

# PREA Facility Audit Report: Final

**Name of Facility:** Brooklyn House Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 11/16/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Walter J Krauss	<b>Date of Signature:</b> 11/16/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Krauss, Walter
<b>Email:</b>	waltjk@aol.com
<b>Start Date of On-Site Audit:</b>	09/30/2021
<b>End Date of On-Site Audit:</b>	10/01/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Brooklyn House Residential Reentry Center
<b>Facility physical address:</b>	104 Gold Street, Brooklyn, New York - 11201
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Michael Lowe
<b>Email Address:</b>	Mlowe@coresvcs.org
<b>Telephone Number:</b>	718 498 0800

Facility Director	
<b>Name:</b>	Michael Lowe
<b>Email Address:</b>	Mlowe@coresvcs.org
<b>Telephone Number:</b>	718 498 0800

Facility PREA Compliance Manager	
<b>Name:</b>	Laguerre Genois
<b>Email Address:</b>	lgenois@coresvcs.org
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	160
<b>Current population of facility:</b>	47
<b>Average daily population for the past 12 months:</b>	32
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	20-90 Years Old
<b>Facility security levels/resident custody levels:</b>	Community Confinement
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	45
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	1

AGENCY INFORMATION	
<b>Name of agency:</b>	CORE Services Group, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	45 Main Street, Brooklyn, New York - 11201
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Michael Lowe	<b>Email Address:</b>	mlowe@coresvcs.org

## AUDIT FINDINGS

### Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

On September 30th & October 1st, 2021, CORE Services Group, Inc.'s, Brooklyn House received an on-site PREA audit by Walter J. Krauss, Psy.D, DOJ Certified PREA Auditor. During the Pre-Audit phase, the auditor reviewed a variety of documentation provided by the agency and facility. These included policies and procedures, plans, protocols, training records, curricula, and other documents related to demonstrating compliance with PREA Standards. In collaboration with the Vice President and Chief Administrative Officer, Dr. Krauss spoke with administration via conference call prior to the site visit to discuss the agenda, answer any questions staff may have, and to provide information on how best to facilitate the on-site auditing process. The auditor provided an agenda for the site visit and requested additional information be made available on the first day of the audit. This additional information included resident rosters with housing unit assignments and staff rosters broken down by job title and shift.

Upon arrival at Brooklyn House, this auditor was immediately impressed with the bright ambient atmosphere and the cleanliness of the facility. zero tolerance PREA posters in English, but not in Spanish, as well as the required announcement indicating this auditor's intent to conduct a formal PREA audit on September 30th through October 1st were posted to the left of the control desk in the main hallway. Pictures sent by Brooklyn House staff on August 10th provided evidence that the announcement of this auditor's scheduled visit with contact information was posted 51 days in advance of the on-site audit, which was well within the 45-day requirement.

The on-site audit began with a meeting that included the PREA Auditor, Facility Director / PREA Coordinator, Deputy Director of Operations, Quality Assurance Specialist / PREA Compliance Manager, Deputy director of Programs, and the Training Coordinator. The discussion focused on the audit process, the interim/final 45-day report, corrective action plan period if required, and the final report. The meeting was followed by a comprehensive tour of the facility.

The tour of the facility was facilitated by the Facility Director / PREA Coordinator. During the tour, it was noted that the announcement posters were prominently displayed throughout the facility, but zero tolerance posters and PREA-related information was posted in English only. Later that day, posters had been posted throughout the facility in Spanish in addition to more zero tolerance and "How to Report Sexual Abuse" posters. All areas of the facility were reviewed including the main floor, first floor, and second floor. Brooklyn House has seventeen different housing units/rooms with the capacity designed to accommodate forty-two residents. One of the forty-two residents was female, and she resided in the all-female Room # 001 in a dorm-style setting. The capacity for the men's rooms ranges from two to eighteen with those designated as being risks for sexual victimization housed in the smaller rooms, in particular the Handicap Unit on the main floor.

Interviewees were randomly selected for both residents and staff by the auditor. At least one resident from each of the twelve open housing units were randomly selected. Twenty staff were interviewed as well, incorporating all levels of staff and across all three shifts. Ten of those staff qualified as random staff interviews. There were no residents at the facility at the time of the audit who had reported current PREA allegations, reported prior victimization, or were identified as cognitively limited or developmentally disabled. There was one resident who had identified himself as gay, lesbian, bisexual, transgender, or intersex and another resident spoke Spanish with English identified as a second language; however, he reports speaking English well enough to understand what was presented. Staff answered any questions he had, and he reported the intake staff who presented the PREA information was patient with him throughout the admissions process.

Staff interviews at the agency level included Core Services Group's Vice President & Chief Administrative Officer and a Human Resources representative. Phone interviews were conducted with the Bureau of Prisons Residential Reentry Manager; the Associate Director of Emergency Medicine at the Woodhull Medical Center in Brooklyn, NY; and Associate Vice President for Safe Horizon's Community Program for Brooklyn; and Gay Lee, LCSW-R. At the facility-level, the Facility Director/PREA Coordinator, Quality Assurance Specialist /PREA Compliance Manager, Investigative Specialist, Deputy Director of Programs, Deputy Director of Operations, Caseworker Supervisor, six Guard I, and three Guard II staff. Facility-based staff were asked additional questions as well to meet process requirements, including those questions from the intake and screening staff (Home Confinement Supervisor), contract administrator, and a staff member on the Sexual Abuse Incident Review Team. There were no staff who had acted as a first responder to a sexual assault and the facility does not utilize volunteers, interns, or contractors who enter the facility with any regularity, with the exception of one volunteer, but when they do come on-site they are never left alone with the residents unsupervised and are made aware that it is a zero tolerance facility. There was no correspondence sent to the auditor's attention, no allegations of sexual abuse reported at a prior facility outside of the agency, and no reports of sexual abuse or sexual harassment at the Brooklyn House in the past 12 months.

At the end of the on-site visit, an exit conference was held to discuss the findings up to that point. Staff were praised for their efforts and were thanked for their hospitality. This auditor praised the administration and staff for ensuring PREA has been adopted within the culture of the facility. Following the on-site visit, this auditor sent two-emails providing feedback and requesting interim corrective action. The first e-mail was relevant to issues needing to be addressed and the second was more specific to the need for missing policy and/or documentation that is needed to provide evidence for standard compliance. Most correspondence occurred via e-mail, with the exception

of a few clarifying phone calls, and all requested supporting documentation was uploaded to the Online Auditing System. The final report was subsequently submitted, and the facility was asked to post the report to their website as required.

All staff interviewed were professional as well as knowledgeable of the agency's zero tolerance policy for sexual abuse and sexual harassment and how it pertained to them. Residents were appropriate and respectful as well, with the exception of one resident who stated he did not want to be interviewed towards the end of the random resident interview. After agreeing to participate in the process, he was permitted to leave the interview at that time. It shall also be noted that the Facility Director / PREA Coordinator and the Quality Assurance Specialist / PREA Compliance Manager were remarkably responsive to requests and recommendations, and were flexible and professional throughout this process, all in an effort to keep the residents and staff safe and to achieve compliance.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The CORE Services Group, Inc.'s, Brooklyn House provides a residential community correctional program for offenders who are reintegrating into the community for those who are on supervised release who may need more supervision, as well as those who may need an alternative to incarceration. The mission of the Brooklyn House Resident Reentry Center is to provide residents with the necessary tools to enable them to successfully transition to and lead productive lives within their communities.

This is achieved by providing residents with supportive services, which include but are not limited to, job readiness and employment placement services, needs assessment, referrals to substance abuse and mental health treatment providers, life skills / mentoring, transition skills, Thinking for a Change (T4C), D.E.T.O.U.R. (Dignity, Encouragement, Truthfulness, Optimism, Uniqueness, and Respect), and case management.

Originally built in 1972 and after being used primarily as a daycare facility, CORE Services Group's Brooklyn House opened its doors on September 13, 2012, following a significant renovation designed to meet the needs of the program. A key feature of the renovation was the installation of a state-of-the art surveillance system with fifty-four cameras in total. These cameras are monitored from the control desk or by key staff who are authorized to have remote access.

At the time of the on-site visit, there was a total of thirty-nine staff at Brooklyn House. The facility utilizes a three shift per day operations system: 1st shift is 12:00 AM to 8:30 AM; 2nd shift is 8:00 AM to 4:30 AM; and 3rd shift is 4:00 AM to 12:30 AM. According to the Facility Director / PREA Coordinator, there is at least one Guard II on every shift and one female and male staff on 1st shift, one female and two males on 2nd shift, and two females and two males on 3rd shift. In addition, the Deputy Director of Operations provides additional coverage on these shifts as needed. Guards conduct roves or tours of the housing areas every two hours during the 1st and 2nd shifts and hourly during the 3rd shift. In an effort to ensure timely completion of staff roves or tours and to ensure staff observation of blind spot areas, the facility added an electronic monitoring system. Called Proxiguard Live, a real time guard tour system was introduced to the facility during a Brooklyn House Staff Meeting in December 2018.

The tour included all areas of the facility. On the main floor, one finds the main entrance, control center, dining area which also doubles as a recreation area, kitchen, a wing that includes all the administrative offices, and a computer room where nine kiosks are found through which grievances or e-mails may be sent between 5:30 AM and 11:00 PM daily. Residents are permitted to use their cell phones or facility phones located throughout the facility at any time to access outside victim support services or resources available to them to submit complaints.

The women's dorm-style room is also located on the main floor near the security and administration offices. They have a separate newly renovated bathroom for the women with toilet stalls and showers with curtains that allow for privacy. The men have a similar set up on the first and second floors with two bathroom/shower areas on each. None of the cameras' field of view includes the bedrooms or the toilet and showers areas. The kitchen and dining area are located on the main floor to the left towards the end of the main hallway upon entrance to the facility. There is access to the roof, but it is off limits to the residents; however, they do have four surveillance cameras covering the roof area as well with a large blind spot behind the area where the electrical equipment is found as already mentioned.

The facility has seventeen different housing units/rooms with the capacity designed to accommodate 166 residents. At the time of the onsite audit, only 12 of those rooms were open for use. There were 42 residents and 116 other residents designated for Home Confinement who only come to the facility for required check ins twice per month. Only one of the residents was female (eighteen is the max) who lives in Room # 001 in a dorm-style setting. Unless a male resident is assigned to or requires the use of the handicapped room, all male residents are assigned to a room on either the first or second floor. On each of these two floors are large bathroom/shower areas that have three toilets with privacy doors, two urinals with visual shields, and five showers with curtains, all allowing for excellent privacy when they are in use.

The capacity for the men's rooms ranges from two in a small room to eighteen in an open bay dorm-style set up with those designated as being risks for sexual victimization housed in the smaller rooms, in particular the Handicap Unit on the main floor. If a woman is considered to be at risk, the option to move that individual to another room is more of a challenge because there is only one female room in the facility. If the smaller male room adjacent to the female room is empty or there is someone housed in that room that is not required to be there, the male would potentially be moved upstairs, and a woman considered to be at risk could be placed in that smaller room. If a potential or actual conflict develops between two women, the Facility Director / PREA Coordinator indicated it would be likely that Home Detention would be expedited for one of them based on eligibility dates and Federal Bureau of Prisons approval. Ultimately, each situation is taken on a case-by-case basis. Guards reportedly do "roves" or walk-throughs / tours hourly during waking hours as well as at night. At the time of the on-site audit, Brooklyn House had 116 Home Detention residents who do not live in the facility, but must check in twice per month. On Day 1 of the on-site audit (September 30, 2021) there were 42 In-House residents (forty-one males and one woman) and the aforementioned 116 Home Detention residents.

Within the facility there are a total of fifty-five cameras. The camera surveillance system allows for 30 days of memory and the cameras may be reviewed remotely if authorized. Staff authorized to review the cameras remotely include the Facility Director/PREA Coordinator, Chief Executive Officer, Vice President & Chief Administrative Officer, Vice President of Operations, Deputy Director of Operations, Information Technology staff, and the Investigative Specialist. The stairwells allow for excellent video camera surveillance when residents transition between floors and residents are not authorized to access the roof without supervision. Four cameras are posted on the roof, but there is a large blind spot behind the area where the electrical equipment is found. Prior to the completion of the 2018 PREA audit, administration added a camera to address the blind spot in the back of the recreation area.

During the tour it was observed that there were four blind spots of concern to this auditor, including the walk-in freezer in the kitchen area, an alcove in the back of Room #202, the area around the electrical unit on the roof, and the back of the recreation area mentioned above. There is camera surveillance to the front of the walk-in freezer, but not inside; however, the area is restricted, and residents cannot be alone in the kitchen area. The issue in Room # 202 is addressed by the roves conducted by staff who now utilize the Proxiguard Live electronic monitoring system to ensure it is observed. Staff must walk to the back area where the alcove is located to activate a sensor that indicates the staff person was actually in the area of concern. Administration also placed a sensor in the back wall of each dorm/bedroom so that Guards need to walk through to activate it, thereby providing digital evidence that they actually conducted that observation.

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

It is clear that the CORE Services Group and the Brooklyn House program have a firm commitment to meeting PREA Standard requirements not only in policy, but in practice as well. This auditor left the on-site visit confident that the residents are safe and have an excellent understanding of what they need to do in the event of sexual harassment or sexual abuse at this facility. Throughout the process, the agency and facility staff interviewed were professional and knowledgeable of the PREA requirements as well as most resources available at the facility level. Two questions this auditor asked of all residents and random staff interviewed were, "Does Brooklyn House take PREA seriously?" and "Do you feel safe at Brooklyn House?" All responses were a resounding yes to these questions and there was consensus among all those interviewed that Brooklyn House and its staff share a commitment to the prevention, detection, and response to sexual assault and sexual harassment. Administration was responsive to concerns, open to suggestions, and encouraged the auditor to provide feedback on how the facility could improve where applicable. Overall, it was a pleasure to work with the Administration and staff during this process, and this auditor was appreciative of the facility's hospitality and ability to facilitate this process efficiently as requested.

Communication and its value in the effective implementation of the PREA requirements were evident throughout this process via documentation and staff interactions with this auditor. Surveillance camera coverage includes the use of fifty-five cameras, which consists of a mix of CNB LBM-20S Monalisa cameras 600 TVL, Cantek VN502VR 600 TVL, and Nuvico CD-HD21N-LI for indoor use. These cameras all have infrared for night vision. The outdoor cameras are CNB LCB-24VFH with IR. DVR retention time is 30 days.

In an effort to ensure timely completion of staff roves or tours and to ensure staff observation of blind spot areas, on December 14, 2018, Proxiguard Live, a real time guard tour system was introduced during a Brooklyn House staff meeting. Although within the uploaded meeting minutes it did not state specifically how such additions would enhance the agency's ability to protect residents from sexual abuse, enhanced overall safety was implied in the write up. Administration also provided minutes indicating that annual meetings are held in which staffing plans are reviewed, which also addresses the use of video monitoring surveillance and monitoring technologies. This auditor recommended that any future plans or efforts specifically state how prospective plans or modifications relate to preventing resident sexual abuse.

Despite the use of the aforementioned technology, the blind spots still remain, but are less of a risk due to the efforts of the administration to address them through video and electronic monitoring. These blind spots present additional security challenges, which were shared with Administration. Specific concerns related to blind spots/ surveillance camera coverage included those found in the alcove in the back of Room # 202, the kitchen area near and within the walk-in freezer, the rooftop near the electrical equipment, and in the back of the recreation area. On May 10, 2018, the fifty fifth camera was reportedly installed to address the blind spot in the recreation area and December 14, 2018, Proxiguard Live was introduced to the facility in part to reduce the risk in the alcove area in Room #202. The Facility Director / PREA Coordinator and Deputy Director of Operations, who review the reports periodically, have access to the Proxiguard system.

While there were multiple written policy and minor issues identified during the process in need of corrective action that are addressed within the appropriate standard description in the next section, the more salient issues will be described in this one.

No letters were received from residents in advance of the audit nor were there any residents that reported being sexually assaulted while at the facility during the site visit or within documentation reviewed within the past twelve months. It shall also be noted that when residents were interviewed, they did not report any sexual abuse or harassment and they stated that they felt safe at this facility. In addition, most residents offered unsolicited compliments of the staff and program.

While nearly all staff and residents interviewed were aware of the staff designated as the PREA Coordinator, many did not know who the PREA Compliance Manager is. Although this is likely a function of his newness to the role, corrective action included providing this information, and other information described below, on a sheet and have residents sign off that the training has been received and is understood. Administration provided the training sheets with signatures as verification for each resident to ensure compliance. This information was also included in the Brooklyn House Resident's PREA Fact Sheet distributed to new residents admitted to the facility and within the Resident PREA Training PowerPoint.

Zero Tolerance Signs and Posters: During the tour of the facility, announcements of this auditors' visit were posted on every room door; however, there were only a few zero tolerance posters observed and they were not in Spanish as well as English. Although prior to leaving

the facility, PREA posters, not just the announcement to residents of the auditor's visit, were found throughout the building in English and Spanish, administration was asked to take pictures of bulletin boards or signs throughout the facility with Zero Tolerance signs posted in English and Spanish. As requested, pictures and signs were uploaded to the Online Auditing System for evidence.

Regarding 115.211 (a), the policy that was uploaded for the Pre-Audit Questionnaire was incomplete and did not support the standard requirements for zero tolerance toward all forms of sexual abuse and sexual harassment and outlining Brooklyn House's approach to preventing, detecting, and responding to sexual abuse and harassment. It included the first page of the Brooklyn House Operations Manual "Zero Tolerance for Sexual Abuse/Misconduct" policy and procedure about zero tolerance and prevention efforts, but did not include the training on how the facility detects and responds to it. Corrective action included uploading the Brooklyn House's complete Zero Tolerance policy, with which administration complied and the auditor verified that all areas are addressed.

According to standard 115.212 (b) the contracted agency, the Bureau of Prisons, should be monitoring for PREA Standard compliance, but there was no evidence of this within the documentation provided for Pre-Audit Questionnaire. Administration was asked to upload an example of monitoring, which was provided. A report dated May 28, 2021, was completed, and uploaded, verifying that a review had been completed by the Bureau of Prisons / Residential Reentry Manager as required.

Standard 115.213 (a) requires a documented staffing plan that includes the four elements listed under 115.213 (a) which includes the physical layout of each facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. 115.213 (c) requires that the staffing plan whenever necessary, or at least once per year, the facility assesses, determines, and documents whether adjustments are needed to the staffing plan, staffing patterns, use of video monitoring systems and other monitoring technologies, and the resources the facility has available to ensure adequate staffing levels.

Corrective action included uploading evidence of a current staffing plan and meeting minutes suggesting that adjustments were considered, at least on an annual basis. Administration uploaded the information to the Online Auditing System and Brooklyn House was determined to be compliant with this standard.

115.215 (d-1) requires that Brooklyn House has "implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera)." What was uploaded during the Pre-Audit Questionnaire addressed ability to shower separately, but there was no mention in what was uploaded as to a policy and a procedure for performing bodily functions and changing clothing without being viewed. Administration uploaded the relevant policy and procedure from the Brooklyn House Operations Manual entitled, "Limits to Cross-Gender Viewing and Searches" and in addition to the interviews with staff and residents, compliance was determined.

Regarding standard compliance for 115.216 (a), Page 16 of the 53 uploaded pages in the Pre-Audit Questionnaire included an undated letter of introduction from Helen Keller Services, but there were no other slides found providing information for those who are blind or have low vision. PREA Translation and Interpretation Service training slides were uploaded as requested to support the Helen Keller Services for the visually impaired, as well as SignTalk for the hearing impaired, and Language Line Solutions for those who do not speak English. Training for staff regarding Helen Keller Services was uploaded as well to verify compliance.

According to 115.217 (e), agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. All nineteen staff interviewed during this process had background checks completed as required; however, an initial background check was completed July 2012 for the only volunteer/contractor currently providing services at Brooklyn House, but nothing had been completed within the 5-year requirement period. Corrective action included providing an updated background check for this individual and on November 9, 2021, an updated background check was completed and uploaded as requested.

115.231 (a) The training curriculum PowerPoint uploaded to meet this standard in the Pre-Audit Questionnaire did not address the ten items required within the basic PREA training. Brooklyn House had sent an older version of the training and uploaded the current version which addressed all the required elements needed to be compliant with this standard.

115.233 (c): Although only one of the ten random staff interviewed were not clear as to how to access interpretive services, the auditor requested more specific information be available for staff on how to access Language Line Solutions for interpretive services, SignTalk for hearing impaired residents, and Helen Keller Services, Inc, for those residents with low vision or who are visually impaired. A PowerPoint training for staff, entitled, "PREA Interpretation and Translation Services" was provided for staff in response to this request and a signed attendance sheet was submitted for verification.

115.234 (a-1) This standard requires training in conducting investigations and is evident in that the Investigative Specialist received "Specialized Training: Investigating Sexual Abuse in Confinement Settings" developed by the National Institute of Corrections. The facility employs an Investigative Specialist who has received the training, which is comprised of 9 modules with three being optional (3, 5, and 9). A review of the Modules uploaded for the Pre-Audit questionnaire indicates that two of the required modules for this training, however, were not completed; therefore, corrective action required the completion of Module 2: "Legal Issues and Agency Liability" and Module 4: "Trauma and Victim Responses". Training was completed with evidence of training uploaded on to the Online Auditing System and upon receipt this standard was determined to be compliant.

Standard 115.241 requires that both residents classified as potential high risk for abuse and/or high risk for victimization are identified in order to provide appropriate protections. The objective screening tool did not specifically classify them in appropriate categories. While this standard requires the use of an objective screening tool, it seems the tool used had erroneously listed #6 as a factor that affects someone's 'Likelihood of Victimization' rather than 'Likelihood of Abusiveness'. More specifically, it asks the question "Is resident's history exclusively nonviolent?" If the resident answers 'Yes' that individual receives a 0 score for Victimization. If the resident has a 'No' answer, which means the resident does have a violent criminal history, four points would be inappropriately added to the 'Likelihood of Victimization' total rather than the 'Likelihood of Abusiveness'. In order to address this, multiple options were provided by the auditor, but ultimately a tool from the South Dakota Department of Corrections was adopted.

Corrective action included identifying a new objective tool, evaluating all current residents using the new tool, completing the spreadsheet, and uploading the documentation as well as examples of any residents who received scores indicating that they were Potential Victims or Potential Aggressors.

Administration's response to the identified concerns in Standards 115.241 was impressive. Not only was a new instrument identified for use, but it was completed for all in-house residents within the 45-day period and all the documentation was uploaded as requested to verify it.

The objective screening tool developed by the South Dakota Department of Corrections is now utilized and classifies each resident as a Potential Aggressor (PA), Potential Victim (PV), Mix (MX), or NS (not scored). As a result of the screening, the following outcomes result in the following placements:

1. Clients identified as PA can be housed with another PA or NS
2. Clients identified as a PV can be housed with a PV or NS
3. Clients identified with an NS can be housed with any other outcome
4. Clients identified as MX can be housed with another MX or PV
5. Some clients may receive a single room assignment regardless of score.

Administration's response to the identified concerns was impressive. Not only was a new instrument identified for use, but it was completed for all 31 in-house residents within the 45-day period and all the documentation was uploaded as requested to verify it. Five of the 31 residents were screened and identified as Potential Victims and one as a Potential Aggressor. Consistent with the tool instructions and now Brooklyn House policy, the five residents identified as Potential Victims and the one identified as a Potential Aggressor were either assigned to a room of their own or with a resident or residents who obtained "Not Scored" or NS designations. As a result of Brooklyn House's response to the corrective action requests and the information uploaded to the Online Auditing System, compliance with this standard was determined.

115.251 (b) states, "The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request." While the facility has a contract with Safe Horizon, there was nothing within it that would meet this standard. Corrective action included discussions between CORE Services Group and Safe Horizon to add this requirement to the Memorandum of Understanding, but it had yet to be finalized upon submission of this final report. Instead, a Memorandum of Understanding between CORE Services Group and Gay Lee, LCSW-R, was established to meet this requirement. In a phone call between this auditor and Ms. Lee, she reported that she had the contact information for the Chief Executive Officer of CORE Services Group and that she would call him directly if a resident made an anonymous report of sexual abuse. Corrective action also included uploading a copy of the Memorandum of Understanding with Gay Lee, LCSW-R, updates to the posters within the facility, and education provided for the residents to ensure their knowledge of this option. The requested documentation was uploaded to the Online Auditing System and Brooklyn House was determined to be compliant with this standard.

115.251 (c) requires that "staff shall accept reports made verbally, in writing, anonymously, and from third parties." Four out of thirteen residents interviewed were not certain of this, most often the idea of third-party reporting was the most questionable. Corrective action included providing residents with refresher training that reports of sexual abuse and/or sexual harassment can either be made in person, in writing, third party, or anonymously. Key points on PowerPoint slides on Resident PREA Training were reviewed with residents and all residents signed off that the training was received and understood. The training sheets with education and signatures by each resident was uploaded to ensure compliance.

115.253: Four of thirteen residents were not aware that outside services are available through Safe Horizons and four of twelve were not aware of what those services are for receiving counseling or support with sexual abuse. Furthermore, three of twelve residents interviewed were not sure or were unaware of where to find mailing addresses and phone numbers for available outside services. Key points were shared with residents via PowerPoint and signed off by residents to verify compliance that the training was received and understood.

115.267 (b) requires that facilities specify "protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." Policy and procedure was not found within the Pre-Audit Questionnaire. Corrective action required that the appropriate policy and procedure was uploaded, and it was as

requested.

115.271 (i) requires that “the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.” This information was not provided within the Pre-Audit Questionnaire. Corrective action required either the records Retention Schedule or the policy uploaded that addresses this requirement. Administration uploaded the “Criminal and Administrative Agency Investigation” policy that addresses this issue found within the Brooklyn House Operations Manual.

115.271 (j) requires that “the agency ensures that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.” This information was not provided within the Pre-Audit Questionnaire. Corrective action required that Brooklyn House staff upload the policy that addresses this requirement. Administration uploaded the “Criminal and Administrative Agency Investigation” policy that addresses this issue found within the Brooklyn House Operations Manual.

115.272 (a) requires that “the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.” The only information provided within the Pre-Audit Questionnaire for this item was the DOJ Final Rule, which is not specific to Brooklyn House. Corrective action required the uploading of Brooklyn House policy “Evidentiary Standard for Administrative Investigations,” which was found in the Brooklyn House Operations Manual and uploaded to Online Auditing System as required.

115.287 (f) requires that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. (N/A if DOJ has not requested agency data).” Corrective action requested clarification on this issue. Either the facility needed to add “upon request” to p.162 under ‘Data Collection’ in the Brooklyn House Operations Manual for this item or provide evidence that this data was submitted to the DOJ as per policy. In the Pre-Audit Questionnaire, administration checked the “Yes” box indicating it had provided the data to DOJ. Upon clarification, the facility added the phrase “upon request” to the policy and this auditor checked the “N/A” box as was appropriate.

115.288 Only 2021 data had been uploaded to the website, thus this auditor requested that the annual data dating back to 2015 be uploaded onto the website so that comparisons may be made. According to the annual reports posted on the website, between the years of 2012 and 2021, there were no reported or documented incidents of sexual abuse. Verification that this had been completed, can be found by accessing the link provided below:

[RESIDENTIAL REENTRY CENTER & ALTERNATIVE-TO-INCARCERATION – CORE Services Group \(coresvcs.org\)](#)

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 398">Brooklyn House has an established and well documented zero tolerance policy. This is evidenced by the Brooklyn House Operations Manual / Policy and Procedure "Staff and Resident Rights-Sexual Victimization", the "Sexual Abuse is a Crime" posters found throughout the facility in English and Spanish, the Visitation Log, and as per all interviews completed with staff and residents.</p> <p data-bbox="242 432 1485 656">Regarding 115.211 (a), the policy that was uploaded for the Pre-Audit Questionnaire was incomplete and did not support the standard requirements for zero tolerance toward all forms of sexual abuse and sexual harassment and outlining Brooklyn House's approach to preventing, detecting, and responding to sexual abuse and harassment. It included the first page of the Brooklyn House Operations Manual "Zero Tolerance for Sexual Abuse/Misconduct" policy and procedure about zero tolerance and prevention efforts, but did not include the training on how the facility detects and responds to it. Corrective action included uploading the Brooklyn House's complete Zero Tolerance policy, with which administration complied and the auditor verified that all areas are addressed.</p> <p data-bbox="242 689 1485 1014">As indicated, community confinement facilities are required to have only an agency-wide, upper level PREA Coordinator. This requirement is met by Brooklyn House's Facility Director, who serves as the PREA Coordinator. In addition, the Brooklyn House Quality Assurance Specialist also serves as the facility-based PREA Compliance Manager. Within the facility's organizational structure, The PREA Retaliation Specialist, PREA Investigator, and two PREA Advocates are also clearly labeled. During interviews with the PREA Coordinator and PREA Compliance Manager, each of these two staff indicated they have sufficient time and authority to develop, implement, and oversee agency/facility efforts to comply with the PREA standards. During this audit process, both the auditor and agency administration worked collaboratively to ensure the organizational flow chart clearly indicated both the PREA Coordinator and PREA Compliance Manager. Because the facility has a designated PREA Compliance Manager when only a PREA Coordinator is required, this auditor believes Brooklyn House exceeds the standard requirements.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1514 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1514 483">According to the uploaded 2020 contract and an interview with the CORE Services Group's Residential Reentry Manager, the Federal Bureau of Prisons entered into a new contract with the Core Services Group's Brooklyn House facility on June 5, 2020. He added that the agency has an oversight specialist that monitors the contract for PREA compliance, with results submitted and reviewed annually. A report completed on May 28, 2021 was uploaded at this auditor's request to support this requirement. There are no examples in which the CORE Services Group had entered into a contract and the entity failed to comply with the PREA standards.</p>

115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">All elements of this standard are included in Brooklyn House Operations Manual / Policy &amp; Procedure "Supervision and Monitoring." A review of rosters and schedules in addition to interviews with the Facility Director / PREA Coordinator and the Quality Assurance Specialist / PREA Compliance Manager indicate that the staffing plan did not deviate.</p> <p data-bbox="229 367 1509 568">According to the Facility Director / PREA Coordinator, there is at least one Guard II on every shift and one female and male staff on 1st shift, one female and two males on 2nd shift, and two females and two males on 3rd shift. In addition, the Deputy Director of Operations provides additional coverage on these shifts as needed. Guards conduct roves or tours of the housing areas every two hours during the 1st and 2nd shifts and hourly during the 3rd shift. There was always at least one female and one male staff on duty per shift over the course of the past year.</p> <p data-bbox="229 568 1509 658">In addition, a key feature of the facility is a state-of-the art surveillance system with fifty-five cameras in total. These cameras are monitored from the control desk or by key staff who are authorized to have remote access.</p> <p data-bbox="229 658 1509 985">During the 2018 PREA auditing process with this auditor, in an effort to ensure timely completion of staff roves or tours and to ensure staff observation of blind spot areas,.staff inquired as to how they might address some of the identified concerns during the tour. One such option was that the facility consider adding an electronic monitoring system. On December 14, 2018, Proxiguard Live, a real time guard tour system was introduced during a Brooklyn House staff meeting. Although within the uploaded meeting minutes it did not state specifically how such additions would enhance the agency's ability to protect residents from sexual abuse, overall safety was implied in the write up. Administration also provided minutes indicating that annual meetings are held in which staffing plans are reviewed, which also addresses the use of video monitoring surveillance and monitoring technologies. This auditor recommended that any future plans or efforts specifically state how prospective plans or modifications relate to preventing resident sexual abuse.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 600">According to the Brooklyn House Operations Manual / Policy &amp; Procedure "Limits to Cross Gender Viewing and Searches," and the Brooklyn House Training Curriculum, which included a video produced by the National PREA Resource Center on the "Guidelines on Cross Gender/Transgender Pat Searches." Brooklyn House does not conduct cross-gender strip searches, visual body cavity searches, or pat-down searches, even in exigent circumstances. If a situation calls for a female resident to be searched, staff are trained to contact female staff from other departments to conduct the search. If no female staff are available from those departments, staff are instructed to conduct searches with a wand, which involves no physical contact with the resident. In the past twelve months, the PREA Coordinator, PREA Compliance Manager, and staff and resident interviews supports the claim that there have been no instances in which hands on searches occurred. As per this standard, facility policy prohibits searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. The training curriculum was reviewed and is appropriate.</p> <p data-bbox="240 629 1465 757">Within the Pre-Audit Questionnaire, the resident's ability to shower separately was addressed, but there was no mention in what was uploaded as to a policy and a procedure for performing bodily functions, and changing clothing without being viewed. Corrective action included Administration uploading the relevant policy and procedure from the Brooklyn House Operations Manual entitled, "Limits to Cross-Gender Viewing and Searches."</p> <p data-bbox="240 786 1493 949">None of the fifty-five surveillance cameras allow for staff to view toilet/shower areas and it was clear that staff have integrated the practice of staff announcing their presence when entering housing units for cross-gender residents. This was evident during the tour and confirmed during all staff and resident interviews. All residents reported they have privacy when changing, showering, or when using the bathroom. The staff and resident interviews in combination with Administration uploading the requested policy and procedure, resulted in the determination of compliance with this standard.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 405">The Brooklyn House Operations Manual / Policy &amp; Procedure "Residents with Disabilities and Residents Who are Limited English Proficient" includes the key elements of this standard. Written materials for effective communication and Language Translation Services documentation was also reviewed in support of standard compliance. No residents at the facility during the time of the on-site visit were identified as needing or reported the need for interpretive services.</p> <p data-bbox="229 405 1509 555">Policy states, "Brooklyn House shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision."</p> <p data-bbox="229 555 1509 757">When residents arrive at the facility, residents are immediately provided with a resident handbook and a comprehensive facility-based PREA pamphlet, which clearly states that the facility has zero tolerance for sexual abuse and harassment complete with definitions, immediate steps to take, how to report, and how to get help. The auditor observed PREA audit notices and Zero Tolerance posters throughout the facility where both residents and staff could readily view or access the information in English, but not in Spanish. Prior to this auditor leaving the facility for the on-site audit, multiple signs were posted in Spanish and all signs were uploaded at this auditors request.</p> <p data-bbox="229 757 1509 1019">While only one of ten random staff interviewed was unaware of the SignTalk and Language Line Solutions services staff have available to them for resident interpretation services, few were aware of services for the visually impaired. Administration was requested to provide additional training for staff and to submit training sheets with signatures as verification for each staff to ensure compliance, which they did. The training entitled, "PREA Interpretation and Translation Services" was uploaded on to the Online Auditing System as requested and was reviewed. The training included slides on the use of Language Line Solutions, SignTalk for hearing impaired services, and Helen Keller Services, Inc. for the visually impaired, which was appropriate and meets the standard requirements.</p>

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 566">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled, "Staff Hiring, Orientation, Training, and Promotion" includes all the required elements of this standard. All nineteen staff interviewed during this process had background checks completed as required; however, an initial background check was completed July 2012 for the only volunteer/contractor currently providing services at Brooklyn House, but nothing had been completed within the 5-year requirement period. "PREA New Hire and Promotion Candidate Certification" forms were reviewed and completed for all new hires and staff promotions. An interview with the Facility Director / PREA Coordinator and Human Resources representative provided further support of the stated policy and standard practice. The latter described a process where staff are checked in real time and on a continuous basis for new offenses committed so that the agency does not have to wait up to five years to learn of criminal offenses that may have been committed.</p> <p data-bbox="244 600 1477 725">Corrective action included providing an updated background check for the only volunteer currently providing services at Brooklyn House. The initial background check was completed July 2012, but nothing had been completed within the 5 year requirement period. On November 9, 2021, an updated background check was completed and all were uploaded onto the Online Auditing System as requested.</p>

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1484 465">Brooklyn House initially opened its doors September 13, 2012 complete with the installation of a state-of-the-art surveillance system. Plans had been developed and established well before the standard's August 20, 2012 cut off period. In separate interviews with the agency's Vice President &amp; Chief Administrative Officer and the Facility Director / PREA Coordinator, both emphasized the agency's commitment to safety. Although the planning process did not specifically state that facility modifications or installation of the surveillance cameras were related to protecting residents from sexual abuse, overall resident safety, which includes protecting residents from sexual abuse, was the primary goal.</p> <p data-bbox="244 499 1490 790">During the 2018 PREA auditing process with this auditor, in an effort to ensure timely completion of staff roves or tours and to ensure staff observation of blind spot areas,.staff inquired as to how they might address some of the identified concerns during our tour. One such option was that the facility consider adding an electronic monitoring system. On December 14, 2018, Proxiguard Live, a realtime guard tour system was introduced during a Brooklyn House staff meeting. Although within the uploaded meeting minutes it did not state specifically how such additions would enhance the agency's ability to protect residents from sexual abuse, overall safety was implied in the write up. Administration also provided minutes indicating that annual meetings are held in which staffing plans are reviewed, which also addresses the use of video monitoring surveillance and monitoring technologies. This auditor recommends that any future plans or efforts specifically state how prospective plans or modifications relate to preventing resident sexual abuse.</p>

115.221	<p><b>Evidence protocol and forensic medical examinations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Brooklyn House Operations Manual / Policy &amp; Procedure "Evidence Protocol and Investigation of Sexual Misconduct," a Memorandum of Understanding (dated September 15, 2021) with Safe Horizon of Brooklyn for crisis counseling services, a Memorandum of Understanding (dated November 15, 2021) with Gay Lee, LCSW-R for crisis counseling services, a contract (dated August 18, 2014) with Woodhull Medical Center for medical services, and a pamphlet provided to residents entitled "Making Communities Safer from Sexual Violence" explaining protocol in cases of sexual assault were reviewed. Interviews with the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager as well as phone conversations with the Woodhull Medical Center's Associate Executive Director of Emergency Services and Safe Horizon's Associate Vice President of Community Programs all provided information in the determination of compliance.</p> <p>Brooklyn House does not conduct an investigation of sexual misconduct without first receiving the approval of the Contracting Officer's Technical Representative (COTR). The facility will conduct investigations only to the extent it has been authorized; however, if during an authorized investigation criminal behavior is uncovered, staff are advised to stop what they are doing and refer the case immediately to the appropriate law enforcement agency, i.e. New York Police Department (NYPD). Investigative authorities include, but are not limited to, the Department of Justice, Federal Bureau of Investigation, and US Marshals Service.</p> <p>The "Brooklyn House PREA Incident Criminal Investigation Guideline" delineates the specific responsibilities expected of not only Brooklyn House, but of the investigating agency in an effort to follow a uniform evidence protocol to maximize the potential for obtaining usable physical evidence. Residents are provided related information through "Making Communities Safer from Sexual Violence" pamphlets. Per interviews with the facility's Investigation Specialist, Quality Assurance Specialist / PREA Compliance Manager, and the Facility Director / PREA Coordinator, facility staff cooperate and provide assistance to those entities at their discretion.</p> <p>Forensic medical exams, when needed, would be conducted at Woodhull Medical Center in Brooklyn, NY. According to Woodhull's Associate Executive Director of Emergency Services, Woodhull is a SAFE-certified program and the medical center has a primary and secondary provider utilized in conducting such examinations 24 four hours per day and 7 days per week. The SAFE providers typically meet monthly to discuss relevant issues. He reported he is not aware of any Brooklyn House residents that have required or were offered this intervention.</p> <p>Although SAFE Horizon and Gay Lee, LCSW-R are contracted to provide rape crisis counseling services, neither provides a victim advocate to accompany residents to or meet with at the medical center. Instead Brooklyn House identified a male staff, the facility's Training Coordinator / PREA Advocate, to serve in this capacity. In response to this auditor's suggestion that they consider having a male and a female victim advocate, the Life Skills Instructor/Transitional Coordinator was identified as a female PREA Advocate and trained to provide such services, if necessary. Verification of the training completed by the male victim advocate and the second newly trained female victim advocate was uploaded as requested. Both PREA Advocates are identified on the facility's organizational structure.</p>
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115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 403">Brooklyn House's Residential Reentry Center Operations Manual / Policy &amp; Procedure "Evidence Protocol and Investigation of Sexual Misconduct" and the "Brooklyn House PREA Incident Criminal Investigation Guideline" was reviewed. Interviews with the Facility Director / PREA Coordinator, Investigative Specialist, Vice President &amp; Chief Administrative Officer, and PREA Compliance Manager also provided information in the determination of compliance.</p> <p data-bbox="229 403 1509 660">The "Brooklyn House PREA Incident Criminal Investigation Guideline" delineates the specific responsibilities expected of not only Brooklyn House, but of the investigating agency in an effort to follow a uniform evidence protocol to maximize the potential for obtaining usable physical evidence. Residents are provided related information through the "Making Communities Safer from Sexual Violence" pamphlet. Per interviews with the facility's Investigation Specialist, Facility Director / PREA Coordinator, and the Quality Assurance Specialist / PREA Compliance Manager, facility staff cooperate and provide assistance to those entities at their discretion. The following web address can be used to find this information on the agency website:</p> <p data-bbox="229 660 1509 772"><a href="http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/">http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/</a></p> <p data-bbox="229 772 1509 954">From the link provided above, the agency's 2015-2021 annual reports, entitled "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" is available to the public through the agency website. It indicates no reports of sexual abuse or victimization have been made between 2015 and 2021 at Brooklyn House. Interviews with the agency's Vice President &amp; Chief Administrative Officer and Investigative Staff further confirmed adherence to this policy and practice.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1414 398">According to 115.231 (a), all staff are required to receive PREA training, which includes the ten basic PREA elements indicated above. The PowerPoint slides uploaded in the Pre-Audit Questionnaire did not address all ten elements as required. Brooklyn House had reportedly sent an older version of the training and uploaded the current version which addressed all the required elements needed to be compliant with this standard.</p> <p data-bbox="242 432 1489 557">Refresher training is provided at least every two years, but according to the random staff interviewed, the Facility Director / PREA Coordinator, the Training Coordinator / PREA Compliance Manager, and training records, PREA topics are a common theme throughout the year. Upon completion of the trainings, staff sign a PREA acknowledgment form indicating that they not only received the training, but understand the content.</p> <p data-bbox="242 591 1445 714">Corrective action involved Brooklyn House uploading the appropriate PowerPoint slides that address the ten required elements listed within this standard. Ten of ten random staff training records reviewed indicated that the required training was completed with a signed attestation that the staff received and understood the training provided. The slides were provided as requested in response to this auditor's request and the standard was considered to be compliant</p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 421">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled, "Volunteers, Interns and Contractors"; the "Brooklyn House PREA Fact Sheet for Contractors and Volunteers"; and a signed attestation sheet that verifies the volunteers, interns, or contractors understood the PREA training provided were all reviewed and an interview with the Quality Assurance Specialist /PREA Compliance Manager were all considered in the determination for standard compliance.</p> <p data-bbox="229 421 1509 672">The Quality Assurance Specialist / PREA Compliance Manager reported that these individuals are typically here for one brief visit, such as the insurance salesman, exterminator, or for repair services. They are never left with residents unsupervised. Individuals classified in this category receive a copy of the "Brooklyn House Fact Sheet for Contractors and Volunteers" as well as sign in on a sheet that briefly describes the facility's zero tolerance policy for sexual abuse and harassment and directs them on how to report such incidents. There was only one individual identified as a volunteer and verification of his training was reviewed and uploaded. He received and signed off on the "Brooklyn House Volunteer / Mentor Training", which includes a brief basic PREA training.</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1469 365">All residents receive PREA-related education during the intake admission process to inform them of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse and sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation.</p> <p data-bbox="244 371 1469 566">Residents are provided a "Brooklyn House Resident Handbook" which includes current information on how residents may contact outside agencies to report allegations of sexual abuse as well as provide specifics related to the grievance process. Residents sign that they receive education related to PREA, which was confirmed in a random review of documentation and through thirteen random resident interviews. PREA education documentation for all thirteen of the random residents interviewed illustrated that most residents receive the PREA education on the date of their admission and the others within twenty four hours, which far exceeds the 72 hour requirement.</p> <p data-bbox="244 595 1485 757">Although only one of the ten random staff interviewed were not clear as to how to access interpretive services, the auditor requested more specific information be available for staff on how to access Language Line Solutions for interpretive services, SignTalk for hearing impaired residents, and Helen Keller Services, Inc, for those residents with low vision or who are visually impaired. A PowerPoint training for staff, entitled, "PREA Interpretation and Translation Services" was provided for staff in response to this request and a signed attendance sheet was submitted for verification of completed corrective action.</p>

115.234	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 616">Brooklyn House does not conduct criminal investigations (NYPD) and their role in administrative investigations is limited; however, facility-based staff involvement is possible, but would be at the discretion of the Federal Bureau of Prisons. The facility employs an Investigative Specialist who has received the training developed by the National Institute of Corrections: "Specialized Training: Investigating Sexual Abuse in Confinement Settings". The topics covered include specialized training for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Three of the nine modules are optional, but two of the required modules for this training were not completed; therefore, corrective action required the completion of Module 2: "Legal Issues and Agency Liability" and Module 4: "Trauma and Victim Responses". Training was completed with evidence of training uploaded on to the Online Auditing System. Upon receipt and review of this verification, this standard was determined to be compliant.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Brooklyn House residents receive medical and mental health treatment from various community providers. No medical or mental health services are provided on-site at the facility. As a result, this standard is not applicable to Brooklyn House, but because 'N/A' is not an option, the "Meets Standard" option has been selected instead.

115.241	<p><b>Screening for risk of victimization and abusiveness</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Brooklyn House Operations Manual / Policy &amp; Procedure "Screening for Risk of Victimization and Abusiveness" requires that all residents admitted to the facility are assessed at intake screening within 72 hours for their risk of being sexually abused by other residents or sexually abusive toward other residents. All nine criteria required in (d) are addressed in the screening tool for sexual victimization and abusiveness. In assessing a resident's risk of being sexually abusive, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse are included in the screening tool as well. All thirteen random residents and two other residents interviewed received their PREA Screening either on the same date of their arrival or within twenty four hours, which is outstanding. Furthermore, nine of those fifteen residents interviewed stayed for more than thirty days, which means they needed a thirty day re-assessment. All nine were re-assessed within that thirty day period. This data was verified through a review of the documentation.</p> <p>Standard 115.241 requires that both residents classified as potential high risk for abuse and/or high risk for victimization are identified in order to provide appropriate protections. The objective screening tool and system utilized at the time of the site visit did not specifically classify them in appropriate categories. While this standard requires the use of an objective screening tool, it seems the tool used had erroneously listed #6 as a factor that affects someone's 'Likelihood of Victimization' rather than 'Likelihood of Abusiveness'. More specifically, it asks the question "Is resident's history exclusively nonviolent?" If the resident answers 'Yes' that individual receives a 0 score for Victimization. If the resident has a 'No' answer, which means the resident does have a violent criminal history, four points would be inappropriately added to the 'Likelihood of Victimization' total rather than the 'Likelihood of Abusiveness'. In order to address this, multiple options were provided by the auditor, but ultimately a tool from the South Dakota Department of Corrections was adopted.</p> <p>Administration's response to the identified concerns in Standards 115.241 was impressive. Not only was a new instrument identified for use, but it was completed for all in-house residents within the 45-day period and all the documentation was uploaded as requested to verify it.</p> <p>The objective screening tool developed by the South Dakota Department of Corrections is now utilized and classifies each resident as a Potential Aggressor (PA), Potential Victim (PV), Mix (MX), or NS (not scored). As a result of the screening, the following outcomes result in the following placements:</p> <ol style="list-style-type: none"> <li>1. Clients identified as PA can be housed with another PA or NS</li> <li>2. Clients identified as a PV can be housed with a PV or NS</li> <li>3. Clients identified with an NS can be housed with any other outcome</li> <li>4. Clients identified as MX can be housed with another MX or PV</li> <li>5. Some clients may receive a single room assignment regardless of score.</li> </ol> <p>Corrective action included identifying a new objective tool, evaluating all current residents using the new tool, completing the spreadsheet, and uploading the documentation as well as examples of any residents who received scores indicating that they were Potential Victims or Potential Aggressors. As a result, Brooklyn House was determined to be compliant with this standard.</p>
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115.242	<b>Use of screening information</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1490 600">All key elements of this standard are addressed within the Brooklyn House Operations Manual / Policy &amp; Procedure "Housing Facility Assessment." Documentation on how decisions are made was provided and reviewed. Because sixteen of the seventeen units/rooms are for the male clients, there are more options on how to manage male residents at risk. Staff indicated that if a woman is considered to be at risk, the option to move that individual to another room is more of a challenge because there is only one female room in the facility. If the smaller male room adjacent to the female room is empty or there is someone housed in that room that is not required to be there, the male would potentially be moved upstairs and a woman considered to be at risk could be placed in that smaller room. If a potential or actual conflict develops between two women, the Facility Director / PREA Coordinator indicated it would be likely that Home Detention would be expedited for one of them based on eligibility dates and Federal Bureau of Prisons approval. This option is available for males as well. Ultimately, each situation is taken on a case by case basis.</p> <p data-bbox="240 629 1481 824">Multiple interviews were conducted, including the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, a Caseworker responsible for risk screening, as well as one resident who identifies as gay, all confirming practice consistent with stated policy. There were no transgender or intersex residents in the facility at the time of the audit and the facility does not have any type of isolation unit or practice. The information obtained from the intake, screening, and assessment process is used to assign residents to an appropriate housing unit to ensure their safety and security.</p> <p data-bbox="240 853 1474 1115">The objective screening tool and system utilized at the time of the site visit did not specifically classify them in appropriate categories. While this standard requires the use of an objective screening tool, the tool used had erroneously listed # 6 as a factor that affects someone's 'Likelihood of Victimization' rather than 'Likelihood of Abusiveness'. More specifically, it asks the question "Is resident's history exclusively nonviolent?" If the resident answers 'Yes' that individual receives a 0 score for Victimization. If the resident has a 'No' answer, which means the resident does have a violent criminal history, four points would be inappropriately added to the 'Likelihood of Victimization' total rather than the 'Likelihood of Abusiveness'. In order to address this, multiple options were provided by the auditor, but ultimately a tool from the South Dakota Department of Corrections was adopted.</p> <p data-bbox="240 1144 1481 1240">Corrective action included identifying a new objective tool, evaluating all current residents using the new tool, completing the spreadsheet, and uploading the documentation as well as examples of any residents who received scores indicating that they were Potential Victims or Potential Aggressors.</p> <p data-bbox="240 1270 1474 1361">The objective screening tool, developed by the South Dakota Department of Corrections, has been adopted within Brooklyn House, classifies each resident as a Potential Aggressor (PA), Potential Victim (PV), Mix (MX), or NS (not scored). As a result of the screening, the following outcomes result in the following placements:</p> <ol data-bbox="240 1391 991 1554" style="list-style-type: none"> <li>1. Clients identified as PA can be housed with another PA or NS</li> <li>2. Clients identified as a PV can be housed with a PV or NS</li> <li>3. Clients identified with an NS can be housed with any other outcome</li> <li>4. Clients identified as MX can be housed with another MX or PV</li> <li>5. Some clients may receive a single room assignment regardless of score.</li> </ol> <p data-bbox="240 1583 1495 1816">Administration's response to the identified concerns was impressive. Not only was a new instrument identified for use, but it was completed for all 31 in-house residents within the 45 day period and all the documentation was uploaded as requested to verify it. Five of the 31 residents were screened and identified as Potential Victims and one as a Potential Aggressor. Consistent with the tool instructions and now Brooklyn House policy, the five residents identified as Potential Victims and the one identified as a Potential Aggressor were either assigned to a room of their own or with a resident or residents who obtained "Not Scored" or NS designations. As a result of Brooklyn House's response to the corrective action requests and the information uploaded to the Online Auditing System, compliance with this standard was determined.</p>

115.251	<b>Resident reporting</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1489 398">During the tour and resident interviews it was confirmed that the facility provides multiple internal ways for residents to privately report sexual abuse and harassment, retaliation, and staff negligence by residents or staff. This was reflected in the Brooklyn House Operations Manual / Policy &amp; Procedure "Resident Reporting," the "Sexual Abuse is a Crime" poster as well as the "Brooklyn House Resident Handbook".</p> <p data-bbox="244 434 1469 622">All residents were aware of the toll free rape crisis hotline number for Safe Horizon provided on the posters posted throughout the facility and provided multiple examples of who to contact in the event there was sexual abuse or sexual harassment, including facility staff, family members, an attorney, the NYPD, or write to the Federal Bureau of Prisons regional office or send an electronic message to staff on the ALERT system. Both residents and staff were aware that staff are required to accept reports of sexual abuse and sexual harassment verbally, in writing, anonymously, and from third parties.</p> <p data-bbox="244 658 1481 815">Staff were aware of the need to document any resident allegations of sexual abuse and sexual harassment as well as methods for privately reporting it, including telling the Facility Director / PREA Coordinator or Quality Assurance Specialist / PREA Compliance Manager, calling 911, Safe Horizon, CORE Services Group corporate office, or the Federal Bureau of Prisons. The "Brooklyn House Personnel Manual" includes the address for the Department of Justice, Office of the Inspector General, to which staff can report sexual abuse allegations privately.</p> <p data-bbox="244 851 1489 1205">While the facility has a contract with Safe Horizon, there was nothing within it that would meet the requirements of 115.251 (b) which would require an anonymous report of sexual assault to be forwarded from an outside agency to an official within the CORE Services Group, Inc., outside of the facility. Corrective action included discussions between CORE Services Group and Safe Horizon administration to add this requirement to the Memorandum of Understanding, but it had yet to be finalized upon submission of this final report. Instead, a Memorandum of Understanding between CORE Services Group and Gay Lee, LCSW-R, was established to meet this requirement. In a phone call between this auditor and Ms. Lee, she reported that she had the contact information for the Chief Executive Officer of CORE Services Group and that she would call him directly if a resident made an anonymous report of sexual abuse. Corrective action also included uploading a copy of the Memorandum of Understanding with Gay Lee, LCSW-R, updates to the posters within the facility, and education provided for the residents to ensure their knowledge of this option. The requested documentation was uploaded to the Online Auditing System and Brooklyn House was determined to be compliant with this standard.</p> <p data-bbox="244 1240 1485 1429">115.251 (c) requires that "staff shall accept reports made verbally, in writing, anonymously, and from third parties." Four out of thirteen residents interviewed were not certain of this, most often the idea of third-party reporting was the most questionable. Corrective action included providing residents with refresher training that reports of sexual abuse and/or sexual harassment can either be made in person, in writing, third party, or anonymously. Key points on PowerPoint slides on Resident PREA Training were reviewed with residents and all residents signed off that the training was received and understood. The training sheets with education and signatures by each resident was uploaded to ensure compliance.</p> <p data-bbox="244 1464 1457 1554">As a result, Gay Lee, LCSW-R, signed an Memorandum of Understanding to assume this role on November 15, 2021, the Brooklyn House Resident Handbook was updated, and residents trained on this new option. Key points were included on PowerPoint slides, reviewed with the residents, and signed off by residents to verify compliance.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">Brooklyn House Operations Manual / Policy &amp; Procedure "Exhaustion of Administrative Remedies" and the "Brooklyn House Resident Handbook" were reviewed. The Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager were also interviewed to determine compliance with this standard.</p> <p data-bbox="229 367 1509 568">A resident may file a grievance at any time to bring a problem to staff's attention. Third parties including residents, staff members, family members, attorneys or others shall be permitted to assist a resident in filing requests for administrative remedies relating to sexual abuse and will also be permitted to file such requests on the resident's behalf. If a resident declines to have a request processed on their behalf in situations of alleged sexual abuse, the administration will document the resident's decision.</p> <p data-bbox="229 568 1509 680">The agency will ensure that a resident who alleges sexual abuse or harassment may submit a grievance without submitting it to the staff person who is the subject of the complaint. In addition, a grievance should never be referred to the staff person involved in a complaint.</p> <p data-bbox="229 680 1509 837">After receipt of an emergency grievance alleging a resident is subject to substantial risk of imminent sexual abuse the facility shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days.</p> <p data-bbox="229 837 1509 1012">There have been no grievances submitted or allegations of sexual abuse in the past twelve months at Brooklyn House. The only facility required to be compliant with the PREA standards within the Core Services Group, Inc. is Brooklyn House, so as a result, there were no examples of related grievances in the past three years neither within this program nor within the agency as well.</p>

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 398">The Brooklyn House Operations Manual / Policy and Procedure "Resident Access to Outside Confidential Supportive Services" and the Safe Horizon Memorandum of Understanding were reviewed. Interviews with staff and residents as well as telephone conversations with Gay Lee, LCSW-R, and the Safe Horizon Associate Vice President of the Brooklyn Community Program were also considered in determining compliance with this standard.</p> <p data-bbox="244 432 1485 824">On September 15, 2021, Brooklyn House entered into a new Memorandum of Understanding with Safe Horizon, a community organization that provides emotional support services in response to sexual abuse. In order to meet the requirements of 115.251 (b) and provide residents with another avenue for emotional support, a Memorandum of Understanding between CORE Services Group and Gay Lee, LCSW-R, was established November 15, 2021 to ensure residents can report sexual assault anonymously and that it would be shared with administration outside the facility. Resident interviews confirmed that residents are familiar with the posters and their right to call and make reports; however, four of thirteen residents were not aware that outside services are available through Safe Horizons and four of twelve were not aware of what those services are for receiving counseling or support with sexual abuse. Furthermore, three of twelve residents interviewed were not sure or were unaware of where to find mailing addresses and phone numbers for available outside services. Key points were shared with residents via a PowerPoint training and signed off by residents to verify compliance that the training was received and understood. As a result of these actions, Brooklyn House was considered compliant with this standard.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">Brooklyn House Residential Reentry Center Operations Manual / Policy &amp; Procedure "Third-Party Reporting" and the agency website were reviewed and the Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager interviewed to determine compliance with this standard.</p> <p data-bbox="229 367 1509 434">Individuals are publicly informed via the agency website on how to make third party reports by accessing the following link:</p> <p data-bbox="229 434 1509 568"><a href="http://www.coresvcs.org/program-itm/residential-reentry-center-and-alternative-to-incarceration-programs">http://www.coresvcs.org/program-itm/residential-reentry-center-and-alternative-to-incarceration-programs</a> -2/.</p> <p data-bbox="229 568 1509 752">When an individual clicks on the link for "How to Report Incidents of Sexual Abuse and Sexual Harassment", a list of methods are provided, which is also the same information residents see on the "Sexual Abuse is a Crime" posters found throughout the facility. Methods include calling 911, contacting the Facility Director at Brooklyn House, contact the Corporate Office, contacting the Residential Reentry Manager, or by writing to the Office of the Inspector General/U.S. Department of Justice.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 555">All of the elements of this standard were contained within the Brooklyn House Operations Manual / Policy &amp; Procedure "Staff and CORE Services Group, Inc. Reporting Duties." Staff interviews confirmed that this practice is not only addressed in training, but continues to be emphasized by administration. During this audit period, however, there have been no reported or documented examples in which this standard practice was necessary. Facility policy also requires that all staff are required to report any retaliation against residents or staff who made a report and prohibits the disclosure of information related to a report of sexual abuse, other than to the extent necessary to make treatment, investigation, and other security and management decisions. There are no residents admitted to the facility under the age of 18, so (d) would not apply in part; however, if an alleged victim is considered a vulnerable adult, facility policy and state mandatory reporting laws apply.</p> <p data-bbox="229 555 1509 703">Furthermore, there have been no grievances submitted or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations in the past twelve months, or since August 2012, neither within this program nor within the agency.</p> <p data-bbox="229 703 1509 795">Corrective action only entailed uploading the aforementioned operations manual policy that supports this standard, which was completed as requested.</p>

115.262	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1474 499">This standard is addressed within Brooklyn House Operations Manual / Policy &amp; Procedure "Staff and CORE Services Group, Inc., Reporting Duties." During the past calendar year, there have been no reported or documented examples of residents considered to be subject to substantial risk of imminent sexual abuse. Interviews with all staff confirmed that staff have received training as to how to immediately protect identified residents by immediately separating the resident from the potential risk or alleged perpetrator, notifying their respective supervisor, and documenting the information in an incident report. The Brooklyn House Resident Handbook and the updated Screening for Risk of Victimization and Abusiveness was uploaded to provide additional support as to how staff may identify risk upon orientation.</p> <p data-bbox="244 533 1474 656">Furthermore, there have been no grievances submitted or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances in the past twelve months, or since August 2012, neither within this program nor within the agency.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1493 432">In the past twelve months, there have been no reported or documented Brooklyn House resident allegations of sexual abuse while confined at another facility. The Brooklyn House Operations Manual / Policy &amp; Procedure "Reporting of Sexual Misconduct" requires notification of that prior facility within 72 hours, documentation that such notification has been received, and that the allegation is investigated in accordance with the standards. This policy was confirmed in separate interviews with the Vice President &amp; Chief Administrative Officer and the Facility Director / PREA Coordinator.</p> <p data-bbox="244 465 1493 584">In addition, there have been no grievances submitted or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor within the agency.</p>

115.264	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Brooklyn House Operations Manual / Policy &amp; Procedure "Evidence Protocol and Investigation of Sexual Misconduct" contains all of the elements required by the standard. Although there have been no instances or reports of sexual abuse within the last twelve months, interviews with ten random staff and a review of documentation confirmed training and awareness of protocol and knowledge of these procedures.</p> <p>Furthermore, Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards. As a result, there were reportedly no incidents involving sexual assault in the past twelve months, or since August 2012, neither within this program nor within the agency.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Brooklyn House has a comprehensive facility-specific institutional plan to coordinate actions taken in response to an incident of sexual abuse, which is delineated in the "Sexual Abuse and Victimization Resource Guide." This was further evident through this auditor's interview with the Facility Director / PREA Coordinator and Vice President & Chief Administrative Officer.

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Brooklyn House has not entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. This was confirmed in an interview with the CORE Services Group Vice President & Chief Administrative Officer.

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 479">The Brooklyn House Operations Manual / Policy &amp; Procedure "Staff and CORE Services Group, Inc., Reporting Duties" is written to protect all residents and staff from retaliation. This policy includes protective measures, follow up, and periodic status checks, as required by the standard. The Facility Director / PREA Coordinator, Deputy Director of Programs (who is charged with monitoring retaliation), Quality Assurance Specialist / PREA Compliance Manager, and the Vice President &amp; Chief Administrative Officer were all interviewed and confirmed their knowledge of and requirements related to this standard.</p> <p data-bbox="229 479 1509 680">115.267 (b) requires that facilities specify "protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." Policy and procedure was not found within the Pre-Audit Questionnaire. Corrective action required that the appropriate policy and procedure was uploaded and it was as requested.</p> <p data-bbox="229 680 1509 864">There have been no incidents of sexual abuse or sexual harassment reported or documented in the past twelve months; therefore, there have been neither related incidents of retaliation nor a need to monitor or follow-up any residents for retaliation. Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor within the agency.</p>

115.271	<p><b>Criminal and administrative agency investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Brooklyn House Operations Manual / Policy &amp; Procedure entitled "Evidence Protocol &amp; Investigation of Sexual Misconduct" incorporates the essential elements of this standard. Although there have been no instances of reported or documented sexual misconduct in the past twelve months, an interview with the Investigative Specialist confirmed knowledge and familiarity with the investigative process as it pertains to this standard. She also received the required specialized training developed by the National Institute of Corrections: "Training for Investigators Working in Correctional Settings" was provided during the Pre-Audit Questionnaire; however, two of the required modules necessary to complete the training had not be done. Corrective action involved uploading evidence of the completion of the two missing Modules, #2 "Legal Issues and Agency Liability" and #4 "Trauma and Victim Responses". Evidence of training was uploaded as requested.</p> <p>There have been no grievances submitted or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor within the agency.</p> <p>Although Brooklyn House does not conduct criminal investigations and their role in administrative investigations is limited, facility-based staff involvement is possible; however, it would be at the discretion of the Federal Bureau of Prisons. The New York Police Department would be responsible for conducting criminal investigations in which sexual assault is suspected.</p> <p>115.271 (i) requires that "the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." This information was not provided within the Pre-Audit Questionnaire. Corrective action required either the records Retention Schedule or the policy uploaded that addresses this requirement. Administration uploaded the "Criminal and Administrative Agency Investigation" policy that addresses this issue found within the Brooklyn House Operations Manual.</p> <p>Finally, 115.271 (j) requires that "the agency ensures that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation." This information was also not provided within the Pre-Audit Questionnaire. Corrective action required that Brooklyn House staff upload the policy that addresses this requirement. Administration uploaded the "Criminal and Administrative Agency Investigation" policy that addresses this issue found within the Brooklyn House Operations Manual.</p> <p>Compliance with this standard was determined upon review of the uploaded policy and training verification.</p>
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115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 479">Brooklyn House "shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." This was evident during the interview with the facility's Investigative Specialist; however, the only information provided within the Pre-Audit Questionnaire for this item was the DOJ Final Rule, which is not specific to Brooklyn House. Corrective action required the uploading of Brooklyn House policy "Evidentiary Standard for Administrative Investigations," which was found in the Brooklyn House Operations Manual and uploaded to Online Auditing System as required.</p> <p data-bbox="229 479 1509 672">Furthermore, there were no applicable investigations and there have been no grievances submitted or allegations of sexual abuse reported at Brooklyn House since the PREA Law went into effect in August 2012. It shall be noted that Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months, or since August 2012, neither within this program nor within the agency.</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 398">All elements of this standard are included in the Brooklyn House Operations Manual / Policy &amp; Procedure entitled "Reporting to Residents." Although there have been no reported or documented allegations or subsequent investigations in the past twelve months, interviews with the Facility Director / PREA Coordinator and the facility's Investigative Specialist demonstrated their knowledge and understanding regarding this standard's requirements.</p> <p data-bbox="244 432 1465 526">Furthermore, Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations within the past twelve months that required such actions, neither within this program nor within the agency.</p>

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All elements of this standard are included in Brooklyn House's Operations Manual / Policy &amp; Procedure entitled "Disciplinary Sanctions." There have been no reported or documented allegations of sexual abuse or disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment in the past twelve months.</p> <p>Furthermore, Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, as a result, there were reportedly no examples of related grievances or allegations that have required disciplinary sanctions within the past twelve months neither within this program nor within the agency.</p>

115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Brooklyn House Operations Manual / Policy &amp; Procedure entitled "Corrective Action for Contractors and Volunteers" addresses the elements of this standard as required. According to the Facility Director / PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager, there have been no contractors or volunteers who have reportedly engaged in sexual abuse in the past twelve months.</p> <p>Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no examples of related grievances or allegations within the past twelve months that would have required disciplinary or corrective action, neither within this program nor within the agency.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled "Disciplinary Sanctions" was reviewed and interviews with the Vice President &amp; Chief Administrative Officer and the Facility Director / PREA Coordinator were conducted to assist in determining compliance with this standard.</p> <p data-bbox="229 367 1509 591">Although the facility does not have mental health services on-site, the facility can consider and refer residents to the community provider (Community Treatment Services) to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for sexual abuse. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred. In the past twelve months, there have been no instances of reported or documented sexual abuse by residents or staff; therefore, there have been no sanctions levied on residents during this audit period.</p> <p data-bbox="229 591 1509 728">Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no incidents or allegations within the past twelve months that would have required disciplinary sanctions for residents, neither within this program nor within the agency.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 479">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled "Access to Medical and Mental Health Care for Sexual Abuse Victims and Abusers," a Memorandum of Understanding with Safe Horizon and Gay Lee, LCSW-R for supportive crisis counseling, and an Agreement for Back-Up Medical Services with Woodhull Medical and Mental Health Center were reviewed, and interviews with the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, Woodhull's Associate Executive Director of Emergency Medicine, and the Associate Vice President of the Brooklyn Community Program for Safe Horizon were all considered in the determination of compliance.</p> <p data-bbox="229 479 1509 703">Although there were no resident victims of sexual abuse in the past twelve months, resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services without financial cost to the victim, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards or case, where medically appropriate.</p> <p data-bbox="229 703 1509 860">Forensic medical exams, when needed, would be conducted at Woodhull Medical Center in Brooklyn, NY. According to Woodhull's Associate Executive Director of Emergency Medicine, Woodhull is a SAFE-certified program and the medical center has a primary and secondary provider utilized in conducting such examinations 24 four hours per day and 7 days per week. He reported he is not aware of any Brooklyn House residents that have required or were offered this intervention.</p> <p data-bbox="229 860 1509 1061">Although SAFE Horizon and Gay Lee, LCSW-R, are contracted to provide crisis counseling services, neither provides a victim advocate to accompany residents to or meet with at the medical center. Instead, Brooklyn House identified the Training Coordinator, a male staff member, as a PREA Advocate, to serve in this capacity.. In response to this auditor's suggestion, a female staff member, the Life Skills Instructor/Transitional Coordinator, has since been identified as a PREA Advocate and trained to provide such services, if necessary.</p> <p data-bbox="229 1061 1509 1178">Furthermore, Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no examples of related incidents that required medical or mental health treatment within the past twelve months, neither within this program nor within the agency.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 479">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled "Access to Medical and Mental Health Care for Sexual Abuse Victims and Abusers" and a Memorandum of Understanding with Safe Horizon for advocacy services, an Agreement for Back-up Medical Services with Woodhull Medical and Mental Health Center were reviewed and interviews with the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, Woodhull's Associate Executive Director of Emergency Medicine, Gay Lee, LCSW-R, and the Associate Vice President of the Brooklyn Community Program for Safe Horizon were all considered in the determination of compliance.</p> <p data-bbox="229 479 1509 703">There were no incidents of sexual abuse reported in the past twelve months. As a result, there was no evidence of practice; however, all elements of this standard were met in Policy &amp; Procedure "Access to Medical and Mental Health Care for Sexual Abuse Victims and Abusers". The agency offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. Although medical and mental health care is not provided on-site at Brooklyn House, it may be obtained in the community, including mental health case management services through Safe Horizon, and any sexual abuse related services would be provided at no cost to the victim.</p> <p data-bbox="229 703 1509 837">Victims are provided medical and mental health services consistent with the community level of care and are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of a related incident.</p> <p data-bbox="229 837 1509 954">Furthermore, Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no examples of related incidents that required medical or mental health treatment within the past twelve months, neither within this program nor within the agency.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 591">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled, "Program Evaluation" incorporates all the required elements of this standard. Although there have been no reported or documented allegations or subsequent investigations in the past twelve months that would necessitate the need for a sexual abuse incident review, the review team membership had previously been established to include the Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, CORE Services' Vice President &amp; Chief Operating Officer, the Deputy Director of Operations, the Deputy Director of Programs, and the Investigative Specialist. Interviews with the CORE Service Group, Inc.'s Vice President &amp; Chief Operating Officer, Facility Director / PREA Coordinator, Quality Assurance Specialist / PREA Compliance Manager, and Investigative Specialist indicated knowledge and understanding of the team's purpose and goals should it be necessary to convene for that purpose in the future.</p> <p data-bbox="229 591 1509 703">Of note, Brooklyn House was interested in developing a form that would include all the required elements in the event of the need to to conduct a sexual abuse incident review. The form was developed, revised, and completed during the on-site visit and subsequently uploaded to the Online Auditing System.</p> <p data-bbox="229 703 1509 831">In addition, Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no examples of related incidents that required the completion of a sexual abuse incident review within the past twelve months, neither within this program nor within the agency.</p>

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1497 465">115.287 (f) requires that the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. (N/A if DOJ has not requested agency data).” Corrective action requested clarification on this issue. Either the facility needed to add “upon request” to p.162 under ‘Data Collection’ in the Brooklyn House Operations Manual for this item or provide evidence that this data was submitted to the DOJ as per Brooklyn House policy. In the Pre-Audit Questionnaire, administration checked the “Yes” box indicating it had provided the data to the DOJ. Upon clarification, the facility added the phrase “upon request” to the policy and this auditor checked the “N/A” box as was appropriate.</p> <p data-bbox="240 499 1485 757">Following the aforementioned clarification and correction, all elements of this standard, with the exception of (e) which is not applicable, are included in the Brooklyn House Operations Manual / Policy &amp; Procedure entitled, "Data Collection". Although there have been no reported or documented allegations of sexual abuse in the past twelve months, the agency has a mechanism in place to collect, aggregate, and maintain the data, per standard requirements. The data collection instrument is used to collect the data necessary to answer all questions from the USDOJ Survey of Sexual Violence. The agency's annual reports (one for each year from 2015-2021) entitled “Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report” are available to the public via the agency website at <a href="http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs">http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs</a></p> <p data-bbox="240 763 1342 790"><u>-2/-</u>. The reports indicate there have been no reports of sexual abuse or victimization between 2012 and 2021.</p>

115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 365">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled, "Data Review for Corrective Action" addresses all the necessary requirements of this standard. Interviews with the agency's Vice President &amp; Chief Administrative Officer and the Facility Director/ PREA Coordinator further confirmed adherence to this policy and practice.</p> <p data-bbox="240 398 1493 524">Only 2021 data had been uploaded to the website, thus corrective action involved uploading the annual data dating back to 2015 onto the website so that comparisons may be made. According to the annual reports posted on the website, between the years of 2012 and 2021, there were no reported or documented incidents of sexual abuse. Verification that this had been completed, can be found by accessing the link provided below</p> <p data-bbox="240 557 1493 714">The agency's 2015-2021 annual reports, entitled "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" is available to the public through the agency website at <a href="http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/">http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/</a> and references that there have been no reports of sexual abuse or victimization between 2012 and 2017. The reports reference that there have been no incidents of sexual abuse or victimization at least since 2012.</p> <p data-bbox="240 748 1477 806">The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by:</p> <ol data-bbox="240 840 903 981" style="list-style-type: none"> <li>1. Identifying problem areas;</li> <li>2. Taking corrective action on an on-going basis; and</li> <li>3. Preparing an annual report of its findings and corrective actions</li> </ol> <p data-bbox="240 1014 1477 1140">As stated earlier, between the years of 2012 and 2021, there were no reported or documented incidents of sexual abuse, thus "Data Review for Corrective Action" was not required. It shall be noted that Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no incidents of sexual abuse that required corrective action during this review period, neither within this program nor within the agency.</p>

115.289	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 416">The Brooklyn House Operations Manual / Policy &amp; Procedure entitled, "Data Storage, Publication, and Destruction" addresses all the elements of this standard. A review of the agency's website and interviews with the agency's Facility Director/ PREA Coordinator and Quality Assurance Specialist / PREA Compliance Manager confirmed adherence to this policy and practice..</p> <p data-bbox="229 416 1509 577">The agency's 2015-2021 annual reports entitled, "Brooklyn House Reentry Center (RRC) Annual Prison Rape Elimination Act (PREA) Report" are available to the public through the agency website at <a href="http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/">http://www.coresvcs.org/program-item/residential-reentry-center-and-alternative-to-incarceration-programs-2/</a> and references that there have been no reports of sexual abuse or victimization between 2012 and 2021.</p> <p data-bbox="229 577 1509 703">Per policy, data would be securely retained in a locked file cabinet in the Facility Director's office and such data shall be retained for 10 years after the initial date of collection. The Facility Director/PREA Coordinator and the Investigative Specialist will have access to those files.</p> <p data-bbox="229 703 1509 887">According to the annual reports posted on the website, between the years of 2012 and 2021, there were no reported or documented incidents of sexual abuse, thus related data retention and storage has not been required. It shall be noted that Brooklyn House is the only facility within CORE Services Group, Inc, required to be compliant with the PREA standards; therefore, there were reportedly no incidents of sexual abuse that required data storage and retention during this review period, neither within this program nor within the agency.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Core Services Group, Inc. currently has only one facility that requires PREA Compliance: Brooklyn House. It was audited initially in 2015 and again in 2018 by this auditor, with both times Brooklyn House determined to be compliant with the PREA standards. During the on-site visit, this auditor had access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documentation. All resident and staff interviews were conducted in private rooms. No correspondence was received by the auditor prior to the on-site audit or within the interim prior to completing this report.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	CORE Services Group, Inc, has published on its website the prior Brooklyn House Final PREA Audit Report completed in May 2018 and they have been instructed to post the Final PREA Report within ninety days of issuance by this auditor.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do 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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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?	no

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	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.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes