

BUREAU OF JUSTICE ASSISTANCE

PRISON RAPE ELIMINATION ACT PERFORMANCE MEASURES

The following pages outline general questions and performance measures for the Bureau of Justice Assistance (BJA) grantees working to enhance sexual safety in confinement facilities and achieve compliance with the National Prison Rape Elimination Act (PREA) Standards. The *performance measures indicate to what extent grant activities meet the following objectives:*

- Increase awareness of the problem of sexual assault in adult prisons and jails, juvenile facilities, community corrections facilities, law enforcement lockups and other temporary holding facilities, and Tribal detention facilities. Identify causes and contributing factors leading to sexual victimization, supported by data.
- Track performance indicators to ensure the effective application of policy and implementation of program strategies that achieve compliance with the PREA standards and create “zero tolerance” within confinement environments.
- Provide resources to develop comprehensive programs, strategies, and policies that will enhance the ability of State, local, or Tribal governments to achieve compliance with the PREA standards and eliminate sexual abuse.

The PREA Program performance measures are reported in two formats—quantitatively (numeric) and qualitatively (narrative responses). The quantitative data are entered in the BJA Performance Measurement Tool (PMT) every 3 months, referred to as a reporting period, with a 30-day submission period following the close of the reporting period.

In addition, you are required to respond to open-ended qualitative narrative questions in January and July of each calendar year based on activities that occurred during the previous 6-month period.

Also, in January and July of each calendar year, and at the close of your grant, the grantee (or direct recipient of funds from BJA) is responsible for creating a *GMS or Final Report* from the PMT to upload into the Grants Management System (GMS). During the nonsubmission periods, you are encouraged to create this report for your records.

If you have questions about your program, please contact your State Policy Advisor (SPA) at <https://www.bja.gov/About/Contacts/ProgramsOffice.html>.

Your response to the questions that follow must be entered in the PMT located at <https://bjapmt.ojp.gov>. If you have any questions about the PMT or performance measures, please call the BJA Performance Tools Help Desk at 1-888-252-6867, or send an e-mail to bjapmt@usdoj.gov.

Throughout this report, the term “inmate” is intended to include detainees and residents. The term is used here to describe any individual confined within a prison, jail, and lockup or juvenile facility.

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AWARD ADMINISTRATION

Is this the last time you will be reporting in the PMT before closing out this award? If “yes,” you must complete the section on post-grant PREA Standards assessment of accomplishments.

A. Yes/No

GENERAL AWARD INFORMATION

1. Was there grant activity during the reporting period? *Grant activity is defined as any proposed activity in the BJA-approved grant application that is implemented or executed with BJA program funds.*

A. Yes/No

B. If No, please explain _____

BASELINE AGENCY CHARACTERISTICS

This section is to be completed once. The intent of this section is to gather descriptive data about the agency that is conducting PREA-related activities as part of the grant. You may make changes to these data by contacting the PMT Help Desk.

1. Please select the types of facilities your agency operates. Select all that apply:

A. Prison/Jail

Jail is defined as any confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of 1 year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.

Prison is defined as any institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of 1 year in length, or a felony.

B. Lockup

Lockup is defined as any facility that contains holding cells, cell blocks, or other secure enclosures that are: (1) under the control of a law enforcement, court, or custodial officer; and (2) primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.

C. Juvenile Facility

Juvenile facility means a facility primarily used for the confinement of juveniles through the juvenile justice system or criminal justice system.

D. Community Confinement Facility

Community confinement facility means a community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential reentry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.

E. Other

F. If other, please explain _____

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2. Please enter the total number of facilities your agency operates. Please exclude any facilities that are operated under contract. *The intent of this question is to report the total number of distinct facilities that your agency operates. Colocated facilities should be counted separately if they are operated as distinct facilities (e.g., a community confinement facility colocated with a jail).* ____

3. Please enter the number of facilities identified in your grant application that are part of your PREA initiative. *The intent of this question is to report the total number of facilities identified in your grant application that are part of your PREA initiative. The distinction might be between agencywide changes versus facilitywide changes.* ____

4. Please enter the combined average daily population for all facilities operated by your agency. For example, if Facility 1 has an average daily population of 100 and Facility 2 has an average daily population of 50, your combined average daily population for all facilities is 150. *This should be the **combined average** daily population of the facilities identified in the total number of facilities your agency operates.* ____

5. Please enter the combined average daily population for all facilities involved in your BJA grant-funded PREA initiative. *This should be the combined average daily population of the facilities identified in your grant application that are part of your PREA initiative.* ____

6. How many investigators are available to your agency to investigate allegations of sexual assault/misconduct?
 - A. Number of in-house (i.e., staff) investigators ____
 - B. Number of individual investigators located within other (noncorrectional) agencies who are primarily assigned to investigate incidents within your agency. *These are investigators assigned to correctional cases, regardless of the primary mission of the investigating agency.* ____

7. Please select the modes that best describe the ways in which alleged incidents of sexual abuse and sexual misconduct may be reported. *These methods may apply to both inmates who report on their own behalf and to correctional staff who report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual misconduct. For more information, please click the following link to access the PREA Standards document:*
<http://www.prearesourcecenter.org/training-technical-assistance/prea-101/prisons-and-jail-standards>. Select all that apply:

Internal Reports

- A. Anonymous hotline via agency staff (e.g., the initial call is routed to correctional staff members)
- B. Victim reports to correctional staff (e.g., face-to-face conversation or handwritten note)
- C. Victim reports to healthcare professional (e.g., face-to-face conversation or handwritten note)
- D. Anonymous locked confidential mail box for designated correctional staff

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External Reporting Methods

- E. Anonymous hotline via nonagency staff (e.g., the initial call is routed to an ombudsman or other public or private entity)

Third-Party Reporting Methods

- F. Third-party (e.g., clergy or family member) report to correctional or noncorrectional staff
- G. Third-party website/online (e.g., e-mail or website form)

Other Internal, External, or Third-Party Reporting Modes

- H. Other modes
- I. If other, please explain: _____

- 8. Does your agency conduct screenings/assessments for risk of sexual victimization or perpetration on **newly admitted inmates**?
 - A. Yes/No

- 9. Do inmates have access to outside confidential support services by formal agreement(s) per §115.53/115.253/115.353 of the PREA Standards? *An example is a toll-free hotline to victim advocates or rape crisis organizations.*
 - A. Yes/No

- 10. Please enter the total number of Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs) available to your agency to respond to incidents of sexual assault or nonconsensual sexual acts. *This includes full-time staff, contract SANEs/SAFEs, or SANEs/SAFEs available through other agreements (e.g., hospitals or clinics).* _____

BASELINE: POLICY AND PROTOCOL DEVELOPMENT AND INTENDED ACTIVITIES

This section is to be completed at the beginning of the grant during the first reporting period. Answers to these questions should reflect agency status before conducting any grant activities (i.e., business as usual before BJA program funds). If you are completing this section after the first reporting period, please contact the PMT Help Desk at 1-888-252-6867, or send an e-mail to bjapmt@usdoj.gov.

- 11. Does your agency have a written policy defining sexual abuse and sexual harassment according to the definitions set forth in §115.6 of the PREA Standards?
 - A. Yes (**go to next section**)/No

- 12. If no, does your agency intend to update your written definitions of sexual abuse and sexual harassment consistent with section §115.6 of the PREA Standards?
 - A. Yes/No

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13. Has your agency identified sections within the PREA Standards for policy and protocol creation and/or improvement?

A. Yes/No (go to next section)

14. Over the life of the grant (using BJA grant funds), please identify each section within the PREA Standards in which your agency plans to take specific actions to address compliance with the PREA Standards as part of your PREA Initiative. (Select all that apply.) *For the sections that you select, please briefly describe your plans. For example, if you plan to hire a PREA Coordinator, improve contract language referencing PREA compliance, offer training for investigators, and provide ongoing medical and mental health services to victims, you would select sections A-115.11, B-115.12, N-115.34, and MM-115.83. After you select each section, please briefly explain your intentions as part of the PREA Initiative.*

Prevention Planning

A. Zero tolerance of sexual abuse and sexual harassment, PREA Coordinator (§115.11; §115.111; §115.211; and §115.311)

Please explain your intended actions. _____

B. Contracting with other entities for confinement of inmates (§115.12; §115.112; §115.212; and §115.312)

Please explain your intended actions. _____

C. Supervision and monitoring (§115.13; §115.113; §115.213; and §115.313)

Please explain your intended actions. _____

D. Juvenile/Youthful inmates/residents/detainees (§115.14 and §115.114)

Please explain your intended actions. _____

E. Limits to cross-gender viewing and searches (§115.15; §115.115; §115.215; and §115.315)

Please explain your intended actions. _____

F. Inmates/residents with disabilities (§115.16; §115.116; §115.216; and §115.316)

Please explain your intended actions. _____

G. Hiring and promotion decisions (§115.17; §115.117; §115.217; and §115.317)

Please explain your intended actions. _____

H. Upgrade to facilities and technologies (§115.18; §115.118; §115.218; and §115.318)

Please explain your intended actions. _____

Responsive Planning

I. Evidence protocol and forensic medical examinations (§115.21; §115.121; §115.221; and §115.321)

Please explain your intended actions. _____

J. Policies to ensure referrals of allegations for investigations (§115.22; §115.122; §115.222; and §115.322)

Please explain your intended actions. _____

Training and Education

K. Employee and volunteer training (§115.31; §115.131; §115.231; and §115.331)

Please explain your intended actions. _____

L. Volunteer and contractor training/Detainee, contractor, and inmate worker notification of agency's zero-tolerance policy (§115.32; §115.132; §115.232; and §115.332)

Please explain your intended actions. _____

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- M. Inmate/Resident education (§115.33; §115.233; and §115.333)
Please explain your intended actions. _____
- N. Specialized training: Investigations (§115.34; §115.134; §115.234; and §115.334)
Please explain your intended actions. _____
- O. Specialized training: Medical and mental health care (§115.35; §115.235; and §115.335)
Please explain your intended actions. _____

Screening for Risks of Sexual Victimization and Abusiveness

- P. Screening for risk of victimization and abusiveness/Obtaining information from residents (§115.41; §115.141; §115.241; and §115.341)
Please explain your intended actions. _____
- Q. Use of screening information/Placement of residents in housing, bed, program, education, and work assignments (§115.42; §115.242; and §115.342)
Please explain your intended actions. _____
- R. Protective custody (§115.43)
Please explain your intended actions. _____

Reporting

- S. Inmate/Detainee/Resident reporting (§115.51; §115.151; §115.251; and §115.351)
Please explain your intended actions. _____
- T. Exhaustion of administrative remedies (§115.52; §115.252; and §115.352)
Please explain your intended actions. _____
- U. Inmate/Resident access to outside confidential support services (§115.53; §115.253; and §115.353)
Please explain your intended actions. _____
- V. Third-party reporting (§115.54; §115.154; §115.254; and §115.354)
Please explain your intended actions. _____

Official Response Following an Inmate/Detainee/Resident Report

- W. Staff and agency reporting duties (§115.61; §115.161; §115.261; and §115.361)
Please explain your intended actions. _____
- X. Agency protection duties (§115.62; §115.162; §115.262; and §115.362)
Please explain your intended actions. _____
- Y. Reporting to other confinement facilities (§115.63; §115.163; §115.263; and §115.363)
Please explain your intended actions. _____
- Z. Staff first-responder duties (§115.64; §115.164; §115.264; and §115.364)
Please explain your intended actions. _____
- AA. Coordinated response (§115.65; §115.165; §115.265; and §115.365)
Please explain your intended actions. _____
- BB. Preservation of ability to protect inmates/residents from contact with abusers (§115.66; §115.166; §115.266; and §115.366)
Please explain your intended actions. _____
- CC. Agency protection against retaliation (§115.67; §115.167; §115.267; and §115.367)
Please explain your intended actions. _____
- DD. Post-allegation protective custody (§115.68 and §115.368)
Please explain your intended actions. _____

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Investigations

EE. Criminal and administrative agency investigations (§115.71; §115.171; §115.271; and §115.371)

Please explain your intended actions. _____

FF. Evidentiary standards for administrative investigations (§115.72; §115.172; §115.272; and §115.372)

Please explain your intended actions. _____

GG. Reporting to inmates/residents (§115.73; §115.273; and §115.373)

Please explain your intended actions. _____

Discipline

HH. Disciplinary sanctions for staff (§115.76; §115.176; §115.276; and §115.376)

Please explain your intended actions. _____

II. Corrective action for contractors and volunteers (§115.77; §115.177; §115.277; and §115.377)

Please explain your intended actions. _____

JJ. Disciplinary sanctions for inmates/residents (§115.78; §115.178; §115.278; and §115.378)

Please explain your intended actions. _____

Medical and Mental Care

KK. Medical and mental health screenings; history of sexual abuse (§115.81 and §115.381)

Please explain your intended actions. _____

LL. Access to emergency medical and mental health services (§115.82; §115.182; §115.282; and §115.382)

Please explain your intended actions. _____

MM. Ongoing medical and mental health care for sexual abuse victims and abusers (§115.83; §115.283; and §115.383)

Please explain your intended actions. _____

Data Collection and Review

NN. Sexual abuse incident reviews (§115.86; §115.186; §115.286; and §115.386)

Please explain your intended actions. _____

OO. Data collection (§115.87; §115.287; and §115.387)

Please explain your intended actions. _____

PP. Data review for corrective action (§115.88; §115.188; §115.288; and §115.388)

Please explain your intended actions. _____

QQ. Data storage, publication, and destruction (§115.89; §115.189; §115.289; and §115.389)

Please explain your intended actions. _____

PREA Audits

RR. Preparing for a PREA audit (§115.93 and §§ 115.401–.405)

Please explain your intended actions. _____

SS. Conducting a PREA audit (§115.93 and §§ 115.401–.405)

Please explain your intended actions. _____

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HIRING PERSONNEL

The intent of this section is to report on the number of newly created positions as a result of BJA PREA program funds. **Please only report newly created positions that are paid for at least partially using BJA program funds.**

15. Did you create any **NEW** staff and/or contract positions paid for at least partially with BJA program funds during the reporting period?

A. Yes/No (go to next section)

16. If yes, please enter the number of **NEW** positions created in each category during the reporting period. *Please only report each newly created position once, in the reporting period in which the position was classified. Please select the category that best describes each position.*

A. PREA Coordinator/Director ____

B. Other PREA Staff (e.g., compliance manager) ____

C. Medical staff/practitioner ____

D. Mental health staff/practitioner ____

E. Officers/Supervision staff ____

F. Investigators ____

G. Data Analysts/IT personnel ____

H. Other ____

I. If other, please explain _____

TRAINING

This section asks about training provided to staff, contractors, and volunteers according to sections §115.31; §115.131; §115.231; §115.331; §115.32; §115.132; §115.232; §115.332; §115.34; §115.134; §115.234; §115.334; §115.35; §115.235; or §115.335. **Please report training activities only if BJA program funds were used at least partially to provide training or to purchase or develop training materials.**

17. During the reporting period, did you provide PREA-related training to correctional staff, contractors, and/or volunteers paid for at least partially using BJA program funds? *Training is the action/process of teaching an individual(s) a vocational (or practical) skill(s) or a type of behavior. Examples of training include webinars, presentations at staff meetings, and lesson plans/curricula designed by your PREA coordinator or other staff member. Please do not count pamphlets and flyers as training unless they are part of a training session.*

A. Yes, training was provided to correctional staff

B. Yes, training was provided to contractors and/or volunteers

C. Yes, training was provided to correctional staff, contractors, and volunteers

D. No (Go to next section)

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18. Please describe the PREA-related training provided to staff. *Consider discussing the training cycles, topics covered, and links to training materials, if available.*

19. Which training mode best describes your PREA-related training given to **correctional staff** (select all that apply). *Please report for correctional staff only. You will be asked about contractor and volunteer training later.*

- A. Classroom based
- B. E-learning (e.g., web based)
- C. Take-home paper-based training (e.g., training manuals, written policies or protocols)
- D. Other
- E. If other, please explain _____

20. During the reporting period, how many correctional staff members were **NEWLY HIRED**?

- A. Enter number of newly hired staff _____
- B. Of those, how many received PREA-related training? _____

21. During the reporting period, how many existing correctional staff received PREA-related training? *This **excludes** any newly hired correctional staff.* _____

22. Which training mode best describes your PREA-related training given to **contractors/volunteers** (select all that apply). *Please report for contractors/volunteers only.*

- A. Classroom based
- B. E-learning (e.g., web based)
- C. Take-home paper-based training (e.g., training manuals, written policies or protocols)
- D. Other
- E. If other, please explain _____

23. During the reporting period, how many **NEW** contractors/volunteers who have contact with inmates started working within your agency? _____

- A. Enter number of new contractors/volunteers _____
- B. Of those, how many **NEW** contractors/volunteers received PREA-related training according to §115.32; §115.132; §115.232; or §115.332 during the reporting period? _____

24. During the reporting period, how many staff/contracted investigators received specialized **sexual assault investigator** training according to §115.34; §115.134; §115.234; or §115.334 of the PREA Standards? _____

25. During the reporting period, how many staff/contracted medical professionals received specialized training in **sexual-related trauma** according to §115.35; §115.235; or §115.335 of the PREA Standards? _____

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26. During the reporting period, how many staff/contracted mental health professionals received specialized training in **sexual assault–related mental health treatment** according to §115.35; §115.235; or §115.335? _____

INMATE SCREENING/ASSESSMENT AND EDUCATION

This section asks about inmate screening for risk of victimization or abusiveness (§115.41; §115.141; §115.241; or §115.341 of the PREA Standards). **Please only report screening and assessment activity in this section if BJA program funds are used at least partially to conduct screenings/assessments OR to develop or purchase a new screening/assessment tool.**

The Inmate Education section asks about inmate education regarding the agency policy regarding sexual abuse or sexual harassment and PREA in general (i.e., §115.33; §115.233; or §115.333 of the PREA Standards). **Please only report inmate education activities in this section if BJA program funds at least partially paid for the development of education materials, or if PREA staff, paid for with BJA program funds, delivered the education/educational materials to inmates.**

Screening/Assessment

27. Did you use BJA program funds to develop or purchase a new screening/assessment tool or to conduct screenings/assessments?
- A. Yes/No (go to next section)
28. Please answer the following for new inmates that were admitted to your facility or facilities during the reporting period.
- A. Number of inmates newly admitted inmates during the reporting period _____
- B. Of those newly admitted during the reporting period, how many received a screening for risk of sexual victimization or perpetration? _____
- C. Of those reported in B, number of inmates found to be at high risk for sexual victimization _____
- D. Of those reported in B, number of inmates found to be at high risk for sexual abusiveness/perpetration _____

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Inmate Education

29. Did you provide PREA-related education to inmates during the reporting period? *According to the PREA Standards, within 30 days of intake, agencies are required to provide comprehensive education to inmates regarding their PREA-related rights and responsibilities as an inmate in the facility/agency. Inmate education should be comprehensive and inform individuals about the agency's zero-tolerance policy and how to report any incidents of sexual abuse or harassment. Examples include peer-led classes, staff-led classes, or an orientation video. Please do not count pamphlets, flyers, and posters placed in the common areas.*

- A. Yes/No (Go to next section)
 - B. If yes, please describe the PREA-related education provided to inmates. Consider discussing the education provided at intake, education provided within the first 10 to 30 days, and upon transfer.
-

30. Which training mode best describes your PREA-related education provided to inmates during the reporting period (select all that apply):

- A. Classroom based
 - B. E-learning (e.g., web based)
 - C. Paper based (e.g., manuals, posters)
 - D. Other
 - E. If other, please explain
-

31. During the reporting period, how many inmates received PREA-related education/educational materials? *Please count only when inmates either received classroom-based, e-learning, or paper-based training. Only count paper-based training if inmates were given training materials. Although these materials are important, please do not count flyers/posters that are posted on a wall in a common area or bulletin board as training.* _____

TECHNOLOGY IMPLEMENTATION AND ENHANCEMENT

This section asks about surveillance cameras and data systems/database purchases and enhancements as well as the implementation of new hotlines. **Please only report activities in this section if they are paid for at least partially with BJA program funds.**

Surveillance

32. During the reporting period, did you install any **new** surveillance units/cameras purchased at least partially using BJA program funds?

- A. Yes/No
 - B. If yes, please describe the improvements you are making to your surveillance capabilities.
-

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Data Systems and Databases

33. During the reporting period, did you purchase or improve any new or existing data systems, paid for at least partially with BJA program funds?
- A. Yes/No
 - B. If yes, please describe the improvements you are making to your data systems. *In particular, please focus on how the new technology will improve recording, reporting, and investigating allegations of sexual abuse/misconduct.*
-

Inmate Reporting

34. During the reporting period, did you establish any **new** confidential support hotlines or new methods of reporting for victims to report allegations of sexual abuse or staff sexual misconduct using BJA program funds? *One example is signing an agreement with a victim service provider to staff a 24/7 hotline.*
- A. Yes/No (go to next section)

35. If yes, please select from below the **NEW** methods of reporting allegations of sexual abuse that were created and/or purchased using BJA program funds at least partially during the reporting period. *These methods may apply to both inmates who report on their own behalf and to correctional staff who report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual misconduct. For more information, please click the following link to access the PREA Standards document: <http://www.prearesourcecenter.org/training-technical-assistance/prea-101/prisons-and-jail-standards>.* Select all that apply:

Internal Reporting Methods

- A. Anonymous hotline via agency staff (e.g., the initial call is routed to correctional staff members)
- B. Anonymous locked confidential mail box for designated correctional staff

External Reporting Methods

- C. Anonymous hotline via nonagency staff (e.g., the initial call is routed to an ombudsman or other public or private entity)

Third-Party Reporting Methods

- D. Third-party (e.g., clergy or family member) report to correctional or noncorrectional staff
- E. Third-party website/online (e.g., e-mail or website form)

Other Internal, External, or Third-Party Reporting Modes

- F. Other modes
- G. If other, please explain: _____

36. During the reporting period, using BJA program funds, did you sign any **NEW** agreements for outside confidential victim support services per §115.53/115.253/115.353 of the PREA Standards? *An example is a toll-free hotline to victim advocates or rape crisis organizations. Victim advocates or rape crisis organizations do not report allegations of sexual abuse on behalf of the victims.*
- A. Yes/No

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VICTIM SUPPORT SERVICES

This section asks questions about the sexual assault forensic examiners (SAFEs), sexual assault nurse examiners (SANEs), and sexual assault response teams (SARTs) as well as medical and mental health services provided to alleged victims of sexual abuse or nonconsensual sexual acts. **Please report activities in this section if they are paid for at least partially using BJA program funds.**

Sexual Assault Nurse Examiners/Sexual Assault Forensic Examiners

37. During the reporting period, **at least partially** using BJA program funds, did you hire, contract, or sign agreements with any organizations for NEW SANEs or SAFEs?
- A. Yes/No (go to next section)
 - B. If yes, how many are **NEW** to the agency (within or outside of the agency) during the reporting period? _____
38. During the reporting period, did you provide training using BJA program funds to any existing staff to perform the functions of a SANE/SAFE?
- A. Yes/No
 - B. If yes, please enter the number of staff who received SANE/SAFE training during the reporting period. _____

Sexual Assault Response Teams

39. Did your organization implement or participate in a Sexual Assault Response Team (SART) using BJA program funds? *A SART typically consists of individuals representing public and private entities, including advocates, law enforcement, SAFEs/SANEs, forensic personnel, prosecutors, and correctional staff. It may also be referred to as a coordinated response team.*
- A. Yes/No (go to next section)
 - B. If yes, how many **NEW SARTS** were implemented **during the reporting period**? *Implemented means that all identified members have formally agreed to form the SART and are able to respond to incidents of sexual abuse and staff sexual misconduct within the facilities. This includes existing SARTs that expanded its service area to include your facilities.* _____
 - C. If yes, please enter the number of SARTs available to your organization **as of the last day of the reporting period**? *For example, you would enter 3 if your agency has 3 facilities and each facility has partnered with a local SART.* _____

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Medical and Mental Health Services

40. During the reporting period, did any alleged victims of sexual abuse or nonconsensual sexual acts receive medical or mental health services, paid for at least partially using BJA program funds? *Sexual abuse is defined in §115.16 of the PREA standards. Nonconsensual sexual acts are defined as contact of any person without his or her consent, or of a person who is unable to consent or refuse; AND contact between the penis and the vagina or the penis and the anus including penetration, however slight; OR contact between the mouth and the penis, vagina, or anus; OR penetration of the anal or genital opening of another person by a hand, finger, or other object.*
- A. Yes/No (go to next section)
41. During the reporting period, **at least partially** using BJA program funds, how many alleged victims received medical services as a result of sexual abuse or nonconsensual sexual acts?
- A. Total number of alleged victims who received medical services resulting from sexual abuse or nonconsensual sexual acts. *This includes any alleged victims who received medical services in the current reporting period, both those who received medical services for the first time in the reporting period as well as those who received medical services in a previous reporting period and continue to receive them.* _____
- B. Number of NEW alleged victims who received medical services resulting from sexual abuse or nonconsensual sexual acts for the first time during the reporting period. _____
- C. Of those reported in B, please enter the number of alleged victims of sexual abuse or nonconsensual sexual acts who received emergency medical services. _____
- D. Of those reported in C, please enter the number of alleged victims of nonconsensual sexual acts seen by a medical professional for emergency medical services who were offered a forensic exam. _____
- E. Of those reported in D, please enter the number of alleged victims who received a forensic exam. _____
42. During the reporting period, did any alleged victims of sexual abuse receive mental health services paid for at least partially using BJA program funds?
- A. Yes/No (go to next section)
- B. If yes, please report the **total number** of alleged victims of sexual abuse who received mental health services during the reporting period. *This includes those who received services in previous quarters and continue to receive them and those who received services in only this reporting period.* _____
- C. Of those reported in B, please report the number of alleged victims of sexual abuse who **received mental health services** during the reporting period (i.e., did not receive mental health services in the previous reporting period). _____

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AUDIT

This section asks questions about auditing and corrective action according to sections §115.401–.405 of the PREA Standards. **Please report activities in this section if they are paid for at least partially using BJA program funds.**

43. Did your agency prepare any facilities for a PREA audit during the reporting period?
- A. Yes/No
 - B. If yes, please describe how your agency is using BJA program funds at least partially to prepare for an audit. *Examples include contracting with one or more DOJ-Certified Auditors to schedule audits for each of your facilities and conducting an internal “mock” audit.* _____
44. Did your agency complete any PREA audits during the reporting period? *For the purpose of the PREA standards, the audit is considered complete upon issuance of the initial audit report or 30 days after the conclusion of the audits onsite visit to the facility, whichever one comes first.*
- A. Yes/No
45. If your agency completed any PREA audits, please enter the number of facilities audited during the reporting period. _____
46. Please list the names of facilities that had audits completed and the date of the on-site portion of the audit for each facility during the reporting period. _____
47. Was there a finding of “Does Not Meet Standard” with one or more of the PREA standards for any facility audited during the reporting period?
- A. Yes/No (If no, go to next section)
 - B. If yes, please list the facilities found to be out of compliance and identify each PREA standard that the facility did not meet. _____

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OUTCOME MEASURES

This next section asks about outcome measures, including number of victims, perpetrators identified, and investigations opened/closed. **Please answer the following questions based on data from all facilities identified in your grant application as part of your PREA initiative (i.e., those that were reported in question 5).**

Identifying and Recording Incidents of Sexual Abuse

48. During the reporting period, did the agency you are reporting for complete the **Survey of Sexual Violence Summary Form (SSV-2)** for the Bureau of Justice Statistics (BJS) administered by the U.S. Census Bureau? *This annual data collection form is typically due between January 1 and June 30 of each year and covers the previous calendar year. Please click the following link to access more information about the survey: <http://www.bjs.gov/index.cfm?ty=dcdetail&iid=406>.*
- A. Yes/No
49. If yes to the previous question, did you forward to BJA a copy of the completed Survey of Sexual Violence Summary Form (SSV-2) as an attachment to GMS? *As a special condition of the grant, BJA requires grantees to share a copy of the completed form.*
- A. Yes/No
B. If no, please explain _____

Investigating Incidents of Inmate-on-Inmate and Staff-on-Inmate Sexual Abuse

Inmate-on-Inmate Sexual Abuse

50. During the reporting period, were there any new or ongoing investigations of **inmate-on-inmate** sexual abuse? *This includes both criminal and administrative investigations. Include all investigations that were opened, continued, and/or closed during the current reporting period.*
- A. Yes/No (go to next section)
51. Please enter the number of alleged victims of inmate-on-inmate sexual abuse identified during the reporting period. *The intent of this question is for you to report an unduplicated count of alleged victims who experienced at least one incident of sexual abuse during the reporting period.* _____
52. Please enter the number of alleged inmate perpetrators of inmate-on-inmate sexual abuse identified during the reporting period. *The intent of this question is for you to report an unduplicated count of alleged perpetrators who committed at least one sexual abuse offense during the reporting period and were identified.* _____

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53. During the reporting period, how many NEW allegations of inmate-on-inmate sexual abuse were investigated?
- A. Total number of NEW allegations of sexual abuse investigated this reporting period _____
 - B. Number of NEW internal investigations started during the reporting period _____
 - C. Number of NEW external investigations started (i.e., investigations conducted by an external investigative agency) during the reporting period _____
54. How many investigations of inmate-on-inmate sexual abuse were closed during the reporting period? *An investigation can be considered closed for any reason. This includes finding the incident was unsubstantiated, unfounded, forwarded to a prosecutor, or the agency administratively closed the case.*
- A. Total number of investigations closed _____
 - B. Number of internal investigations closed _____
 - C. Number of external (i.e., investigations initiated by an external investigative agency) closed _____
 - D. Number of investigations closed where the allegations were found to be substantiated. *This includes all cases where an investigation found sufficient evidence to corroborate the allegation.* _____
 - E. Number of investigations closed that were referred to a prosecutor. *This includes any cases resulting from internal or external investigations. Please report regardless of the prosecutor's decision to prosecute the case.* _____
55. As of the last day of the reporting period, how many investigations of inmate-on-inmate sexual abuse are ongoing? *This includes any new investigations started this reporting period that have not yet closed and those that were started in previous reporting periods and are still active.* _____

Staff-on-Inmate Sexual Abuse

56. During the reporting period, were there any new or ongoing investigations of **staff-on-inmate** sexual abuse? *This includes both criminal and administrative investigations. Include all investigations that were opened, continued, and/or closed during the current reporting period.*
- A. Yes/No (go to next section)
57. Please enter the number of alleged victims of staff-on-inmate sexual abuse identified during the reporting period. *The intent of this question is for you to report an unduplicated count of alleged victims who experienced at least one incident of sexual abuse during the reporting period.* _____
58. Please enter the number of alleged staff perpetrators of sexual abuse of inmates identified during the reporting period. *The intent of this question is for you to report an unduplicated count of alleged perpetrators who committed at least one sexual abuse offense during the reporting period and were identified.* _____

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59. During the reporting period, how many NEW allegations of staff-on-inmate sexual abuse were investigated?
- A. Total number of NEW allegations of sexual abuse investigated this reporting period _____
 - B. Number of NEW internal investigations started during the reporting period _____
 - C. Number of NEW external investigations started (i.e., investigations conducted by an external investigative agency) during the reporting period _____
60. How many investigations of staff-on-inmate sexual abuse were closed during the reporting period? *An investigation can be considered closed for any reason. This includes finding the incident was unsubstantiated, unfounded, forwarded to a prosecutor, or the agency administratively closed the case.*
- A. Total number of investigations closed _____
 - B. Number of internal investigations closed _____
 - C. Number of external (i.e., investigations initiated by an external investigative agency) closed _____
 - D. Number of investigations closed where the allegations were found to be substantiated. *This includes all cases where an investigation found sufficient evidence to corroborate the allegation.* _____
 - E. Number of investigations closed that were referred to a prosecutor. *This includes any cases resulting from internal or external investigations. Please report regardless of the prosecutor's decision to prosecute the case.* _____
61. As of the last day of the reporting period, how many investigations of staff-on-inmate sexual abuse are ongoing? *This includes any new investigations started this reporting period that have not yet closed and those that were started in previous reporting periods and are still active.* _____

POST-GRANT PREA STANDARDS ASSESSMENT OF ACCOMPLISHMENTS

This section is to be completed at the end of the grant (i.e., before closeout). Answers to this question should reflect your status after conducting grant activities.

62. Over the life of the grant, did you create any **NEW** staff and/or contract positions using BJA funds?
- A. Yes/No (Go to next section)

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63. If yes, in each category, please indicate the number of staff and/or contract positions you plan to maintain over the next 12 months with funding other than BJA grant funds.
- A. PREA Coordinator/Director ____
 - B. Other PREA Staff (e.g., compliance manager) ____
 - C. Medical staff/practitioner ____
 - D. Mental health staff/practitioner ____
 - E. Officers/Supervision staff ____
 - F. Investigators ____
 - G. Data Analysts/IT personnel ____
 - H. Other ____
 - I. If other, please explain _____

64. Over the life of the grant (using BJA grant funds), please identify each section within the PREA Standards in which your agency took specific actions to address compliance with the PREA Standards as part of your PREA Initiative. (Select all that apply.) *For the sections that you select, please briefly describe your accomplishments. For example, if you hired a PREA Coordinator, improved contract language referencing PREA compliance, offered training for investigators, and provided ongoing medical and mental health services to victims, you would select sections A-115.11, B-115.12, N-115.34, and MM-115.83. After you select each section, please briefly describe your accomplishments.*

Prevention Planning

- A. Zero tolerance of sexual abuse and sexual harassment, PREA Coordinator (§115.11; §115.111; §115.211; or §115.311)
Please describe your accomplishments. _____
- B. Contracting with other entities for confinement of inmates (§115.12; §115.112; §115.212; or §115.312)
Please describe your accomplishments. _____
- C. Supervision and monitoring (§115.13; §115.113; §115.213; or §115.313)
Please describe your accomplishments. _____
- D. Juvenile/Youthful inmates/residents/detainees (§115.14 or §115.114)
Please describe your accomplishments. _____
- E. Limits to cross-gender viewing and searches (§115.15; §115.115; §115.215; or §115.315)
Please describe your accomplishments. _____
- F. Inmates/residents with disabilities (§115.16; §115.116; §115.216; or §115.316)
Please describe your accomplishments. _____
- G. Hiring and promotion decisions (§115.17; §115.117; §115.217; or §115.317)
Please describe your accomplishments. _____
- H. Upgrade to facilities and technologies (§115.18; §115.118; §115.218; or §115.318)
Please describe your accomplishments. _____

Responsive Planning

- I. Evidence protocol and forensic medical examinations (§115.21; §115.121; §115.221; or §115.321)
Please describe your accomplishments. _____

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- J. Policies to ensure referrals of allegations for investigations (§115.22; §115.122; §115.222; or §115.322)

Please describe your accomplishments. _____

Training and Education

- K. Employee and volunteer training (§115.31; §115.131; §115.231; or §115.331)

Please describe your accomplishments. _____

- L. Volunteer and contractor training/Detainee, contractor, and inmate worker notification of agency's zero-tolerance policy (§115.32; §115.132; §115.232; or §115.332)

Please describe your accomplishments. _____

- M. Inmate/Resident education (§115.33; §115.233; or §115.333)

Please describe your accomplishments. _____

- N. Specialized training: Investigations (§115.34; §115.134; §115.234; or §115.334)

Please describe your accomplishments. _____

- O. Specialized training: medical and mental health care (§115.35; §115.235; or §115.335)

Please describe your accomplishments. _____

Screening for Risk of Sexual Victimization and Abusiveness

- P. Screening for risk of victimization and abusiveness/Obtaining information from residents (§115.41; §115.141; §115.241; or §115.341)

Please describe your accomplishments. _____

- Q. Use of screening information/Placement of residents in housing, bed, program, education, and work assignments (§115.42; §115.242; or §115.342)

Please describe your accomplishments. _____

- R. Protective custody (§115.43)

Please describe your accomplishments. _____

Reporting

- S. Inmate/Detainee/Resident reporting (§115.51; §115.151; §115.251; or §115.351)

Please describe your accomplishments. _____

- T. Exhaustion of administrative remedies (§115.52; §115.252; or §115.352)

Please describe your accomplishments. _____

- U. Inmate/Resident access to outside confidential support services (§115.53; §115.253; or §115.353)

Please describe your accomplishments. _____

- V. Third-party reporting (§115.54; §115.154; §115.254; or §115.354)

Please describe your accomplishments. _____

Official Response Following an Inmate/Detainee/Resident Report

- W. Staff and agency reporting duties (§115.61; §115.161; §115.261; or §115.361)

Please describe your accomplishments. _____

- X. Agency protection duties (§115.62; §115.162; §115.262; or §115.362)

Please describe your accomplishments. _____

- Y. Reporting to other confinement facilities (§115.63; §115.163; §115.263; or §115.363)

Please describe your accomplishments. _____

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- Z. Staff first-responder duties (§115.64; §115.164; §115.264; or §115.364)
Please describe your accomplishments. _____
- AA. Coordinated response (§115.65; §115.165; §115.265; or §115.365)
Please describe your accomplishments. _____
- BB. Preservation of ability to protect inmates/residents from contact with abusers (§115.66; §115.166; §115.266; or §115.366)
Please describe your accomplishments. _____
- CC. Agency protection against retaliation (§115.67; §115.167; §115.267; or §115.367)
Please describe your accomplishments. _____
- DD. Post-allegation protective custody (§115.68 or §115.368)
Please describe your accomplishments. _____

Investigations

- EE. Criminal and administrative agency investigations (§115.71; §115.171; §115.271; or §115.371)
Please describe your accomplishments. _____
- FF. Evidentiary standards for administrative investigations (§115.72; §115.172; §115.272; or §115.372)
Please describe your accomplishments. _____
- GG. Reporting to inmates/residents (§115.73; §115.273; or §115.373)
Please describe your accomplishments. _____

Discipline

- HH. Disciplinary sanctions for staff (§115.76; §115.176; §115.276; or §115.376)
Please describe your accomplishments. _____
- II. Corrective action for contractors and volunteers (§115.77; §115.177; §115.277; or §115.377)
Please describe your accomplishments. _____
- JJ. Disciplinary sanctions for inmates/residents (§115.78; §115.178; §115.278; or §115.378)
Please describe your accomplishments. _____

Medical and Mental Care

- KK. Medical and mental health screenings; history of sexual abuse (§115.81 or §115.381)
Please describe your accomplishments. _____
- LL. Access to emergency medical and mental health services (§115.82; §115.182; §115.282; or §115.382)
Please describe your accomplishments. _____
- MM. Ongoing medical and mental health care for sexual abuse victims and abusers (§115.83; §115.283; or §115.383)
Please describe your accomplishments. _____

Data Collection and Review

- NN. Sexual abuse incident reviews (§115.86; §115.186; §115.286; or §115.386)
Please describe your accomplishments. _____
- OO. Data collection (§115.87; §115.287; or §115.387)
Please describe your accomplishments. _____

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PP. Data review for corrective action (§115.88; §115.188; §115.288; or §115.388)

Please describe your accomplishments. _____

QQ. Data storage, publication, and destruction (§115.89; §115.189; §115.289; or §115.389)

Please describe your accomplishments. _____

PREA Audits

RR. Preparing for a PREA audit (§115.93 and §§ 115.401–.405)

Please describe your accomplishments. _____

SS. Conducting a PREA audit (§115.93 and §§ 115.401–.405)

Please describe your accomplishments. _____

ADDITIONAL COMMENTS

Please provide any additional information related to the data reported.

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NARRATIVE QUESTIONS

You will be asked to answer these questions in January and July, and at the end of your grant. Please answer them based on the last 6-month period. You can use up to 5,000 characters for each response.

1. What were your accomplishments during the reporting period?

2. What goals were accomplished, as they relate to your grant application?

3. What problems/barriers did you encounter, if any, during the reporting period that prevented you from reaching your goals or milestones?

4. Is there any assistance that BJA can provide to address any problems/barriers identified in question
A. Yes (Please explain)
B. No

5. Are you on track to fiscally and programmatically complete your program as outlined in your grant application?
A. Yes (Please explain)
B. No

6. What major activities are planned for the next 6 months?

7. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with BJA?

THANK YOU FOR PARTICIPATING!