compensation for trend analysis so that better information and guidance can be provided to the field in the future.

118. Who paid you to conduct this audit?	○ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other
119. How much were you paid to conduct this audit? Please indicate the dollar amount for the compensation received for your time to complete audit-related tasks (e.g., documentation review, report writing, interviews, onsite observations). Do not include reimbursements for airfare, per diem rates, or non-personnel costs.	○ $5,001 or more ○ $4,001-$5,000 ○ $3,001-$4,000 ○ $2,001-$3,000 ○ $1,001-$2,000 ○ $1- $1,000 ○ $0 - I conducted this audit as part of a consortium or circular auditing arrangement ○ $0 - I was unpaid for a reason other than a consortium or circular auditing arrangement
120. Does the amount indicated above reflect the amount you were paid to conduct the audit of the single facility named above (i.e., not the amount you were paid to conduct multiple audits under a single contract)?	○ Yes ○ No

121. What was the total cost of this audit? Total cost refers to the TOTAL AMOUNT THAT THE AUDITED AGENCY PAID for this audit, including the auditor's compensation, travel costs, per diem costs, and so on.	○ $7,001 or more ○ $6,001-$7,000 ○ $5,001-$6,000 ○ $4,001-$5,000 ○ $3,001-$4,000 ○ $2,001-$3,000 ○ $1,001-$2,000 ○ $1-$1,000 ○ $0 - This audit was conducted as part of a consortium or circular auditing arrangement ○ $0 - There was no cost for this audit for a reason other than a consortium or circular auditing arrangement ○ Unknown - I was not responsible for procuring this audit, and do not know the total amount paid by the audited agency
122. Is there any other information you would like to provide about this audit? The PREA Management Office is interested in hearing from auditors about particular challenges associated with this audit, as well as examples of important achievements by the audited agency or facility. Please provide a brief description here.	