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| **Prison Rape Elimination Act (PREA) Audit Report**  **Lockups**  **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. | |

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| **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. | | | | | | |
| **Agency Head/Facility 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/detainee custody levels:** | | | Click or tap here to enter text. | | | |
| **Number of detainees admitted to facility during the past 12 months:** | | | | | Click or tap here to enter text. | |
| **Number of detainees 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 detainees 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 detainees?** | | | Yes  No | | | |
| **Number of youthful detainees held in the facility during the past 12 months: (N/A if the facility never holds youthful detainees)** | | | | | Click or tap here to enter text.  N/A | |
| **Does the audited facility hold detainees 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 detainees: Select all that apply (N/A if the audited facility does not hold detainees 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 detainees:** | | | | | Click or tap here to enter text. | |
| **Number of staff hired by the facility during the past 12 months who may have contact with detainees:** | | | | | Click or tap here to enter text. | |
| **Number of contracts in the past 12 months for services with contractors who may have contact with detainees:** | | | | | Click or tap here to enter text. | |
| **Number of individual contractors who have contact with detainees, currently authorized to enter the facility:** | | | | | Click or tap here to enter text. | |
| **Number of volunteers who have contact with detainees, 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 detainees 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 detainees, 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 detainee 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 detainees 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 detainees 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. | |
| **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. | |
| **In housing units, does the facility maintain sight and sound separation between youthful detainees and adult detainees? (N/A if the facility never holds youthful detainees)** | | | | | Yes  No  N/A | |
| **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-detainee or detainee-on-detainee), 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-detainee or detainee-on-detainee), 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**

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| **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** | |

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| **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 detainee housing units:**  DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house detainees 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. |
| **7. Does the facility ever hold youthful detainees?** | Yes  No  N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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| **8. Enter the total number of detainees housed at the facility as of the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **9. Enter the total number of youthful detainees housed at the facility on the first day of the onsite portion of the audit:** | Click or tap here to enter text. |
| **10. Enter the total number of detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees/residents detained 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 detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).**  *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. |

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

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| **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 detainees:** | 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 detainees:** | 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. |

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| **Interviews** |
| **Detainee Interviews** |
| *Random Detainee Interviews* |

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| **28. Enter the total number of RANDOM DETAINEES who were interviewed:** | Click or tap here to enter text. |
| **29. Select which characteristics you considered when you selected random detainee interviewees:** | 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 detainee interviewees was geographically diverse?** | Click or tap here to enter text. |
| **31. Were you able to conduct the minimum number of random detainee interviews?** | Yes  No |
| 1. **If no, explain why it was not possible to interview the minimum number of random detainee interviews:** | Click or tap here to enter text. |

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| **32. Provide any additional comments regarding selecting or interviewing random detainees (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. |

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| *Targeted Detainee Interviews* |

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| **33. Enter the total number of TARGETED DETAINEES who were interviewed:**  *As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted detainee interviews below, remember that an interview with one detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted detainee protocols.*  *For example, if an auditor interviews a detainee 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 detainee interview categories will exceed the total number of targeted detainees who were interviewed.*  *If a particular targeted population is not applicable in the audited facility, enter "0".* | Click or tap here to enter text. |
| **34. Enter the total number of interviews conducted with youthful detainees or youthful/juvenile detainees using the “Youthful Detainees” 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **35. Enter the total number of interviews conducted with detainees with a physical disability using the “Disabled and Limited English Proficient Detainees” protocol:** | Click or tap here to enter text. |

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| 1. **If 0, select why you were unable to conduct at least the minimum required number of targeted detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **36. Enter the total number of interviews conducted with detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Detainees” 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **37. Enter the total number of interviews conducted with detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Detainees” 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **38. Enter the total number of interviews conducted with detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Detainees” 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **39. Enter the total number of interviews conducted with detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Detainees” 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **40. Enter the total number of interviews conducted with detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Detainees; Gay, Lesbian, and Bisexual Detainees” 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **41. Enter the total number of interviews conducted with detainees who identify as transgender or intersex “Transgender and Intersex Detainees; Gay, Lesbian, and Bisexual Detainees” 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **42. Enter the total number of interviews conducted with detainees who reported sexual abuse in this facility using the “Detainees 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **43. Enter the total number of interviews conducted with detainees who disclosed prior sexual victimization during risk screening using the “Detainees 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **44. Enter the total number of interviews conducted with detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Detainees 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 detainees 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 detainees.  The 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 detainees).** | Click or tap here to enter text. |
| **45. Provide any additional comments regarding selecting or interviewing random detainees (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. |

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

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| **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. |

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| *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.* |

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| **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 Agency Head/Facility Director or their designee?** | Yes  No |
| 1. **If no, explain why it was not possible to interview the Agency Head/Facility Director 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 detainees (if applicable)  Education and program staff who work with youthful detainees (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 detainees 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 detainees 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 detainees 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. |

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| **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 detainees 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.* |

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| **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 detainees during the site review (encouraged, not required)?** | Yes  No |
| **63. Informal conversations with staff during the site review (encouraged, not required)?** | Yes  No |

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| **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. |

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

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| **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. |

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

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| **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 | | Detainee-on-detainee 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-detainee  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 | | Detainee-on-detainee 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-detainee  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. |

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

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| **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 | | Detainee-on-detainee 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-detainee  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 | | Detainee-on-detainee 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-detainee  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. |

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

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| **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 | | Detainee-on-detainee 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-detainee  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 | | Detainee-on-detainee 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-detainee  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. |

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

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| **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) |
| **Detainee-on-detainee sexual abuse investigation files** | |
| **75. Enter the total number of DETAINEE-ON-DETAINEE SEXUAL ABUSE investigation files reviewed/sampled:** | Click or tap here to enter text. |
| **76. Did your sample of DETAINEE-ON-DETAINEE SEXUAL ABUSE investigation files include criminal investigations?** | Yes  No  N/A (N/A if you were unable to review any detainee-on-detainee sexual abuse investigation files) |

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

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| *Sexual Harassment Investigation Files Selected for Review* |

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| **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) |
| **Detainee-on-detainee sexual harassment investigation files** | |
| **83. Enter the total number of DETAINEE-ON-DETAINEE SEXUAL HARASSMENT investigation files reviewed/sampled:** | Click or tap here to enter text. |
| **84. Did your sample of DETAINEE-ON-DETAINEE SEXUAL HARASSMENT investigation files include criminal investigations?** | Yes  No  N/A (N/A if you were unable to review any detainee-on-detainee sexual harassment investigation files) |
| **85. Did your sample of DETAINEE-ON-DETAINEE SEXUAL HARASSMENT investigation files include administrative investigations?** | Yes  No  N/A (N/A if you were unable to review any detainee-on-detainee sexual harassment investigation files) |
| **Staff-on-detainee sexual harassment investigation files** | |
| **86. Enter the total number of STAFF-ON-DETAINEE SEXUAL HARASSMENT investigation files reviewed/sampled:** | Click or tap here to enter text. |
| **87. Did your sample of STAFF-ON-DETAINEE SEXUAL HARASSMENT investigation files include criminal investigations?** | Yes  No  N/A (N/A if you were unable to review any staff-on-detainee sexual harassment investigation files) |
| **88. Did your sample of STAFF-ON-DETAINEE SEXUAL HARASSMENT investigation files include administrative investigations?** | Yes  No  N/A (N/A if you were unable to review any staff-on-detainee 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. |

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

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| **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. |

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| **Non-certified Support Staff** |

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| **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. |

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| **Auditing Arrangements and Compensation** |

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| **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 115.111: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

**115.111 (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

**115.111 (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

**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 115.112: Contracting with other entities for the confinement of detainees**

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

**115.112 (a)**

* If this law enforcement agency contracts for the confinement of its detainees 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 detainees.)  Yes  No  NA

**115.112 (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 detainees.)  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.*

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**Standard 115.113: Supervision and monitoring**

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

**115.113 (a)**

* Does the lockup have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect detainees against sexual abuse?  Yes  No
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each lockup?  Yes  No
* In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the detainee 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

**115.113 (b)**

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

**115.113 (c)**

* In the past 12 months, has the lockup 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 lockup has available to commit to ensure adequate staffing levels?  Yes  No

**115.113 (d)**

* If vulnerable detainees are identified pursuant to the screening required by § 115.141, does security staff provide such detainees with heightened protection, to include continuous direct sight and sound supervision, single-cell housing, or placement in a cell actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is determined to be feasible?  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.*

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**Standard 115.114: Youthful detainees**

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

**115.114**

* Are juveniles and youthful detainees held separately from adult detainees?  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**

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**Standard 115.115: Limits to cross-gender viewing and searches**

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

**115.115 (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

**115.115 (b)**

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

Yes  No  NA

**115.115 (c)**

* Does the facility have policies that enables detainees 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 detainees 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 a detainee housing unit?  Yes  No

**115.115 (d)**

* Does the lockup always refrain from searching or physically examining transgender or intersex detainees for the sole purpose of determining the detainee’s genital status?  Yes  No
* If a detainee’s genital status is unknown, does the facility determine genital status during conversations with the detainee, 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

**115.115 (e)**

* Does the lockup/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 lockup/agency train security staff in how to conduct searches of transgender and intersex detainees 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*)

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**Standard 115.116: Detainees with disabilities and detainees who are limited English proficient**

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

**115.116 (a)**

* Does the agency take appropriate steps to ensure that detainees 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: detainees who are deaf or hard of hearing?  Yes  No
* Does the agency take appropriate steps to ensure that detainees 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: detainees who are blind or have low vision?  Yes  No
* Does the agency take appropriate steps to ensure that detainees 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: detainees who have intellectual disabilities?  Yes  No
* Does the agency take appropriate steps to ensure that detainees 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: detainees who have psychiatric disabilities?  Yes  No
* Does the agency take appropriate steps to ensure that detainees 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: detainees who have speech disabilities?  Yes  No
* Does the agency take appropriate steps to ensure that detainees 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 detainees 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 detainees with disabilities including detainees 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 detainees with disabilities including detainees 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 detainees with disabilities including detainees who: Are blind or have low vision?  Yes  No

**115.116 (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 detainees 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

**115.116 (c)**

* Does the agency always refrain from relying on detainee interpreters, detainee readers, or other types of detainee assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee’s safety, the performance of first-response duties under §115.64, or the investigation of the detainee’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*)

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**Standard 115.117: Hiring and promotion decisions**

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

**115.117 (a)**

* Does the agency prohibit the hiring or promotion of anyone who may have contact with detainees 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 detainees 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 detainees 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 detainees 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 detainees 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 detainees who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

**115.117 (b)**

* Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with detainees?  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 detainees?  Yes  No

**115.117 (c)**

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

**115.117 (d)**

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

**115.117 (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 detainees or have in place a system for otherwise capturing such information for current employees?  Yes  No

**115.117 (f)**

* Does the agency ask all applicants and employees who may have contact with detainees 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 detainees 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

**115.117 (g)**

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

**115.117 (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**

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**Standard 115.118: Upgrades to facilities and technologies**

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

**115.118 (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 detainees 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

**115.18 (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 detainees 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**

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**RESPONSIVE PLANNING**

**Standard 115.121: Evidence protocol and forensic medical examinations**

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

**115.121 (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/lockup is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

**115.121 (b)**

* Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/lockup 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

**115.121 (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

**115.121 (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

**115.121 (e)**

* To the extent the agency itself is not responsible for investigating allegations of sexual abuse, does the agency request that the investigating agency follow the requirements of paragraphs (a) through (d) of this section?  Yes  No

**115.121 (f)**

* Are the requirements in paragraphs (a) through (e) of this section also applied to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in lockups; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in lockups?  Yes  No  NA

**Auditor Overall Compliance Determination**

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**Standard 115.122: Policies to ensure referrals of allegations for investigations**

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

**115.122 (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

**115.122 (b)**

* If another law enforcement agency is responsible for conducting investigations of allegations of sexual abuse or sexual harassment in its lockups, 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

**115.122 (c)**

* Does any state entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in lockups have in place a policy governing the conduct of such investigations? (N/A if the agency/lockup is responsible for criminal investigations. See 115.121(a).)  Yes  No  NA

**115.122 (d)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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**TRAINING AND EDUCATION**

**Standard 115.131: Employee and volunteer training**

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

**115.131 (a)**

* Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The agency’s zero-tolerance policy and detainees’ right to be free from sexual abuse and sexual harassment?  Yes  No

* Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The dynamics of sexual abuse and harassment in confinement settings, including which detainees are most vulnerable in lockup settings?  Yes  No
* Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: The right of detainees and employees to be free from retaliation for reporting sexual abuse or harassment?  Yes  No
* Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to detect and respond to signs of threatened and actual abuse?  Yes  No
* Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to communicate effectively and professionally with all detainees?  Yes  No
* Does the agency train all employees and volunteers who may have contact with lockup detainees to be able to fulfill their responsibilities under agency sexual abuse prevention, detection, and response policies and procedures, including training on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

**115.131 (b)**

* Are all current employees and volunteers who may have contact with lockup detainees trained within one year of the effective date of the PREA standards, and is the agency providing annual refresher information to all such employees and volunteers to ensure that they know the agency’s current sexual abuse and sexual harassment policies and procedures?  Yes  No

**115.131 (c)**

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

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**Standard 115.132: Detainee, contractor, and inmate worker notification of the agency’s zero tolerance policy**

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

**115.132 (a)**

* During the intake process, do employees notify all detainees of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No

**115.132 (b)**

* Does the agency shall ensure that, upon entering the lockup, contractors and any inmates who work in the lockup are informed of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No

**Auditor Overall Compliance Determination**

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**Standard 115.134: Specialized training: Investigations**

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

**115.134 (a)**

* In addition to the general training provided to all employees pursuant to §115.31, 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 115.121(a).)  Yes  No  NA

**115.134 (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 115.121(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 115.121(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 115.121(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 115.121(a).)

Yes  No  NA

**115.134 (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 115.121(a).)  Yes  No  NA

**115.134 (d)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

**Standard 115.141: Screening for risk of victimization and abusiveness**

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

**115.141 (a)**

* In lockups that are not utilized to house detainees overnight, before placing any detainees together in a holding cell, do staff consider whether, based on the information before them, a detainee may be at a high risk of being sexually abused and, when appropriate, take necessary steps to mitigate any such danger to the detainee?  Yes  No

**115.141 (b)**

* In lockups that are utilized to house detainees overnight, are all detainees screened to assess their risk of being sexually abused by other detainees or sexually abusive toward other detainees?  Yes  No

**115.141 (c)**

* In lockups described in paragraph (b) of this section, do staff ask the detainee about his or her own perception of vulnerability?  Yes  No

**115.141 (d)**

* Does screening process in the lockups described in paragraph (b) of this section consider, to the extent that the information is available, the following criteria to screen detainees for risk of sexual victimization: (1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee; (3) The physical build and appearance of the detainee; (4) Whether the detainee has previously been incarcerated; and (5) The nature of the detainee’s alleged offense and criminal history?  Yes  No

**Auditor Overall Compliance Determination**

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**REPORTING**

**Standard 115.151: Detainee reporting**

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

**115.151 (a)**

* Does the agency provide multiple internal ways for detainees to privately report sexual abuse and sexual harassment?  Yes  No
* Does the agency provide multiple internal ways for detainees to privately report retaliation by other detainees or staff for reporting sexual abuse and sexual harassment?  Yes  No
* Does the agency provide multiple internal ways for detainees to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

**115.151 (b)**

* Does the agency also provide at least one way for detainees 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 detainee reports of sexual abuse and sexual harassment to agency officials?  Yes  No
* Does that private entity or office allow the detainee to remain anonymous upon request?  Yes  No

**115.151 (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

**115.151 (d)**

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

**Auditor Overall Compliance Determination**

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**Does Not Meet Standard** (*Requires Corrective Action*)

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**Standard 115.154: Third-party reporting**

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

**115.154 (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 detainee?  Yes  No

**Auditor Overall Compliance Determination**

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**OFFICIAL RESPONSE FOLLOWING AN DETAINEE REPORT**

**Standard 115.161: Staff and agency reporting duties**

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

**115.161 (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 detainees 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

**115.161 (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

**115.161 (c)**

* 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

**115.161 (d)**

* 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**

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**Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Type text here…

**Standard 115.162: Agency protection duties**

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

**115.162 (a)**

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

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**Standard 115.163: Reporting to other confinement facilities**

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

**115.163 (a)**

* Upon receiving an allegation that an detainee 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

**115.163 (b)**

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

**115.163 (c)**

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

**115.163 (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*)

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**Standard 115.164: Staff first responder duties**

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

**115.164 (a)**

* Upon learning of an allegation that an detainee was sexually abused, is the first law enforcement member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
* Upon learning of an allegation that an detainee was sexually abused, is the first law enforcement 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 detainee was sexually abused, is the first law enforcement 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 detainee was sexually abused, is the first law enforcement 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

**115.164 (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 law enforcement staff?  Yes  No

**Auditor Overall Compliance Determination**

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**Standard 115.165: Coordinated response**

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

**115.165 (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*)

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**Does Not Meet Standard** (*Requires Corrective Action*)

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**Standard 115.166: Preservation of ability to protect detainees from contact with abusers**

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

**115.166 (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 detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

**115.166 (b)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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**Does Not Meet Standard** (*Requires Corrective Action*)

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**Standard 115.167: Agency protection against retaliation**

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

**115.167 (a)**

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

**115.167 (b)**

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

**115.167 (c)**

* Does the agency monitor the conduct and treatment of detainees or staff who have reported sexual abuse and of detainees who were reported to have suffered sexual abuse, and act promptly to remedy any such retaliation?  Yes  No

**115.167 (d)**

* 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

**115.167 (e)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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**Does Not Meet Standard** (*Requires Corrective Action*)

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**INVESTIGATIONS**

**Standard 115.171: Criminal and administrative agency investigations**

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

**115.171 (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 115.121(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 115.121(a).]  Yes  No  NA

**115.171 (b)**

* Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.134?  Yes  No

**115.171 (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

**115.171 (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

**115.171 (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 detainee or staff?  Yes  No
* Does the agency investigate allegations of sexual abuse without requiring an detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

**115.171 (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

**115.171 (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

**115.171 (h)**

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

**115.171 (i)**

* Does the agency retain all written reports referenced in 115.171(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

**115.171 (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

**115.171 (k)**

* Auditor is not required to audit this provision.

**115.171 (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 115.121(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*)

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**Standard 115.172: Evidentiary standard for administrative investigations**

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

**115.172 (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*)

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**DISCIPLINE**

**Standard 115.176: Disciplinary sanctions for staff**

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

**115.176 (a)**

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

**115.176 (b)**

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

**115.176 (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

**115.176 (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*)

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**Standard 115.177: Corrective action for contractors and volunteers**

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

**115.177 (a)**

* Is any contractor or volunteer who engages in sexual abuse prohibited from contact with detainees?  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

**115.177 (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 detainees?  Yes  No

**Auditor Overall Compliance Determination**

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

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**Standard 115.178: Referrals for prosecution for detainee-on-detainee sexual abuse**

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

**115.178 (a)**

* When there is probable cause to believe that a detainee sexually abused another detainee in a lockup, does the agency refer the matter to the appropriate prosecuting authority?  Yes  No

**115.178 (b)**

* To the extent the agency itself is not responsible for investigating allegations of sexual abuse, does the agency inform the investigating entity of this policy?  Yes  No

**115.178 (c)**

* Are any State entity or Department of Justice component that is responsible for investigating allegations of sexual abuse in lockups subject to this requirement?  Yes  No

**Auditor Overall Compliance Determination**

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**MEDICAL AND MENTAL CARE**

**Standard 115.182: Access to emergency medical and mental health services**

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

**115.182 (a)**

* Do detainee victims of sexual abuse in lockups receive timely, unimpeded access to emergency medical treatment?  Yes  No

**115.182 (b)**

* 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

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**DATA COLLECTION AND REVIEW**

**Standard 115.186: Sexual abuse incident reviews**

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

**115.186 (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

**115.186 (b)**

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

**115.186 (c)**

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

**115.186 (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 §§ 115.186(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

**115.186 (e)**

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

**Auditor Overall Compliance Determination**

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**Standard 115.187: Data collection**

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

**115.187 (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

**115.187 (b)**

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

**115.187 (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

**115.187 (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

**115.187 (e)**

* Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its detainees? (N/A if agency does not contract for the confinement of its detainees.)  Yes  No  NA

**115.187 (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**

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**Standard 115.188: Data review for corrective action**

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

**115.188 (a)**

* Does the agency review data collected and aggregated pursuant to § 115.187 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 § 115.187 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 § 115.187 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

**115.188 (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

**115.188 (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

**115.188 (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**

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**Standard 115.189: Data storage, publication, and destruction**

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

**115.189 (a)**

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

**115.189 (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

**115.189 (c)**

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

**115.189 (d)**

* Does the agency maintain sexual abuse data collected pursuant to § 115.187 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**

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**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 detainees, residents, and detainees?  Yes  No

**115.401 (n)**

* Were detainees 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*)

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**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**

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**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 detainee 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)