

PREA Facility Audit Report: Final

Name of Facility: Bridges of New York Long Island

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/04/2021

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"/>
Auditor Full Name as Signed: Chris Sweney	Date of Signature: 08/04/2021

AUDITOR INFORMATION	
Auditor name:	Sweney, Chris
Email:	csweney.prea@gmail.com
Start Date of On-Site Audit:	05/26/2021
End Date of On-Site Audit:	05/26/2021

FACILITY INFORMATION	
Facility name:	Bridges of New York Long Island
Facility physical address:	290 S Ocean Ave, Freeport, New York - 11520
Facility Phone	
Facility mailing address:	P.O. Box 7717, Freeport, New York - 11520

Primary Contact	
Name:	Paula Hinton
Email Address:	phinton@bridgesofny.org
Telephone Number:	(516) 608-9975

Facility Director	
Name:	William Best
Email Address:	wbest@bridgesofny.org
Telephone Number:	(516) 524-3846

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

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	15
Average daily population for the past 12 months:	17
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	21 - 66
Facility security levels/resident custody levels:	Minimum(community residence)
Number of staff currently employed at the facility who may have contact with residents:	10
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	10

AGENCY INFORMATION	
Name of agency:	Bridges of New York, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	290 S Ocean Avenue, P.O. Box 7717, Freeport, New York - 11520
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Paula Hinton	Email Address:	phinton@bridgesofny.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 May 26th, 2021 an audit of the Bridges of New York Long Island Facility was completed to assess compliance with the Prison Rape Elimination Act (PREA) Community Confinement Facilities Standards. The audit was conducted by Chris Sweney, a U.S Department of Justice (USDOJ) Certified PREA Auditor. This was the Long Island Facility's initial PREA audit.

The Long Island Facility was provided with a "Notification of Audit" that was posted prior to the audit. The notification contained information of the upcoming visit and stated that any resident or staff member with information about the facility as it relates to PREA may contact the auditor. During the facility tour, the auditor observed the posting in all areas throughout the facility accessible to residents, staff and the public. The auditor did not receive any letters prior to the Long Island Facility Audit.

Prior to the onsite review, the auditor received the pre-audit questionnaire (PAQ), policies, memos, procedures and training documents.

Upon arrival at the facility a meeting was held with the Residential Director/Case Manager,

PREA Compliance Manager and other staff to discuss logistics, the audit process and expectations.

After the opening meeting, the auditor conducted a site review where access to all areas of the facility was available. The auditor observed PREA related materials in all housing and common areas. Following the site review a random selection of resident file were reviewed and found to contain required documentation.

Following the site review, the auditor was provided a list of staff assigned to the facility. A total of four (4) random staff interviews from the day and evening shift were conducted. Interviews of the Residential Director/Case Manager, PREA Coordinator, Bridges of New York Compliance Manager, facility Case Manager, NYDOCCS Contract Monitor and NYDOCCS Investigator were also completed. All specialized staff interviews were completed except SANE/SAFE and investigative staff. All SANE/SAFE exams are performed at Mount Sinai South Nassau Hospital. A total of 10 formal staff interviews were complete.

On the second day, the auditor conducted interviews with random and targeted residents. The resident population on the first day of the onsite review was 15. All reasonable efforts were made to conduct the required number of targeted resident interviews. The Long Island Facility did not have any residents identified as youthful, blind, deaf or hard of hearing or in segregation because they were at high risk of being sexually victimized. The auditor selected additional residents from the available targeted populations and increased the number of random resident interviews to ensure that the appropriate numbers of residents were interviewed. There were a total of 10 formal resident interviews conducted. The auditor selected random residents by using a full roster provided on the second day of the on-site review. Interviews were conducted with at least one resident for each living area.

The PAQ that was provided to the auditor indicated that there were zero allegations of sexual abuse or sexual harassment received by either the Long Island Facility or the NYDOCCS during the audit period.

Prior to leaving the facility the auditor met with Director/Case Manager, PREA Compliance Manager to discuss Long Island Facility's compliance with the PREA standards and recommendations.

Following the onsite review, the auditor utilized the Auditor Compliance Tool for Community Confinement Facilities as a guide in determining compliance with each standard. To determine compliance, this auditor used the information and documentation provided during the pre-audit, information obtained during the staff and resident interviews as well as observations during the onsite review.

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 Bridges of New York, Long Island Facility is a 24 bed transitional living facility with eight multiple bed living units for adults transitioning out of the New York State Department of Corrections and Community Supervision. Residents on average remain at Long Island Facility around one-hundred and ninety-five (195) days. Each resident is assigned a Case Manager to assist them in obtaining community services/resources and in pursuing employment as they move toward more permanent housing.

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.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0

115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.212 Contracting with other entities for the confinement of residents

115.213 Supervision and monitoring

115.214 Reserved

115.215 Limits to cross-gender viewing and searches

115.216 Residents with disabilities and residents who are limited English proficient

115.217 Hiring and Promotion

115.218 Upgrades to facilities and technologies

115.221 Evidence protocol and forensic medical examinations

115.222 Policies to ensure referrals of allegations for investigations

115.231: Employee training

115.232 Volunteer and contractor training

115.234 Specialized training: Investigations

115.235 Specialized training: Medical and mental health care

115.241 Screening for risk of victimization and abusiveness

115.242 Use of screening information

115.243 Reserved

115.251 Resident reporting

115.252 Exhaustion of administrative remedies

115.253 Resident access to outside confidential support services

115.254 Third-party reporting

115.261 Staff and agency reporting duties

115.262 Agency protection duties

115.263 Reporting to other confinement facilities

115.264 Staff first responder duties

115.265 Coordinated response

115.266 Preservation of ability to protect residents from contact with abusers

115.267 Agency protection against retaliation

115.271 Criminal and administrative agency investigations

115.272 Evidentiary standard for administrative investigations

115.273 Reporting to residents

115.277 Corrective action for contractors and volunteers

115.276 Disciplinary sanctions for staff.

115.278 Disciplinary sanctions for residents

115.282 Access to emergency medical and mental health services

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

115.286 Sexual abuse incident reviews

115.287 Data collection

115.288 Data review for corrective action

115.289 Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1393 448" style="list-style-type: none"> <li data-bbox="240 360 1393 387">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 416 695 443">2. Bridges of New York Organizational Chart <p data-bbox="240 477 352 504">Interviews:</p> <ol data-bbox="240 533 687 620" style="list-style-type: none"> <li data-bbox="240 533 639 560">1. Residential Director/Case Manager <li data-bbox="240 589 687 616">2. Bridges of New York PREA Coordinator <p data-bbox="240 649 512 676">Site Review Observations:</p> <ol data-bbox="240 705 804 732" style="list-style-type: none"> <li data-bbox="240 705 804 732">1. Observations during on-site review of physical plant <p data-bbox="240 766 1493 891">The Long Island Facility has a zero-tolerance policy towards all forms of sexual abuse and harassment. The policy outlines how the department prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The policy also includes definitions of prohibited behaviors and sanctions for those who participated in those behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="240 925 1453 1012">The Long Island Facility's designated PREA Coordinator is identified in the Bridges of New York organizational chart. The PREA Coordinator indicated during her interview that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p data-bbox="240 1046 1425 1106">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 389" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 783 560" style="list-style-type: none"> <li data-bbox="240 479 639 506">1. Residential Director/Case Manager <li data-bbox="240 533 783 560">2. Bridges of New York PREA Compliance Manager <p data-bbox="240 591 512 618">Site Review Observations:</p> <ol data-bbox="240 649 807 676" style="list-style-type: none"> <li data-bbox="240 649 807 676">1. Observations during on-site review of physical plant <p data-bbox="240 707 1050 734">Bridges of New York does not contract with other entities to house their residents</p> <p data-bbox="240 766 1425 824">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Staffing Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager 3. House Manager Interview <p>Site Review Observations:</p> <ol style="list-style-type: none"> 3. Observations during on-site review of physical plant <p>Bridges of New York has a staffing plan which accounts for generally accepted practices; Bridges of New York follows applicable regulations and standards to determine staffing levels. All components of the facility's physical plant, video monitoring system, composition of the resident population and placement of supervisory staff are also considered. Deviations from the staffing plan are documented and reported to the Facility Director. Staffing requirements are assessed annually and adjustments are made if necessary. Any changes to Long Island Facility staffing levels must be mutually agreed to by the NYDOCCS and Bridges of New York. Vacancies at any position are reported to the contract monitor at the New York Department of Corrections and Community Supervision.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews 4. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>Bridges of New York policy prohibits cross-gender pat searches, strip searches or cross-gender visual body cavity searches. The facility has implemented policies and procedures which enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks, or genitalia, except when such viewing is incidental to routine checks. Prior to the on-site visit facility staff had not received training to conduct cross-gender pat searches in the event of an emergency. The Long Island Facility is an all-male facility. Female staff announce anytime they enter one of the resident rooms. Resident interview indicated this is a common practice.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.216	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York PREA Poster 3. Bridges of New York PREA Pamphlet 4. Long Island Facility Resident Handbook <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews 4. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility takes steps and has a policy which ensures 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. The Long Island Facility provides residents a handbook which is available in English and Spanish. Additionally, the facility has bilingual staff and their PREA posters and pamphlets are available in English and Spanish.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
---------	---

115.217	Hiring and promotion decisions
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1396 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 1385 421" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Organizational Chart <p data-bbox="242 450 359 479">Interviews:</p> <ol data-bbox="242 508 622 568" style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview <p data-bbox="242 598 510 627">Site Review Observations:</p> <ol data-bbox="242 656 790 685" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="242 714 1492 842">The Long Island Facility has a zero-tolerance policy towards all forms of sexual abuse and harassment. The policy outlines how the department prevents, detects, and responds to incidents of sexual abuse and sexual harassment. The policy also includes definitions of prohibited behaviors and sanctions for those who participated in those behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p data-bbox="242 871 1484 967">The Long Island Facility's designated PREA Coordinator is indicated in the organizational chart. The PREA Coordinator indicated during her interview that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p data-bbox="242 996 1428 1057">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.218	Upgrades to facilities and technology
	<p data-bbox="242 145 742 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1396 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 1404 389" style="list-style-type: none"> <li data-bbox="242 360 1404 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="242 418 359 448">Interviews:</p> <ol data-bbox="242 477 638 560" style="list-style-type: none"> <li data-bbox="242 477 638 506">1. Residential Director/Case Manager <li data-bbox="242 535 566 564">2. PREA Coordinator Interview <p data-bbox="242 593 510 622">Site Review Observations:</p> <ol data-bbox="242 651 805 680" style="list-style-type: none"> <li data-bbox="242 651 805 680">1. Observations during on-site review of physical plant <p data-bbox="242 710 1484 835">Bridges of New York considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is also considered. During the past 12 months there have been no significant changes to the facility.</p> <p data-bbox="242 864 1428 925">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility does not conduct administrative or criminal investigations. Policies are in place which requires employees to full cooperate with investigations conducted by the New York Department of Corrections and Community Supervision or local law enforcement. Bridges of New York policy indicates that any victim of sexual abuse would be taken to Mount Sinai South Nassau Hospital to assess, treat, provide prophylaxis, and gather forensic evidence without financial cost to residents. Examinations are performed by certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 387" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 477 639 674" style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews 4. Random Resident Interviews <p data-bbox="240 707 512 734">Site Review Observations:</p> <ol data-bbox="240 763 804 790" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="240 824 1485 949">The Long Island Facility has a policy which ensures that all allegations of sexual abuse or harassment are turned over to the New York Department of Corrections and Community Supervision and administrative and/or criminal investigations are completed. Staff and resident interviews demonstrated a thorough understanding of this policy. Residents felt confident that staff at the Long Island Facility would respond appropriately.</p> <p data-bbox="240 983 1422 1041">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 506" style="list-style-type: none"> <li data-bbox="240 360 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 418 994 448">2. Bridges of New York Policy 30-12-025 Staff Training and Development <li data-bbox="240 477 512 506">3. Staff Training Records <p data-bbox="240 535 352 564">Interviews:</p> <ol data-bbox="240 593 639 734" style="list-style-type: none"> <li data-bbox="240 593 639 622">1. Residential Director/Case Manager <li data-bbox="240 651 571 680">2. PREA Coordinator Interview <li data-bbox="240 710 533 739">3. Random Staff Interviews <p data-bbox="240 768 509 797">Site Review Observations:</p> <ol data-bbox="240 826 804 855" style="list-style-type: none"> <li data-bbox="240 826 804 855">1. Observations during on-site review of physical plant <p data-bbox="240 884 1485 1043">The Long Island Facility provides all staff with initial and ongoing training which includes their zero-tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, residents right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation, abuse and all other components of this standard. Employee training is documented and maintained in the employee's personnel file. Staff interviews verified a comprehensive understanding of PREA related training.</p> <p data-bbox="240 1072 1425 1133">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.232	Volunteer and contractor training
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 448" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 421 655 448">2. Visitor PREA Acknowledgment Form <p data-bbox="240 479 352 506">Interviews:</p> <ol data-bbox="240 537 906 676" style="list-style-type: none"> <li data-bbox="240 537 639 564">1. Residential Director/Case Manager <li data-bbox="240 595 906 622">2. Bridges of New York PREA Coordinator/Compliance Manager <li data-bbox="240 654 536 680">3. Random Staff Interviews <p data-bbox="240 707 512 734">Site Review Observations:</p> <ol data-bbox="240 766 807 792" style="list-style-type: none"> <li data-bbox="240 766 807 792">1. Observations during on-site review of physical plant <p data-bbox="240 824 1489 949">The Long Island Facility does not utilize volunteers or contract staff. However, all outside visitors to the facility are provided with and required to sign for information about PREA prior to having contact with residents. Information includes Bridges of New York zero tolerance policy and the visitor's duty to report instances of sexual abuse and harassment. Documentation of information provided to visitors is maintained at the facility.</p> <p data-bbox="240 981 1425 1039">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.233	<p>Resident education</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Resident File Review 3. Resident PREA Acknowledgement Form 4. Long Island Facility Resident Handbook (English/Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager (Intake and Screening Interview Questions) 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>All residents housed at the Long Island Facility are transferred from other NYDOCCS facilities. Resident interviews revealed that PREA related information is being provided several times before they are assigned to the Long Island Facility. During the intake process the Facility meets with residents and provides them with information explaining the zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Information is available in multiple formats and languages (English Resident Handbook, Spanish Resident Handbook, Resident PREA Poster English/Spanish) The Long Island Facility maintains documentation of formal education sessions in the resident's file. Additionally, PREA related information is posted in all housing and common areas. Residents were very aware of the PREA standards.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
---------	---

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. NYDOCCS PREA Investigator Training Curriculum <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager 3. NYDOCCS PREA Investigator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility does not conduct administrative or criminal investigations of sexual abuse or sexual harassment. All allegations are forwarded to the New York Department of Corrections and Community Supervision for investigation. All NYDOCCS investigators receive specialized PREA training which includes techniques for interviewing sexual abuse victims, Miranda and Garrity warnings, sexual abuse evidence collection and criteria and evidence required to substantiate a case for administrative action or prosecution.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility does not have full- or part-time medical staff on site. Any victim of sexual abuse would be taken to Mount Sinai South Nassau Hospital. Mount Sinai South Nassau Hospital is certified to provide emergency care and SAFE/SANE services.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.241	<p>Screening for risk of victimization and abusiveness</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. NYDOCCS PREA Screening Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager (Intake and Screening Interview Questions) 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility screens all residents for risk of victimization and abusiveness during the intake process. The screening is completed by the Residential Director/Case Manager within the first few hours of arrival at the facility. The screening instrument includes all criteria outlined by this standard.</p> <p>Within the first thirty (30) days of arrival at the facility, the Case Manager and the resident meet and reassess their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.</p> <p>Residents are not disciplined for refusing answer questions during the screening process. Information obtained during the initial assessment and reassessment is placed in the residents file. Only authorized staff has access to these files.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard</p>
---------	---

115.242	<p>Use of screening information</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. NYDOCCS PREA Screening Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager (Intake and Screening Interview Questions) 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 3. Observations during on-site review of physical plant <p>The Long Island Facility uses information from the resident's risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Transgender or intersex resident's housing and programming assignments are considered on a case-by-case basis, placement considers the residents' health and safety, and whether the placement would present management or security problems. Transgender or intersex resident's placement is reassessed as needed.</p> <p>Transgender or intersex resident's own views with respect to his or her own safety is given consideration.</p> <p>Transgender and intersex residents are given the opportunity to shower separately from other residents.</p> <p>The Long Island Facility does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units based solely on identification or status.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
---------	---

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 562" style="list-style-type: none"> <li data-bbox="240 360 1406 387">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 416 448 443">2. PREA Brochure <li data-bbox="240 472 868 499">3. Long Island Facility Resident Handbook (English/Spanish) <li data-bbox="240 528 552 555">4. NYDOCCS PREA Posters <p data-bbox="240 591 352 618">Interviews:</p> <ol data-bbox="240 647 576 730" style="list-style-type: none"> <li data-bbox="240 647 536 674">1. Random Staff Interviews <li data-bbox="240 703 576 730">2. Random Resident Interviews <p data-bbox="240 766 512 792">Site Review Observations:</p> <ol data-bbox="240 822 804 848" style="list-style-type: none"> <li data-bbox="240 822 804 848">1. Observations during on-site review of physical plant <p data-bbox="240 884 1493 1039">The Long Island Facility provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided at intake and posted in all resident rooms and common areas. Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Phone numbers are provided for the New York Department of Corrections Special Investigations Unit, New York State Commission of Corrections and New York State Domestic and Sexual Violence Hotline. Residents were very aware of all reporting options.</p> <p data-bbox="240 1070 1422 1131">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.252	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 504" style="list-style-type: none"> <li data-bbox="240 360 1406 387">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 416 868 443">2. Long Island Facility Resident Handbook (English/Spanish) <li data-bbox="240 472 552 499">3. NYDOCCS PREA Posters <p data-bbox="240 533 352 560">Interviews:</p> <ol data-bbox="240 589 576 674" style="list-style-type: none"> <li data-bbox="240 589 533 616">1. Random Staff Interviews <li data-bbox="240 645 576 672">2. Random Resident Interviews <p data-bbox="240 703 509 730">Site Review Observations:</p> <ol data-bbox="240 759 804 786" style="list-style-type: none"> <li data-bbox="240 759 804 786">1. Observations during on-site review of physical plant <p data-bbox="240 817 1485 1014">The Long Island Facility does not impose a time limit when a resident submits a grievance regarding an allegation of sexual abuse, nor does it require a resident to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The Long Island Facility insures the grievance is not referred to the staff member who is the subject of the complaint. The Long Island Facility issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.</p> <p data-bbox="240 1102 1469 1229">This time period does not include time consumed by residents in preparing any administrative appeal. The Long Island Facility may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The Long Island Facility notifies the resident in writing of any such extension and provides a date by which a decision will be made.</p> <p data-bbox="240 1258 1445 1319">If the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p> <p data-bbox="240 1350 1474 1576">Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. 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. If the resident declines to have the request processed on his or her behalf, the Long Island Facility documents the residents' decision.</p> <p data-bbox="240 1608 1485 1769">The Long Island Facility has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, Staff immediately forwards the grievance to a level of review at which immediate corrective action is taken. An initial response is provided within 48 hours, and a final decision is made within 5 calendar days.</p> <p data-bbox="240 1800 1485 1892">In the past twelve months the Long Island Facility has not received any grievances dealing with sexual abuse or harassment. Residents were aware that they could submit a grievance or emergency grievance to address sexual abuse and harassment.</p> <p data-bbox="240 1924 1425 1984">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.253	Resident access to outside confidential support services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 506" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 421 868 448">2. Long Island Facility Resident Handbook (English/Spanish) <li data-bbox="240 479 552 506">3. NYDOCCS PREA Posters <p data-bbox="240 537 352 564">Interviews:</p> <ol data-bbox="240 595 576 676" style="list-style-type: none"> <li data-bbox="240 595 533 622">1. Random Staff Interviews <li data-bbox="240 654 576 680">2. Random Resident Interviews <p data-bbox="240 712 509 739">Site Review Observations:</p> <ol data-bbox="240 770 804 797" style="list-style-type: none"> <li data-bbox="240 770 804 797">1. Observations during on-site review of physical plant <p data-bbox="240 828 1469 949">The Long Island Facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are provided mailing addresses and toll-free telephone numbers. The Long Island Facility has a signed MOU with The Safe Center of Long Island to provide these services. Residents are aware of the extent to which such communications are monitored.</p> <p data-bbox="240 981 1422 1039">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="244 360 1406 506" style="list-style-type: none"> <li data-bbox="244 360 1406 387">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="244 416 868 443">2. Long Island Facility Resident Handbook (English/Spanish) <li data-bbox="244 472 552 499">3. NYDOCCS PREA Posters <p data-bbox="244 535 352 562">Interviews:</p> <ol data-bbox="244 591 576 674" style="list-style-type: none"> <li data-bbox="244 591 533 618">1. Random Staff Interviews <li data-bbox="244 647 576 674">2. Random Resident Interviews <p data-bbox="244 703 509 730">Site Review Observations:</p> <ol data-bbox="244 759 804 786" style="list-style-type: none"> <li data-bbox="244 759 804 786">1. Observations during on-site review of physical plant <p data-bbox="244 815 1490 913">The Long Island Facility has processes to receive third-party reports of sexual abuse and sexual harassment. Information on how to make a third-party report is posted on the Bridges of New York web-site. Residents where aware that third party reports could be made and would be addressed in the manner are first hand report.</p> <p data-bbox="244 943 1425 1003">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 506" style="list-style-type: none"> <li data-bbox="240 360 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 418 868 448">2. Long Island Facility Resident Handbook (English/Spanish) <li data-bbox="240 477 552 506">3. NYDOCCS PREA Posters <p data-bbox="240 535 352 564">Interviews:</p> <ol data-bbox="240 593 970 734" style="list-style-type: none"> <li data-bbox="240 593 970 622">1. Case Manager Interview (Intake and Screening Interview Questions) <li data-bbox="240 651 533 680">2. Random Staff Interviews <li data-bbox="240 710 576 739">3. Random Resident Interviews <p data-bbox="240 763 509 792">Site Review Observations:</p> <ol data-bbox="240 822 804 851" style="list-style-type: none"> <li data-bbox="240 822 804 851">1. Observations during on-site review of physical plant <p data-bbox="240 880 1485 1008">Long Island Facility policy requires all staff immediately report and document sexual abuse and sexual harassment including third-party and anonymous reports. Staff is prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved. During the initial intake assessment, the Case Manager informs Residents of their duty to report and limits of confidentiality.</p> <p data-bbox="240 1037 1425 1097">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 387" style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 477 970 618" style="list-style-type: none"> 1. Case Manager Interview (Intake and Screening Interview Questions) 2. Random Staff Interviews 3. Random Resident Interviews <p data-bbox="240 651 512 678">Site Review Observations:</p> <ol data-bbox="240 707 804 734" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="240 768 1469 828">Long Island Facility policy and training requires immediate action to protect residents that are at a substantial risk of sexual abuse. Resident risk levels are assessed on a regular basis and housing assignments may be changed if needed.</p> <p data-bbox="240 857 1425 918">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 389" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 906 560" style="list-style-type: none"> <li data-bbox="240 479 639 506">1. Residential Director/Case Manager <li data-bbox="240 533 906 560">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 591 512 618">Site Review Observations:</p> <ol data-bbox="240 649 807 676" style="list-style-type: none"> <li data-bbox="240 649 807 676">1. Observations during on-site review of physical plant <p data-bbox="240 707 1481 833">The Long Island Facility has policies that address allegations that a Resident was sexually abused while confined at another facility; the policy requires the head of the facility to notify the head of the agency where the incident is alleged to have occurred. This notification is made within 72 hours of receiving the information and documented. The Program Supervisor was able to articulate this process during his interview.</p> <p data-bbox="240 864 1425 922">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 448" style="list-style-type: none"> <li data-bbox="240 360 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 418 699 448">2. Bridges of New York Training Curriculum <p data-bbox="240 477 352 506">Interviews:</p> <ol data-bbox="240 535 536 564" style="list-style-type: none"> <li data-bbox="240 535 536 564">1. Random Staff Interviews <p data-bbox="240 593 512 622">Site Review Observations:</p> <ol data-bbox="240 651 807 680" style="list-style-type: none"> <li data-bbox="240 651 807 680">1. Observations during on-site review of physical plant <p data-bbox="240 710 1485 936">The Long Island Facility has a policy and provides training to all first responders which include the separation of the alleged victim and abuser; preservation and protection of the crime scene until appropriate steps can be taken to collect evidence; the collection of physical evidence, requesting that the alleged victim not take any actions that could destroy physical evidence, including, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensuring that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Staff interviews showed a thorough understanding of their first responder duties.</p> <p data-bbox="240 965 1422 1025">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.265	Coordinated response
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1393 389" style="list-style-type: none"> <li data-bbox="240 362 1393 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 895 537" style="list-style-type: none"> <li data-bbox="240 479 628 506">1. Residential Director/Case Manager <li data-bbox="240 510 895 537">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 568 512 595">Site Review Observations:</p> <p data-bbox="240 627 762 654">Observations during on-site review of physical plant</p> <p data-bbox="240 685 1481 743">The Long Island Facility has a coordinated response plan which includes first responders, off site medical and mental health practitioners, NYDOCCS investigators, and facility leadership.</p> <p data-bbox="240 775 1425 833">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility has space and ability to protect residents from known abusers. Long Island Facility employees are not covered by a collective bargaining agreement. Nothing in policy prevents administrative staff from removing an employee during an investigation.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility has policies and processes in place to protect residents and staff who report sexual abuse. Those that report are monitored for at least 90 days; the policy allows the monitoring period to be continued if necessary. The PREA Coordinator is responsible for monitoring for retaliation.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-12-047 Investigations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager 3. NYDOCCS Investigator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility does not conduct investigations of sexual abuse or sexual harassment. All incidents are forwarded to the New York Department of Corrections and Community Supervision (NYDOCCS) or other outside law enforcement for investigation. All NYDOCCS investigators receive specialized PREA training.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 1406 448" style="list-style-type: none"> <li data-bbox="242 360 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="242 418 815 448">2. Bridges of New York Policy 30-12-047 Investigations <p data-bbox="242 477 352 506">Interviews:</p> <ol data-bbox="242 535 906 678" style="list-style-type: none"> <li data-bbox="242 535 639 564">1. Residential Director/Case Manager <li data-bbox="242 593 906 622">2. Bridges of New York PREA Coordinator/Compliance Manager <li data-bbox="242 651 525 678">3. NYDOCCS Investigator <p data-bbox="242 707 509 736">Site Review Observations:</p> <ol data-bbox="242 766 804 795" style="list-style-type: none"> <li data-bbox="242 766 804 795">1. Observations during on-site review of physical plant <p data-bbox="242 824 1493 949">Long Island Facility employees do not conduct any type of investigation. The New York Department of Corrections and Community Supervision (NYDOCCS) is responsible for all criminal and administrative investigations. NYDOCCS imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="242 978 1425 1039">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.273	Reporting to residents
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 239">Auditor Discussion</p> <p data-bbox="240 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1406 448" style="list-style-type: none"> <li data-bbox="240 360 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 418 815 448">2. Bridges of New York Policy 30-12-047 Investigations <p data-bbox="240 477 352 506">Interviews:</p> <ol data-bbox="240 535 906 622" style="list-style-type: none"> <li data-bbox="240 535 639 564">1. Residential Director/Case Manager <li data-bbox="240 593 906 622">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 651 512 680">Site Review Observations:</p> <ol data-bbox="240 710 804 739" style="list-style-type: none"> <li data-bbox="240 710 804 739">1. Observations during on-site review of physical plant <p data-bbox="240 768 1485 855">The NYDOCCS is responsible for informing offenders as to whether allegations of sexual abuse have been determined to be substantiated, unsubstantiated, or unfounded. Facility staff meets with the resident to discuss the findings. Processes are in place to notify an offender of the outcome of an investigation involving staff sexual misconduct.</p> <p data-bbox="240 884 1422 945">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.276	Disciplinary sanctions for staff
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 389" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 906 560" style="list-style-type: none"> <li data-bbox="240 479 639 506">1. Residential Director/Case Manager <li data-bbox="240 533 906 560">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 591 512 618">Site Review Observations:</p> <ol data-bbox="240 649 804 676" style="list-style-type: none"> <li data-bbox="240 649 804 676">1. Observations during on-site review of physical plant <p data-bbox="240 707 1481 833">The Long Island Facility has a policy that addresses staff sexual misconduct. Sanctions include termination and criminal prosecution. Termination is the presumptive disciplinary sanction for staff that engages in sexual misconduct. Investigations are completed even if the employee chooses to resign. Random staff interviews showed a clear understanding that sexual misconduct is not acceptable.</p> <p data-bbox="240 864 1425 922">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Visitor PREA Acknowledgment Form <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. NYDOCCS Investigator 4. Random Staff Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility does not regularly use contractors or volunteers. However, Long Island Facility does have policies in place to address contractors or volunteers that may engage in sexual abuse of an offender. Additionally, all visitors to the Long Island Facility are required to sign for PREA related information.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Long Island Facility Resident Handbook (English/Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. NYDOCCS Investigator 2. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility forwards all allegations of resident sexual abuse and harassment to the NYDOCCS. NYDOCCS has a formal disciplinary process which addresses residents that engage in sexual abuse. Sanctions are 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. NYDOCCS's disciplinary process considers whether a resident's mental status contributed to his behavior when determining what type of sanction to impose. NYDOCCS's policy allow for the punishment of a resident for engaging in sexual contact with a staff member only if the staff member did not consent to the act. Resident interviews reveled a thorough understanding that sexual contact between residents and/or staff was not acceptable.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>Upon receiving a report of sexual abuse, the Long Island Facility does not restrict access to emergency medical treatment. Victims are transferred to Mount Sinai South Nassau Hospital and attended to by qualified medical staff at no charge. Victims of sexual abuse receive medical attention regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 389" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 906 560" style="list-style-type: none"> <li data-bbox="240 479 639 506">1. Residential Director/Case Manager <li data-bbox="240 533 906 560">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 591 512 618">Site Review Observations:</p> <ol data-bbox="240 649 807 676" style="list-style-type: none"> <li data-bbox="240 649 807 676">1. Observations during on-site review of physical plant <p data-bbox="240 707 1477 833">The Long Island Facility provides resident victims of sexual abuse, unimpeded access to emergency medical treatment and crisis intervention services. Resident victims of sexual abuse are offered timely information about and access to sexually transmitted diseases. Services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.</p> <p data-bbox="240 864 1425 922">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Policy 30-30-008 Incident Report Review <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation. Reviews are completed within 30 days of the conclusion of the investigation. The review team includes upper-level management staff, NYDOCCS investigators, and outside medical or mental health practitioners. The review team looks at all aspects that may have contributed to the incident including staffing levels and camera placement, policy needs, and motivating factors. The review team's findings and recommendations are documented. In the twelve months prior to the onsite audit there have been no incidents which required an incident review.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.287	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 389" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 906 560" style="list-style-type: none"> <li data-bbox="240 479 639 506">1. Residential Director/Case Manager <li data-bbox="240 533 906 560">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 591 512 618">Site Review Observations:</p> <ol data-bbox="240 649 807 676" style="list-style-type: none"> <li data-bbox="240 649 807 676">1. Observations during on-site review of physical plant <p data-bbox="240 707 1485 801">The Long Island Facility collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Data is aggregated and reviewed annually. The Long Island Facility maintains reviews and collects data as needed from all available incident-based documents, reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="240 833 1425 891">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> 1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment 2. Bridges of New York Website - http://www.bridgesofnewyork.org/index.html <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. Bridges of New York PREA Coordinator/Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>The Long Island Facility reviews data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective action. The report is approved by the Compliance Director and made readily available to the public on the NYDOCCS website. Long Island Facility redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.289	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 1406 448" style="list-style-type: none"> <li data-bbox="242 360 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="242 418 1037 448">2. Bridges of New York Website - http://www.bridgesofnewyork.org/index.html <p data-bbox="242 477 352 506">Interviews:</p> <ol data-bbox="242 591 906 678" style="list-style-type: none"> <li data-bbox="242 591 639 620">1. Residential Director/Case Manager <li data-bbox="242 649 906 678">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="242 707 510 736">Site Review Observations:</p> <ol data-bbox="242 766 804 795" style="list-style-type: none"> <li data-bbox="242 766 804 795">1. Observations during on-site review of physical plant <p data-bbox="242 824 1455 884">The Long Island Facility retains all documentation related to cases of sexual abuse and data collected as a result of these incidents. Annual reports are submitted to NYDOCCS and posted on their website.</p> <p data-bbox="242 913 1425 974">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.401	Frequency and scope of audits
	<p data-bbox="240 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 448" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 421 1038 448">2. Bridges of New York Website - http://www.bridgesofnewyork.org/index.html <p data-bbox="240 479 352 506">Interviews:</p> <ol data-bbox="240 537 906 622" style="list-style-type: none"> <li data-bbox="240 537 639 564">1. Residential Director/Case Manager <li data-bbox="240 595 906 622">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 654 512 680">Site Review Observations:</p> <ol data-bbox="240 712 807 739" style="list-style-type: none"> <li data-bbox="240 712 807 739">1. Observations during on-site review of physical plant <p data-bbox="240 770 1434 855">This was the Long Island Facility's initial audit of the PREA standards. During the on-site visit the auditor was afforded access to all areas of the facility, allowed to interview residents and staff in private, and was provided with all necessary documentation to complete a thorough audit. Contact information for this auditor was visible in all areas of the facility.</p> <p data-bbox="240 887 1425 945">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.403	Audit contents and findings
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1398 331">The Bridges of New York Long Island Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1406 450" style="list-style-type: none"> <li data-bbox="240 362 1406 389">1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment <li data-bbox="240 421 1038 450">2. Bridges of New York Website - http://www.bridgesofnewyork.org/index.html <p data-bbox="240 481 352 508">Interviews:</p> <ol data-bbox="240 539 906 622" style="list-style-type: none"> <li data-bbox="240 539 639 566">1. Residential Director/Case Manager <li data-bbox="240 595 906 622">2. Bridges of New York PREA Coordinator/Compliance Manager <p data-bbox="240 654 512 680">Site Review Observations:</p> <ol data-bbox="240 712 807 739" style="list-style-type: none"> <li data-bbox="240 712 807 739">1. Observations during on-site review of physical plant <p data-bbox="240 770 1434 857">This was the Long Island Facility's initial audit of the PREA standards. During the on-site visit the auditor was afforded access to all areas of the facility, allowed to interview residents and staff in private, and was provided with all necessary documentation to complete a thorough audit. Contact information for this auditor was visible in all areas of the facility.</p> <p data-bbox="240 889 1425 947">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
115.212 (a)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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
115.213 (a)	Supervision and monitoring	
	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

115.213 (b)	Supervision and monitoring	
	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
115.213 (c)	Supervision and monitoring	
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	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
115.215 (c)	Limits to cross-gender viewing and searches	
	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
115.215 (d)	Limits to cross-gender viewing and searches	
	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

115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	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)	Residents with disabilities and residents who are limited English proficient	
	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

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
115.217 (b)	Hiring and promotion decisions	
	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
115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	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

115.217 (f)	Hiring and promotion decisions	
	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
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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.)	na
115.221 (a)	Evidence protocol and forensic medical examinations	
	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.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	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.)	na

115.221 (c)	Evidence protocol and forensic medical examinations	
	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
115.221 (d)	Evidence protocol and forensic medical examinations	
	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
115.221 (e)	Evidence protocol and forensic medical examinations	
	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
115.221 (f)	Evidence protocol and forensic medical examinations	
	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.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	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).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	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).)	na
115.231 (a)	Employee training	
	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
115.231 (b)	Employee training	
	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

115.231 (c)	Employee training	
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	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)).	na
115.234 (b)	Specialized training: Investigations	
	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)).	na
	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)).	na
	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)).	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	na
115.234 (c)	Specialized training: Investigations	
	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).)	na

115.235 (a)	Specialized training: Medical and mental health care	
	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
115.235 (b)	Specialized training: Medical and mental health care	
	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
115.235 (c)	Specialized training: Medical and mental health care	
	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
115.235 (d)	Specialized training: Medical and mental health care	
	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
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	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

115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	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
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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
115.251 (a)	Resident reporting	
	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
115.251 (b)	Resident reporting	
	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	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.	yes
115.252 (b)	Exhaustion of administrative remedies	
	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
115.252 (c)	Exhaustion of administrative remedies	
	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
115.252 (d)	Exhaustion of administrative remedies	
	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
115.252 (e)	Exhaustion of administrative remedies	
	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

115.252 (f)	Exhaustion of administrative remedies	
	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
115.252 (g)	Exhaustion of administrative remedies	
	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
115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	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
115.254 (a)	Third party reporting	
	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

115.261 (a)	Staff and agency reporting duties	
	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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	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
115.261 (d)	Staff and agency reporting duties	
	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
115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	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
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	na
115.271 (b)	Criminal and administrative agency investigations	
	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

115.271 (c)	Criminal and administrative agency investigations	
	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
115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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
115.271 (f)	Criminal and administrative agency investigations	
	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
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	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
115.271 (l)	Criminal and administrative agency investigations	
	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).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	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.)	na
115.273 (c)	Reporting to residents	
	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
115.273 (d)	Reporting to residents	
	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
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
115.277 (a)	Corrective action for contractors and volunteers	
	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
115.277 (b)	Corrective action for contractors and volunteers	
	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
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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
115.278 (e)	Disciplinary sanctions for residents	
	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

115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	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
115.282 (c)	Access to emergency medical and mental health services	
	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
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	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
115.287 (f)	Data collection	
	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
115.288 (a)	Data review for corrective action	
	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
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes