|  |
| --- |
| **Prison Rape Elimination Act (PREA) Audit Report****Community Confinement Facility**[ ]  **Interim** [ ]  **Final** **Date of Interim Audit Report:** Click or tap here to enter text. [ ]  **N/A** *If no Interim Audit Report, select N/A* **Date of Final Audit Report:** Click or tap here to enter text. |
| **Auditor Information** |
| **Name:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Company Name:** Click or tap here to enter text. |
| **Mailing Address:** Click or tap here to enter text. | **City, State, Zip:** Click or tap here to enter text. |
| **Telephone:** Click or tap here to enter text. | **Date of Facility Visit:** Click or tap here to enter text. |
| **Agency Information** |
| **Name of Agency:** Click or tap here to enter text. |
| **Governing Authority or Parent Agency** *(If Applicable)***:** Click or tap here to enter text. |
| **Physical Address:** Click or tap here to enter text. | **City, State, Zip:** Click or tap here to enter text. |
| **Mailing Address:** Click or tap here to enter text. | **City, State, Zip:** Click or tap here to enter text. |
| **The Agency Is:**  | [ ]  Military | [ ]  Private for Profit | [ ]  Private not for Profit |
|  [ ]  Municipal | [ ]  County | [ ]  State | [ ]  Federal |
| **Agency Website with PREA Information:** Click or tap here to enter text. |
| **Agency Chief Executive Officer** |
| **Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Agency-Wide PREA Coordinator** |
| **Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **PREA Coordinator Reports to:** Click or tap here to enter text.  | **Number of Compliance Managers who report to the PREA Coordinator:** Click or tap here to enter text. |

|  |
| --- |
| **Facility Information** |
| **Name of Facility:** Click or tap here to enter text. |
| **Physical Address:** Click or tap here to enter text. | **City, State, Zip:** Click or tap here to enter text. |
| **Mailing Address (if different from above):** Click or tap here to enter text. | **City, State, Zip:** Click or tap here to enter text. |
| **The Facility Is:**  | [ ]  Military | [ ]  Private for Profit | [ ]  Private not for Profit |
|  [ ]  Municipal | [ ]  County | [ ]  State | [ ]  Federal |
| **Facility Type:** |  [ ]  Prison |  [ ]  Jail |
| **Facility Website with PREA Information:** Click or tap here to enter text. |
| **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: Click or tap here to enter text.[ ]  N/A |
| **If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**Click or tap here to enter text. |
| **Warden/Jail Administrator/Sheriff/Director** |
| **Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Facility PREA Compliance Manager** |
| **Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Facility Health Service Administrator** [ ]  N/A |
| **Name:** Click or tap here to enter text. |
| **Email:** Click or tap here to enter text. | **Telephone:** Click or tap here to enter text. |
| **Facility Characteristics** |
| **Designated Facility Capacity:** | Click or tap here to enter text. |
| **Current Population of Facility:** | Click or tap here to enter text. |
| **Average daily population for the past 12 months:**  | Click or tap here to enter text. |
| **Has the facility been over capacity at any point in the past 12 months?**  | [ ]  Yes [ ]  No  |
| **Which population(s) does the facility hold?** | [ ]  Females [ ]  Males [ ]  Both Females and Males |
| **Age range of population:**  | Click or tap here to enter text. |
| **Average length of stay or time under supervision:** | Click or tap here to enter text. |
| **Facility security levels/resident custody levels:** | Click or tap here to enter text. |
| **Number of residents admitted to facility during the past 12 months:** | Click or tap here to enter text. |
| **Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:** | Click or tap here to enter text. |
| **Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*** | Click or tap here to enter text. |
| **Does the facility hold youthful residents?**  | [ ]  Yes [ ]  No  |
| **Number of youthful residents held in the facility during the past 12 months: (N/A if the facility never holds youthful residents)** | Click or tap here to enter text.[ ]  N/A  |
| **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[ ]  U.S. 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: Click or tap here to enter text.[ ]  N/A |
| **Number of staff currently employed by the facility who may have contact with residents:** | Click or tap here to enter text. |
| **Number of staff hired by the facility during the past 12 months who may have contact with residents:** | Click or tap here to enter text. |
| **Number of contracts in the past 12 months for services with contractors who may have contact with residents:** | Click or tap here to enter text. |
| **Number of individual contractors who have contact with residents, currently authorized to enter the facility:** | Click or tap here to enter text. |
| **Number of volunteers who have contact with residents, currently authorized to enter the facility:** | Click or tap here to enter text. |
| **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.** | Click or tap here to enter text. |
| **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 residents 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 cell housing units:** | Click or tap here to enter text. |
| **Number of multiple occupancy cell housing units:** | Click or tap here to enter text. |
| **Number of open bay/dorm housing units:**  | Click or tap here to enter text. |
| **Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**  | Click or tap here to enter text. |
| **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 the past 12 months?** | [ ]  Yes [ ]  No  |
| **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: Click or tap here to enter text.) |
| **Investigations** |
| **Criminal Investigations** |
| **Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:**  | Click or tap here to enter text. |
| **When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.** | [ ]  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: Click or tap here to enter text.)[ ]  N/A |
| **Administrative Investigations** |
| **Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?** | Click or tap here to enter text. |
| **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: Click or tap here to enter text.)[ ]  N/A |

**Summary of Audit Findings**

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

***Auditor Note:*** *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

**Standards Exceeded**

**Number of Standards Exceeded:** Click or tap here to enter text.

**List of Standards Exceeded:** Click or tap here to enter text.

**Standards Met**

**Number of Standards Met:** Click or tap here to enter text.

**Standards Not Met**

**Number of Standards Not Met:** Click or tap here to enter text.

**List of Standards Not Met:** Click or tap here to enter text.

**Post-Audit Reporting Information**

|  |
| --- |
| **General Audit Information** |
| **Onsite Audit Dates** |
| **1. Start date of the onsite portion of the audit:**  | Click or tap here to enter text. |
| **2. End date of the onsite portion of the audit:** | Click or tap here to enter text. |
| **Outreach** |
| **3. 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  |
| 1. **If yes, identify the community-based organizations or victim advocates with whom you corresponded:**
 | Click or tap here to enter text. |
| **Audited Facility Information**  |

|  |  |
| --- | --- |
| **4. Designated Facility Capacity:**  | Click or tap here to enter text. |
| **5. Average daily population for the past 12 months:** | Click or tap here to enter text. |
| **6. Number of resident 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 residents 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. | Click or tap here to enter text. |

|  |
| --- |
| **Audited Facility Population on Day One of the Onsite Portion of the Audit** |
| *Residents/Residents/Detainees* |

|  |  |
| --- | --- |
| **8. Enter the total number of residents housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **10. Enter the total number of residents with a physical disability housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **11. Enter the total number of residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **12. Enter the total number of residents who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:**  | Click or tap here to enter text. |
| **13. Enter the total number of residents who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:**  | Click or tap here to enter text. |
| **14. Enter the total number of residents who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **15. Enter the total number of residents who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **16. Enter the total number of residents who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **17. Enter the total number of residents who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **18. Enter the total number of residents who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **19. Enter the total number of residents who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **20. Enter the total number of residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **21. Enter the total number of residents who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **22. Enter the total number of residents solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **23. Provide any additional comments regarding the population characteristics of residents 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).**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| *Staff, Volunteers, and Contractors**Include all full- and part-time staff employed by the facility, regardless of their level of contact with residents/residents/detainees* |

|  |  |
| --- | --- |
| **24. 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:** | Click or tap here to enter text. |
| **25. 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 residents:** | Click or tap here to enter text. |
| **26. 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 residents:** | Click or tap here to enter text. |
| **27. 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.**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| **Interviews** |
| **Resident Interviews** |
| *Random Resident/Resident/Detainee Interviews* |

|  |  |
| --- | --- |
| **28. Enter the total number of RANDOM RESIDENTS who were interviewed:** | Click or tap here to enter text. |
| **29. Select which characteristics you considered when you selected random residents:** | [ ]  Age[ ]  Race[ ]  Ethnicity (e.g., Hispanic, Non-Hispanic) [ ]  Length of time in the facility [ ]  Housing assignment[ ]  Gender[ ]  Other (describe) Click or tap here to enter text.[ ]  None (explain) Click or tap here to enter text. |
| **30. How did you ensure your sample of random resident interviewees was geographically diverse?** | Click or tap here to enter text. |
| **31. Were you able to conduct the minimum number of random resident interviews?**  | [ ]  Yes [ ]  No  |
| 1. **If no, explain why it was not possible to interview the minimum number of random resident interviews:**
 | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **32. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| *Targeted Resident/Resident/Detainee Interviews* |

|  |  |
| --- | --- |
| **33. Enter the total number of TARGETED RESIDENTS 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 residents who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted resident/resident/detainee interviews below, remember that an interview with one resident may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted resident protocols.*  *For example, if an auditor interviews a resident 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 resident interview categories will exceed the total number of targeted residents who were interviewed.*  *If a particular targeted population is not applicable in the audited facility, enter "0".* | Click or tap here to enter text. |
| **35. Enter the total number of interviews conducted with residents with a physical disability using the “Disabled and Limited English Proficient Residents” protocol:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **36. Enter the total number of interviews conducted with residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Residents” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **37. Enter the total number of interviews conducted with residents who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Residents” protocol:**  | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **38. Enter the total number of interviews conducted with residents who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Residents” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **39. Enter the total number of interviews conducted with residents who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Residents” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents/residents/detainees. [ ]  The residents/residents/detainees in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **40. Enter the total number of interviews conducted with residents who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents/residents/detainees. [ ]  The residents/residents/detainees in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **41. Enter the total number of interviews conducted with residents who identify as transgender or intersex “Transgender and Intersex Residents; Gay, Lesbian, and Bisexual Residents” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **42. Enter the total number of interviews conducted with residents who reported sexual abuse in this facility using the “Residents who Reported a Sexual Abuse” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **43. Enter the total number of interviews conducted with residents who disclosed prior sexual victimization during risk screening using the “Residents who Disclosed Sexual Victimization during Risk Screening” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **44. Enter the total number of interviews conducted with residents who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Residents Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:** | Click or tap here to enter text. |
| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted residents in this category:**
 | [ ]  Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these residents. [ ]  The residents in this targeted category declined to be interviewed.  |
| 1. **If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other residents).**
 | Click or tap here to enter text. |
| **45. Provide any additional comments regarding selecting or interviewing random residents (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| **Staff, Volunteer, and Contractor Interviews** |
| *Random Staff Interviews* |

|  |  |
| --- | --- |
| **46. Enter the total number of RANDOM STAFF who were interviewed:** | Click or tap here to enter text. |
| **47. 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 (describe) Click or tap here to enter text.[ ]  None (explain) Click or tap here to enter text. |
| **48. Were you able to conduct the minimum number of RANDOM STAFF interviews?**  | [ ]  Yes [ ]  No  |
| 1. **If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):**
 | [ ]  Too many staff declined to participate in interviews [ ]  Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). [ ]  Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. [ ]  Other (describe) Click or tap here to enter text. |
| 1. **Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:**
 | Click or tap here to enter text. |
| **49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).** *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| *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 interview would satisfy multiple specialized staff interview requirements.* |

|  |  |
| --- | --- |
| **50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):** | Click or tap here to enter text. |
| **51. Were you able to interview the Agency Head?**  | [ ]  Yes [ ]  No  |
| 1. **If no, explain why it was not possible to interview the Agency Head:**
 | Click or tap here to enter text. |
| **52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?**  | [ ]  Yes [ ]  No  |
| 1. **If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:**
 | Click or tap here to enter text. |
| **53. Were you able to interview the PREA Coordinator?**  | [ ]  Yes [ ]  No  |
| 1. **If no, explain why it was not possible to interview the PREA Coordinator:**
 | Click or tap here to enter text. |
| **54. Were you able to interview the PREA Compliance Manager?**  | [ ]  Yes [ ]  No [ ]  N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |
| 1. **If no, explain why it was not possible to interview the PREA Compliance Manager:**
 | Click or tap here to enter text. |
| **55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (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 residents (if applicable)[ ]  Education and program staff who work with youthful residents (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 residents 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 (describe) Click or tap here to enter text. |
| **56. Did you interview VOLUNTEERS who may have contact with residents in this facility?** | [ ]  Yes [ ]  No  |
| 1. **Enter the total number of VOLUNTEERS who were interviewed:**
 | Click or tap here to enter text. |
| 1. **Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):**
 | [ ]  Education/programming [ ]  Medical/dental [ ]  Mental health/counseling [ ]  Religious [ ]  Other  |
| **57. Did you interview CONTRACTORS who may have contact with residents in this facility?** | [ ]  Yes [ ]  No  |
| 1. **Enter the total number of CONTRACTORS who were interviewed:**
 | Click or tap here to enter text. |
| 1. **Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):**
 | [ ]  Security/detention [ ]  Education/programming [ ]  Medical/dental [ ]  Food service [ ]  Maintenance/construction [ ]  Other  |
| **58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| **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 residents to determine whether, and the extent to which, the audited facility’s practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.* |

|  |  |
| --- | --- |
| **59. Did you have access to all areas of the facility?** | [ ]  Yes [ ]  No  |
| 1. **If no, explain what areas of the facility you were unable to access and why.**
 | Click or tap here to enter text. |
| **Was the site review an active, inquiring process that included the following:** |
| **60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?** | [ ]  Yes [ ]  No  |
| 1. **If no, explain why the site review did not include reviewing/examining all areas of the facility.**
 | Click or tap here to enter text. |
| **61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?** | [ ]  Yes [ ]  No  |
| 1. **If no, explain why the site review did not include testing and/or observing all critical functions in the facility.**
 | Click or tap here to enter text. |
| **62. Informal conversations with residents during the site review (encouraged, not required)?** | [ ]  Yes [ ]  No  |
| **63. Informal conversations with staff during the site review (encouraged, not required)?** | [ ]  Yes [ ]  No  |

|  |  |
| --- | --- |
| **64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| **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; resident education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.* |

|  |  |
| --- | --- |
| **65. 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  |
| **66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| **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 “resident” in the following questions. Auditors should provide information on resident, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:** *Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations  | # of allegations that had both criminal and administrative investigations  |
| Resident-on-resident sexual abuse | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Staff-on-resident sexual abuse | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
| 1. **If you were unable to provide any of the information above, explain why this information could not be provided.**
 | Click or tap here to enter text. |
| **68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:** *Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations  | # of allegations that had both criminal and administrative investigations  |
| Resident-on-resident sexual harassment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Staff-on-resident sexual harassment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
| 1. **If you were unable to provide any of the information above, explain why this information could not be provided.**
 | Click or tap here to enter text. |

|  |
| --- |
| **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 “resident” in the following questions. Auditors should provide information on resident, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:** *Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
| Resident-on-resident sexual abuse | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Staff-on-resident sexual abuse | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
| 1. **If you were unable to provide any of the information above, explain why this information could not be provided.**
 | Click or tap here to enter text. |
| **70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:** *Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Ongoing | Unfounded | Unsubstantiated  | Substantiated  |
| Resident-on-resident sexual abuse | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Staff-on-resident sexual abuse | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
| 1. **If you were unable to provide any of the information above, explain why this information could not be provided.**
 | Click or tap here to enter text. |

|  |
| --- |
| *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 “resident” in the following questions. Auditors should provide information on resident, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.* |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:** *Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Ongoing | Referred for Prosecution | Indicted/Court Case Filed | Convicted/Adjudicated | Acquitted |
| Resident-on-resident sexual harassment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Staff-on-resident sexual harassment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
| 1. **If you were unable to provide any of the information above, explain why this information could not be provided.**
 | Click or tap here to enter text. |
| **72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:** *Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Ongoing | Unfounded | Unsubstantiated  | Substantiated  |
| Resident-on-resident sexual harassment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Staff-on-resident sexual harassment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
| 1. **If you were unable to provide any of the information above, explain why this information could not be provided.**
 | Click or tap here to enter text. |

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

|  |  |
| --- | --- |
| **73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:** | Click or tap here to enter text. |
| 1. **If 0, explain why you were unable to review any sexual abuse investigation files:**
 | Click or tap here to enter text. |
| **74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any sexual abuse investigation files) |
| **Resident-on-resident sexual abuse investigation files** |
| **75. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:** | Click or tap here to enter text. |
| **76. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files) |

|  |  |
| --- | --- |
| **77. Did your sample of RESIDENT-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any resident-on-resident sexual abuse investigation files) |
| **Staff-on-resident sexual abuse investigation files** |
| **78. Enter the total number of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files reviewed/sampled:** | Click or tap here to enter text. |
| **79. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include criminal investigations?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files) |
| **80. Did your sample of STAFF-ON-RESIDENT SEXUAL ABUSE investigation files include administrative investigations?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any staff-on-resident sexual abuse investigation files) |

|  |
| --- |
| *Sexual Harassment Investigation Files Selected for Review*  |

|  |  |
| --- | --- |
| **81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:** | Click or tap here to enter text. |
| 1. **If 0, explain why you were unable to review any sexual harassment investigation files:**
 | Click or tap here to enter text. |
| **82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any sexual harassment investigation files) |
| **Resident-on-resident sexual harassment investigation files** |
| **83. Enter the total number of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:** | Click or tap here to enter text. |
| **84. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files) |
| **85. Did your sample of RESIDENT-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any resident-on-resident sexual harassment investigation files) |
| **Staff-on-resident sexual harassment investigation files** |
| **86. Enter the total number of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files reviewed/sampled:** | Click or tap here to enter text. |
| **87. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include criminal investigations?**  | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files) |
| **88. Did your sample of STAFF-ON-RESIDENT SEXUAL HARASSMENT investigation files include administrative investigations?** | [ ]  Yes [ ]  No [ ]  N/A (N/A if you were unable to review any staff-on-resident sexual harassment investigation files) |
| **89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**  *Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.* | Click or tap here to enter text. |

|  |
| --- |
| **Support Staff Information**  |
| **DOJ-certified PREA Auditors Support Staff** |

|  |  |
| --- | --- |
| **90. 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  |
| 1. **If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:**
 | Click or tap here to enter text. |

|  |
| --- |
| **Non-certified Support Staff** |

|  |  |
| --- | --- |
| **91. 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  |
| 1. **If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:**
 | Click or tap here to enter text. |

|  |
| --- |
| **Auditing Arrangements and Compensation**  |

|  |  |
| --- | --- |
| **92. Who paid you to conduct this audit?**  | [ ]  The audited facility or its parent agency [ ]  My state/territory or county government (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  |

**PREVENTION PLANNING**

**Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**All Yes/No Questions Must Be Answered by The Auditor to Complete the Report**

**115.211 (a)**

* Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? [ ]  Yes [ ]  No

* Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? [ ]  Yes [ ]  No

**115.211 (b)**

* Has the agency employed or designated an agency-wide PREA Coordinator? [ ]  Yes [ ]  No
* Is the PREA Coordinator position in the upper-level of the agency hierarchy? [ ]  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? [ ]  Yes [ ]  No

**115.211 (c)**

* If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) [ ]  Yes [ ]  No [ ]  NA
* 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.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.212: Contracting with other entities for the confinement of residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.212 (a)**

* 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 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.) [ ]  Yes [ ]  No [ ]  NA

**115.212 (b)**

* Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) [ ]  Yes [ ]  No [ ]  NA

**115.212 (c)**

* Does the agency enter into contracts with entities that fail to comply with these standards, only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed? [ ]  Yes [ ]  No [ ]  NA
* In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.213: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.213 (a)**

* Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? [ ]  Yes [ ]  No
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Physical layout of the facility? [ ]  Yes [ ]  No
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Composition of the resident population? [ ]  Yes [ ]  No
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? [ ]  Yes [ ]  No
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? [ ]  Yes [ ]  No

**115.213 (b)**

* In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) [ ]  Yes [ ]  No [ ]  NA

**115.213 (c)**

* In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? [ ]  Yes [ ]  No
* In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? [ ]  Yes [ ]  No
* In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? [ ]  Yes [ ]  No
* In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to: the resources the facility has available to commit to ensure adequate staffing levels

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.215: Limits to cross-gender viewing and searches**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.215 (a)**

* 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? [ ]  Yes [ ]  No

**115.215 (b)**

* Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)

[ ]  Yes [ ]  No [ ]  NA

* Does the facility always refrain from restricting female residents’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) [ ]  Yes [ ]  No [ ]  NA

**115.215 (c)**

* Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? [ ]  Yes [ ]  No
* Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents.) [ ]  Yes [ ]  No [ ]  NA

**115.215 (d)**

* Does the facility have policies that enables 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? [ ]  Yes [ ]  No
* Does the facility have procedures that enables 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? [ ]  Yes [ ]  No
* Does the facility require staff of the opposite gender to announce their presence when entering an resident housing unit? [ ]  Yes [ ]  No

**115.215 (e)**

* Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status? [ ]  Yes [ ]  No
* If an resident’s genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? [ ]  Yes [ ]  No

**115.215 (f)**

* Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? [ ]  Yes [ ]  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? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.216: Residents with disabilities and residents who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.216 (a)**

* Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: residents who are deaf or hard of hearing? [ ]  Yes [ ]  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? [ ]  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? [ ]  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? [ ]  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? [ ]  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)? [ ]  Yes [ ]  No
* Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? [ ]  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? [ ]  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? [ ]  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? [ ]  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: Are blind or have low vision? [ ]  Yes [ ]  No

**115.216 (b)**

* Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? [ ]  Yes [ ]  No
* Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? [ ]  Yes [ ]  No

**115.216 (c)**

* Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.217: Hiring and promotion decisions**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.217 (a)**

* Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? [ ]  Yes [ ]  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? [ ]  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 question immediately above? [ ]  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)? [ ]  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? [ ]  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 question immediately above? [ ]  Yes [ ]  No

**115.217 (b)**

* Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? [ ]  Yes [ ]  No
* Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? [ ]  Yes [ ]  No

**115.217 (c)**

* Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? [ ]  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? [ ]  Yes [ ]  No

**115.217 (d)**

* Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? [ ]  Yes [ ]  No

**115.217 (e)**

* Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? [ ]  Yes [ ]  No

**115.217 (f)**

* Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? [ ]  Yes [ ]  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? [ ]  Yes [ ]  No
* Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? [ ]  Yes [ ]  No

**115.217 (g)**

* Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? [ ]  Yes [ ]  No

**115.17 (h)**

* Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.218: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.218 (a)**

* 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.) [ ]  Yes [ ]  No [ ]  NA

**115.218 (b)**

* If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**RESPONSIVE PLANNING**

**Standard 115.221: Evidence protocol and forensic medical examinations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.221 (a)**

* If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) [ ]  Yes [ ]  No [ ]  NA

**115.221 (b)**

* Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) [ ]  Yes [ ]  No [ ]  NA
* 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.) [ ]  Yes [ ]  No [ ]  NA

**115.221 (c)**

* Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? [ ]  Yes [ ]  No
* Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? [ ]  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)? [ ]  Yes [ ]  No
* Has the agency documented its efforts to provide SAFEs or SANEs? [ ]  Yes [ ]  No

**115.221 (d)**

* Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? [ ]  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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) [ ]  Yes [ ]  No [ ]  NA
* Has the agency documented its efforts to secure services from rape crisis centers? [ ]  Yes [ ]  No

**115.221 (e)**

* As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? [ ]  Yes [ ]  No
* As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? [ ]  Yes [ ]  No

**115.221 (f)**

* If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) [ ]  Yes [ ]  No [ ]  NA

**115.221 (g)**

* Auditor is not required to audit this provision.

**115.221 (h)**

* If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.222: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.222 (a)**

* Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? [ ]  Yes [ ]  No
* Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? [ ]  Yes [ ]  No

**115.222 (b)**

* Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? [ ]  Yes [ ]  No
* Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? [ ]  Yes [ ]  No
* Does the agency document all such referrals? [ ]  Yes [ ]  No

**115.222 (c)**

* If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.221(a).) [ ]  Yes [ ]  No [ ]  NA

**115.222 (d)**

* Auditor is not required to audit this provision.

 **115.222 (e)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**TRAINING AND EDUCATION**

**Standard 115.231: Employee training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.231 (a)**

* Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? [ ]  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? [ ]  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 [ ]  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? [ ]  Yes [ ]  No
* Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement? [ ]  Yes [ ]  No
* Does the agency train all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims? [ ]  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? [ ]  Yes [ ]  No
* Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? [ ]  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? [ ]  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? [ ]  Yes [ ]  No

**115.231 (b)**

* Is such training tailored to the gender of the residents at the employee’s facility? [ ]  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? [ ]  Yes [ ]  No

**115.231 (c)**

* Have all current employees who may have contact with residents received such training? [ ]  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? [ ]  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? [ ]  Yes [ ]  No

**115.231 (d)**

* Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.232: Volunteer and contractor training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.232 (a)**

* Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? [ ]  Yes [ ]  No

**115.232 (b)**

* Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? [ ]  Yes [ ]  No

**115.232 (c)**

* Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.233: Resident education**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.233 (a)**

* During intake, do residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents? [ ]  Yes [ ]  No
* During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? [ ]  Yes [ ]  No

**115.233 (b)**

* Does the agency provide refresher information whenever a resident is transferred to a different facility? [ ]  Yes [ ]  No

**115.233 (c)**

* Does the agency provide resident education in formats accessible to all residents including those who are limited English proficient? [ ]  Yes [ ]  No
* Does the agency provide resident education in formats accessible to all residents including those who are deaf? [ ]  Yes [ ]  No
* Does the agency provide resident education in formats accessible to all residents including those who are visually impaired? [ ]  Yes [ ]  No
* Does the agency provide resident education in formats accessible to all residents including those who are otherwise disabled? [ ]  Yes [ ]  No
* Does the agency provide resident education in formats accessible to all residents including those who have limited reading skills? [ ]  Yes [ ]  No

**115.233 (d)**

* Does the agency maintain documentation of resident participation in these education sessions? [ ]  Yes [ ]  No

**115.233 (e)**

* In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.234: Specialized training: Investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.234 (a)**

* In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) [ ]  Yes [ ]  No [ ]  NA

**115.234 (b)**

* Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) [ ]  Yes [ ]  No [ ]  NA
* 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 115.221(a).) [ ]  Yes [ ]  No [ ]  NA
* 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 115.221(a).) [ ]  Yes [ ]  No [ ]  NA
* 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 115.221(a).)

 [ ]  Yes [ ]  No [ ]  NA

**115.234 (c)**

* 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 115.221(a).) [ ]  Yes [ ]  No [ ]  NA

**115.234 (d)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.235: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.235 (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 detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) [ ]  Yes [ ]  No [ ]  NA
* Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) [ ]  Yes [ ]  No [ ]  NA
* Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) [ ]  Yes [ ]  No [ ]  NA
* Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) [ ]  Yes [ ]  No [ ]  NA

**115.235 (b)**

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

[ ]  Yes [ ]  No [ ]  NA

**115.235 (c)**

* Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) [ ]  Yes [ ]  No [ ]  NA

**115.235 (d)**

* Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)

[ ]  Yes [ ]  No [ ]  NA

* Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (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.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.241: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.241 (a)**

* Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? [ ]  Yes [ ]  No
* Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? [ ]  Yes [ ]  No

**115.241 (b)**

* Do intake screenings ordinarily take place within 72 hours of arrival at the facility? [ ]  Yes [ ]  No

**115.241 (c)**

* Are all PREA screening assessments conducted using an objective screening instrument? [ ]  Yes [ ]  No

**115.241 (d)**

* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (2) The age of the resident? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (3) The physical build of the resident? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (4) Whether the resident has previously been incarcerated? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (5) Whether the resident’s criminal history is exclusively nonviolent? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (6) Whether the resident has prior convictions for sex offenses against an adult or child? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (8) Whether the resident has previously experienced sexual victimization? [ ]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (9) The resident’s own perception of vulnerability? [ ]  Yes [ ]  No

**115.241 (e)**

* In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? [ ]  Yes [ ]  No
* In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? [ ]  Yes [ ]  No
* In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? [ ]  Yes [ ]  No

**115.241 (f)**

* Within a set time period not more than 30 days from the resident’s arrival at the facility, does the facility reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? [ ]  Yes [ ]  No

**115.241 (g)**

* Does the facility reassess an resident’s risk level when warranted due to a referral? [ ]  Yes [ ]  No
* Does the facility reassess an resident’s risk level when warranted due to a request? [ ]  Yes [ ]  No
* Does the facility reassess an resident’s risk level when warranted due to an incident of sexual abuse? [ ]  Yes [ ]  No
* Does the facility reassess an resident’s risk level when warranted due to receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness? [ ]  Yes [ ]  No

**115.241 (h)**

* Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? [ ]  Yes [ ]  No

**115.241 (i)**

* Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.242: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.242 (a)**

* Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? [ ]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? [ ]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? [ ]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? [ ]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? [ ]  Yes [ ]  No

**115.242 (b)**

* Does the agency make individualized determinations about how to ensure the safety of each resident? [ ]  Yes [ ]  No

**115.242 (c)**

* When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the **agency** consider, on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? [ ]  Yes [ ]  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? [ ]  Yes [ ]  No

**115.242 (d)**

* 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? [ ]  Yes [ ]  No

**115.242 (e)**

* Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? [ ]  Yes [ ]  No

**115.242 (f)**

* Are transgender and intersex residents given the opportunity to shower separately from other residents? [ ]  Yes [ ]  No

**115.242 (g)**

* Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) [ ]  Yes [ ]  No [ ]  NA
* Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) [ ]  Yes [ ]  No [ ]  NA
* Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**REPORTING**

**Standard 115.251: Resident reporting**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.251 (a)**

* Does the agency provide multiple internal ways for residents to privately report sexual abuse and sexual harassment? [ ]  Yes [ ]  No
* Does the agency provide multiple internal ways for residents to privately report retaliation by other residents or staff for reporting sexual abuse and sexual harassment? [ ]  Yes [ ]  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? [ ]  Yes [ ]  No

**115.251 (b)**

* Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? [ ]  Yes [ ]  No
* Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? [ ]  Yes [ ]  No
* Does that private entity or office allow the resident to remain anonymous upon request? [ ]  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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes) [ ]  Yes [ ]  No [ ]  NA

**115.251 (c)**

* Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? [ ]  Yes [ ]  No
* Does staff promptly document any verbal reports of sexual abuse and sexual harassment? [ ]  Yes [ ]  No

**115.251 (d)**

* Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.252: Exhaustion of administrative remedies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.252 (a)**

* 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 an 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. [ ]  Yes [ ]  No

**115.252 (b)**

* Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* 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.) [ ]  Yes [ ]  No [ ]  NA

**115.252 (c)**

* Does the agency ensure that: An resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA

**115.252 (d)**

* Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.252(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* 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 an resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA

**115.252 (e)**

* Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of an 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.) [ ]  Yes [ ]  No [ ]  NA
* If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA

**115.252 (f)**

* Has the agency established procedures for the filing of an emergency grievance alleging that an resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). [ ]  Yes [ ]  No [ ]  NA
* After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* Does the initial response and final agency decision document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA
* Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) [ ]  Yes [ ]  No [ ]  NA

**115.252 (g)**

* If the agency disciplines an 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.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.253: Resident access to outside confidential support services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.253 (a)**

* Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? [ ]  Yes [ ]  No
* Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? [ ]  Yes [ ]  No

**115.253 (b)**

* Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? [ ]  Yes [ ]  No

**115.253 (c)**

* Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? [ ]  Yes [ ]  No
* Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.254: Third-party reporting**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.254 (a)**

* Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? [ ]  Yes [ ]  No
* Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an resident? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT**

**Standard 115.261: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.261 (a)**

* Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? [ ]  Yes [ ]  No
* Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? [ ]  Yes [ ]  No
* Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? [ ]  Yes [ ]  No

**115.261 (b)**

* Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? [ ]  Yes [ ]  No

**115.261 (c)**

* Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? [ ]  Yes [ ]  No
* Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? [ ]  Yes [ ]  No

**115.261 (d)**

* If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? [ ]  Yes [ ]  No

**115.261 (e)**

* Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.262: Agency protection duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.262 (a)**

* When the agency learns that an resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.263: Reporting to other confinement facilities**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.263 (a)**

* Upon receiving an allegation that an resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? [ ]  Yes [ ]  No

**115.263 (b)**

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

**115.263 (c)**

* Does the agency document that it has provided such notification? [ ]  Yes [ ]  No

**115.263 (d)**

* Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.264: Staff first responder duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.264 (a)**

* Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? [ ]  Yes [ ]  No
* Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? [ ]  Yes [ ]  No
* Upon learning of an allegation that an 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? [ ]  Yes [ ]  No
* Upon learning of an allegation that an resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? [ ]  Yes [ ]  No

**115.264 (b)**

* If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.265: Coordinated response**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.265 (a)**

* Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.266: Preservation of ability to protect residents from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.266 (a)**

* Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? [ ]  Yes [ ]  No

**115.266 (b)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.267: Agency protection against retaliation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.267 (a)**

* Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? [ ]  Yes [ ]  No
* Has the agency designated which staff members or departments are charged with monitoring retaliation? [ ]  Yes [ ]  No

**115.267 (b)**

* Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? [ ]  Yes [ ]  No

**115.267 (c)**

* Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? [ ]  Yes [ ]  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? [ ]  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? [ ]  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? [ ]  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? [ ]  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? [ ]  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? [ ]  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? [ ]  Yes [ ]  No
* Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? [ ]  Yes [ ]  No

**115.267 (d)**

* In the case of residents, does such monitoring also include periodic status checks? [ ]  Yes [ ]  No

**115.267 (e)**

* If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? [ ]  Yes [ ]  No

**115.267 (f)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**INVESTIGATIONS**

**Standard 115.271: Criminal and administrative agency investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.271 (a)**

* When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] [ ]  Yes [ ]  No [ ]  NA
* Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] [ ]  Yes [ ]  No [ ]  NA

**115.271 (b)**

* Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? [ ]  Yes [ ]  No

**115.271 (c)**

* Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? [ ]  Yes [ ]  No
* Do investigators interview alleged victims, suspected perpetrators, and witnesses? [ ]  Yes [ ]  No
* Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? [ ]  Yes [ ]  No

**115.271 (d)**

* When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? [ ]  Yes [ ]  No

**115.271 (e)**

* Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? [ ]  Yes [ ]  No
* Does the agency investigate allegations of sexual abuse without requiring an resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? [ ]  Yes [ ]  No

**115.271 (f)**

* Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? [ ]  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? [ ]  Yes [ ]  No

**115.271 (g)**

* Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? [ ]  Yes [ ]  No

**115.271 (h)**

* Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? [ ]  Yes [ ]  No

**115.271 (i)**

* Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? [ ]  Yes [ ]  No

**115.271 (j)**

* Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? [ ]  Yes [ ]  No

**115.271 (k)**

* Auditor is not required to audit this provision.

**115.271 (l)**

* 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 115.221(a).) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.272: Evidentiary standard for administrative investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.272 (a)**

* Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.273: Reporting to residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.273 (a)**

* Following an investigation into an resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? [ ]  Yes [ ]  No

**115.273 (b)**

* If the agency did not conduct the investigation into an 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.) [ ]  Yes [ ]  No [ ]  NA

**115.273 (c)**

* Following an resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? [ ]  Yes [ ]  No
* Following an resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? [ ]  Yes [ ]  No
* Following an resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? [ ]  Yes [ ]  No
* Following an resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? [ ]  Yes [ ]  No

**115.273 (d)**

* Following an resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? [ ]  Yes [ ]  No
* Following an 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? [ ]  Yes [ ]  No

**115.273 (e)**

* Does the agency document all such notifications or attempted notifications? [ ]  Yes [ ]  No

**115.273 (f)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**DISCIPLINE**

**Standard 115.276: Disciplinary sanctions for staff**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.276 (a)**

* Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? [ ]  Yes [ ]  No

**115.276 (b)**

* Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? [ ]  Yes [ ]  No

**115.276 (c)**

* Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? [ ]  Yes [ ]  No

**115.276 (d)**

* Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? [ ]  Yes [ ]  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? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.277: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.277 (a)**

* Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? [ ]  Yes [ ]  No
* Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? [ ]  Yes [ ]  No
* Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? [ ]  Yes [ ]  No

**115.277 (b)**

* In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.278: Disciplinary sanctions for residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.278 (a)**

* Following an administrative finding that an resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? [ ]  Yes [ ]  No

**115.278 (b)**

* Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? [ ]  Yes [ ]  No

**115.278 (c)**

* When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an resident’s mental disabilities or mental illness contributed to his or her behavior? [ ]  Yes [ ]  No

**115.278 (d)**

* If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? [ ]  Yes [ ]  No

**115.278 (e)**

* Does the agency discipline an resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? [ ]  Yes [ ]  No

**115.278 (f)**

* For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? [ ]  Yes [ ]  No

**115.278 (g)**

* If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**MEDICAL AND MENTAL CARE**

**Standard 115.282: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.282 (a)**

* Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? [ ]  Yes [ ]  No

**115.282 (b)**

* If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? [ ]  Yes [ ]  No
* Do security staff first responders immediately notify the appropriate medical and mental health practitioners? [ ]  Yes [ ]  No

**115.282 (c)**

* 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? [ ]  Yes [ ]  No

**115.282 (d)**

* Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.283 (a)**

* Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? [ ]  Yes [ ]  No

**115.283 (b)**

* Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? [ ]  Yes [ ]  No

**115.283 (c)**

* Does the facility provide such victims with medical and mental health services consistent with the community level of care? [ ]  Yes [ ]  No

**115.283 (d)**

* Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) [ ]  Yes [ ]  No [ ]  NA

**115.283 (e)**

* If pregnancy results from the conduct described in paragraph § 115.83(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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) [ ]  Yes [ ]  No [ ]  NA

**115.283 (f)**

* Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? [ ]  Yes [ ]  No

**115.283 (g)**

* Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? [ ]  Yes [ ]  No

**115.283 (h)**

* If the facility is a prison, does it 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? (NA if the facility is a jail.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**DATA COLLECTION AND REVIEW**

**Standard 115.286: Sexual abuse incident reviews**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.286 (a)**

* Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? [ ]  Yes [ ]  No

**115.286 (b)**

* Does such review ordinarily occur within 30 days of the conclusion of the investigation? [ ]  Yes [ ]  No

**115.286 (c)**

* Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? [ ]  Yes [ ]  No

**115.286 (d)**

* Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? [ ]  Yes [ ]  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? [ ]  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? [ ]  Yes [ ]  No
* Does the review team: Assess the adequacy of staffing levels in that area during different shifts? [ ]  Yes [ ]  No
* Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? [ ]  Yes [ ]  No
* Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? [ ]  Yes [ ]  No

**115.286 (e)**

* Does the facility implement the recommendations for improvement, or document its reasons for not doing so? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.287: Data collection**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.287 (a)**

* Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? [ ]  Yes [ ]  No

**115.287 (b)**

* Does the agency aggregate the incident-based sexual abuse data at least annually? [ ]  Yes [ ]  No

**115.287 (c)**

* Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? [ ]  Yes [ ]  No

**115.287 (d)**

* Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? [ ]  Yes [ ]  No

**115.287 (e)**

* 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.) [ ]  Yes [ ]  No [ ]  NA

**115.287 (f)**

* 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.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.288: Data review for corrective action**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.288 (a)**

* Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? [ ]  Yes [ ]  No
* Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? [ ]  Yes [ ]  No
* Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? [ ]  Yes [ ]  No

**115.288 (b)**

* Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse [ ]  Yes [ ]  No

**115.288 (c)**

* Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? [ ]  Yes [ ]  No

**115.288 (d)**

* Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.289: Data storage, publication, and destruction**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.289 (a)**

* Does the agency ensure that data collected pursuant to § 115.87 are securely retained? [ ]  Yes [ ]  No

**115.289 (b)**

* Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? [ ]  Yes [ ]  No

**115.289 (c)**

* Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? [ ]  Yes [ ]  No

**115.289 (d)**

* Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.401 (a)**

* 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.*) [ ]  Yes [ ]  No

**115.401 (b)**

* Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard*.) [ ]  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.) [ ]  Yes [ ]  No [ ]  NA
* If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) [ ]  Yes [ ]  No [ ]  NA

**115.401 (h)**

* Did the auditor have access to, and the ability to observe, all areas of the audited facility? [ ]  Yes [ ]  No

**115.401 (i)**

* Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? [ ]  Yes [ ]  No

**115.401 (m)**

* Was the auditor permitted to conduct private interviews with residents, residents, and detainees? [ ]  Yes [ ]  No

**115.401 (n)**

* Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? [ ]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.403 (f)**

* 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 that there has never been a Final Audit Report issued.) [ ]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **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**

*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.*

Type text here…

**AUDITOR CERTIFICATION**

I certify that:

[ ]  The contents of this report are accurate to the best of my knowledge.

[ ]  No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

[ ]  I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

**Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[[1]](#footnote-1) Auditors are not permitted to submit audit reports that have been scanned.[[2]](#footnote-2) See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

**Click here to enter text.** **Click here to enter text.**

**Auditor Signature Date**

1. See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> . [↑](#footnote-ref-1)
2. See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69. [↑](#footnote-ref-2)