

PREA Facility Audit Report: Final

Name of Facility: Bridges of New York Schenectady

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/20/2025

Auditor Certification

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



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Chris Sweney

Date of Signature: 06/20/2025

AUDITOR INFORMATION

Auditor name: Sweney, Chris

Email: csweney.prea@gmail.com

Start Date of On-Site Audit: 04/28/2025

End Date of On-Site Audit: 04/28/2025

FACILITY INFORMATION

Facility name: Bridges of New York Schenectady

Facility physical address: 428 Duane Avenue, Schenectady, New York - 12304

Facility mailing address: 290 S Ocean Avenue, Schenectady, Freeport, New York - 11520

Primary Contact

Name:	William Best
Email Address:	WBest@bridgesofny.org
Telephone Number:	5165243846

Facility Director	
Name:	William Rivas
Email Address:	Wrivas@bridgesofny.org
Telephone Number:	518-930-8303

Facility PREA Compliance Manager	
Name:	William Rivas
Email Address:	wrivas@bridgesofny.org
Telephone Number:	518-930-8308

Facility Characteristics	
Designed facility capacity:	43
Current population of facility:	23
Average daily population for the past 12 months:	19
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-99
Facility security levels/resident custody levels:	Community Based Residential Program
Number of staff currently employed at the facility who may have contact with residents:	14
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

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

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

Agency-Wide PREA Coordinator Information

Name:	William Best	Email Address:	wbest@bridgesofny.org
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-04-28
2. End date of the onsite portion of the audit:	2025-04-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Rape Crisis Center of Schenectady - (518) 374-5353

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	43
15. Average daily population for the past 12 months:	19
16. Number of inmate/resident/detainee housing units:	34
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	21
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	12
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>

36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The auditor conducted interviews with random and targeted residents. The in-house resident population on the first day of the onsite review was 21. All reasonable efforts were made to conduct the required number of targeted resident interviews. 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 was a total of 10 formal resident interviews conducted. The auditor selected residents randomly by using a full roster provided at the beginning of the on-site review. Interviews were conducted with at least one resident for each living area of the facility.</p>
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>No text provided.</p>
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>0</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

The facility reported no Residents with physical disabilities. This was verified during the tour of the facility and confirmed during staff and resident interviews.

41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:

0

41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported no Residents with cognitive or functional disabilities. This was verified during the tour of the facility and confirmed during staff and resident interviews.
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported no Residents who are Blind or have low vision. This was verified during the tour of the facility and confirmed during staff and resident interviews.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who are Deaf or hard-of-hearing. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who are Limited English Proficient (LEP). This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who identify as lesbian, gay, or bisexual. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who identify as transgender or intersex. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported there were no Residents currently in the facility who reported sexual abuse during the audit period. This was verified during the tour of the facility and confirmed during staff interviews.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no Residents who disclosed prior sexual victimization during their risk screening. This was verified while reviewing intake documentation and confirmed by facility staff during their interviews.</p>

49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported no Residents who were placed in segregated housing/isolation for risk of sexual victimization. This was verified during the tour of the facility and confirmed during staff and resident interviews.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	6

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

6

56. Were you able to interview the Agency Head?

☒ Yes

☐ No

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☐ Medical staff
- ☐ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☐ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

Bridges of New York reported zero sexual abuse investigations during the audit period. This was verified during staff and resident interviews.

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	Bridges of New York reported zero sexual harassment investigations during the audit period. This was verified during staff and resident interviews.
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> 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
<p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with this standard:</p> <ol style="list-style-type: none"> Bridges of New York Policy #30-12-036 Staff Sexual Harassment Bridges of New York Policy #30-12-007 Staff Sexual Misconduct Bridges of New York Schenectady Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> Random client Interviews Random Staff Interviews Program Director/PREA Coordinator Agency PREA Coordinator Interview

	<p>During staff and client interviews there was a general understanding of Bridges of New York zero-tolerance policy toward sexual abuse and sexual harassment and their policies to prevent, detect and respond such conduct.</p> <p>The agency wide PREA Coordinator reported during his interview that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p> <p>The Program Director/PREA Coordinator reported during his interview that he has sufficient time to develop, implement and oversee the facilities efforts to comply with PREA standards.</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>(a) Bridges of New York has agency wide Sexual Harassment and Sexual Misconduct policy which mandates zero tolerance relating to sexual misconduct and sexual harassment.</p> <p>(b) Bridges of New York policy discusses their approach to training employees, volunteers and contractors preventing, detecting, and responding to sexual assault, sexual abuse and sexual harassment and addresses the staff's duty to report.</p> <p>(c) Bridges of New York State Executive Director is the designated agency wide PREA Coordinator. Under the agency wide PREA Coordinator each facility has a Facility PREA Compliance Manager that is responsible PREA Compliance at the facility level. Lines of communication between the State Executive Director/PREA Coordinator and the client Director/PREA Compliance Manager appear to be open.</p> <p>(d) Bridges of New York operates three (3) facilities in New York. Each of the facilities has a designated PREA Compliance Manager.</p> <p>The Auditor conducted a thorough review of Bridges of New York policies and procedures, Organizational Chart, and interviewed staff and clients. The Auditor determined the agency has developed an appropriate zero tolerance policy which includes prevention, detection and response to all allegations of sexual abuse and sexual harassment. An appropriate staff member has been designated to develop, implement, and oversee the agency's and facility's PREA efforts. The Bridges of New York has successfully created a culture of zero-tolerance towards all forms of sexual abuse and sexual harassment. The Bridges of New York operates two facilities and has appointed an agency PREA Coordinator that has oversight and authority for both facilities. Additionally, the Bridges of New York has appointed a PREA Compliance Manager which ensures compliance at the facility level. 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>
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>1. PREA Coordinator Interview</p> <p>During the interview with the PREA Coordinator he indicated that Bridges of New York does not contract with other agencies to house their clients.</p> <p>The Bridges of New York Schenectady facility is a private facility which housed clients released from incarceration. Bridges of New York does not contract out for the confinement of its clients.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Pre-Audit Questionnaire</p> <p>Interviews:</p> <p>1. State Executive Director/PREA Coordinator</p> <p>Staff and clients interviewed indicated that staff conduct counts four times per shift and do additional rounds throughout the shift between counts in all areas of the facility including client rooms, restrooms, and other common areas.</p> <p>client interviews indicated that staff knock and announce and wait before entering areas where clients may be undressed. clients were also asked if they felt they had enough privacy to shower, change clothes and use the restroom. All indicated they did.</p> <p>During interviews with supervisory staff (State Executive Director/PREA Coordinator and Program Director/PREA Compliance Manager) they indicated they conduct unannounced rounds, each day, often multiple times per day. Supervisors stated they document rounds in a log in the control room.</p>

	<p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>(a) Bridges of New York Schenectady is a male and female facility and staffs the facility utilizing 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 client population and placement of supervisory staff are also considered.</p> <p>(b) During the onsite audit the auditor was provided a list of all staff and hours they work. This was compared to the staff working at the time. No issues were identified.</p> <p>(c) Bridges of New York Schenectady is a male and female facility and has sufficient male and female staff available to staff the Control Room, conduct rounds in living areas and restrooms. The minimum staffing for the facility is two staff. client interviews indicated that female staff rarely go in male rooms. They also indicated that when necessary to do so they knock and announce and wait before entering areas where clients may be undressed.</p> <p>During the tour all areas were observed including dorms, restrooms, dayrooms, dining, Control Room and the main entrance. The camera system was observed and no issues were identified concerning blind spots or cross-gender supervision.</p> <p>The Auditor concluded the Bridges of New York Schenectady has an adequate staffing plan to ensure the protection of clients from sexual abuse and harassment. The Auditor reviewed policies, procedures, Staffing Plan, Staffing Plan Reviews, facility logbooks, shift rosters, and conducted interviews with staff and clients. The facility conducts an annual staffing plan review as required by this standard. 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>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment</p> <p>Interviews:</p> <p>1. Random Client Interviews</p>

2. Random Staff Interviews

During client interviews, clients reported being able to use the restroom, take a shower and change clothing with privacy from staff and other clients. The process for exiting and returning to the facility was discussed with clients. They indicated that when they return to the facility from either work or other passes they go through a process which includes a property search and pat search. All clients reported that no type of pat searches or strip searches are conducted at this facility.

During Random Staff interviews, they indicated that when necessary to go in client rooms they knock and announce and wait before entering areas where clients may be undressed. The process for exiting and returning to the facility was also discussed with staff. They indicated that when clients return to the facility from either work or other passes there is a process which includes only a property search.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Bridges of New York Schenectady does not allow any type of pat searches, strip searches or body cavity searches. This was confirmed during the documentation review and staff interviews.

Bridges of New York Schenectady reported the number of cross-gender strip or cross-gender visual body cavity searches of clients were (0) zero.

(b) Bridges of New York does not permit cross-gender pat-down searches of clients.

(c) Bridges of New York policies and procedures enable clients to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policies require staff of the opposite gender to announce their presence when entering an area where clients are likely to be showering, performing bodily functions, or changing clothing.

Both a review of policies and interviews with staff and clients confirmed that staff knock and announce their presence and wait before entering into dorms.

During the tour and review of cameras it was found that none of the cameras view the dorms, toilet, shower or other areas where clients may be undressed.

Bridges of New York policy prohibits searching or physically examining a transgender or intersex client for the sole purpose of determining the client's genital status.

Bridges of New York reported zero (0) searches or physical examinations of transgender or intersex client for the purpose of determining the client's genital status.

(d) The Bridges of New York reported staff have been trained in how to conduct

	<p>cross-gender pat-down searches, and searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>The Auditor concluded staff had been appropriately trained to conduct cross-gender searches if necessary. Staff make opposite gender announcements when entering client living units. clients are able to shower, change clothing, and use the restroom without nonmedical staff of the opposite gender seeing them do so. Staff has been trained to treat transgender and intersex inmates professionally and respectfully. The Auditor reviewed the agency's policies and procedures, training documents, shift rosters, made on site observations, and interviewed staff and client 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>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Schenectady 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 30-12-003 Americans with Disabilities Act Policy Statement 2. Bridges of New York PREA Poster (English/Spanish) 3. Bridges of New York PREA Pamphlet (English/Spanish) 4. Resident Handbook (English/Spanish) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Bilingual Staff Interview <p>During interviews with Random Staff who conduct the initial intake screening and education they explained how accommodations can be made if needed. Specifically, information may be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpreters are available. Interviews with Case Managers who conduct the reassessments and provide additional PREA education indicated the same availability of accommodations.</p> <p>Site Review Observations:</p>

	<p>1. Observations during on-site review of physical plant</p> <p>The Bridges of New York 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 Schenectady 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>Bridges of New York provides clients an orientation, handouts for the local rape crisis center, and posters which are available in English and Spanish. Additionally, the facility has access to interpretive services. Additional resources are posted and available which include:</p> <ul style="list-style-type: none"> • NYDOCCS – Prevention of Sexual Abuse Pamphlet (English/Spanish) • NYDOCCS – PREA Reporting Hotline Posters (English/Spanish) • Sexual Harassment Hotline Information (English/Spanish) • The Rape Crisis Center of Schenectady (English/Spanish) <p>In the past 12 months, the number of instances where client interpreters, readers, or other types of client assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the client's safety, the performance of first-response duties under § 115.264, or the investigation of the client's allegations was zero (0)</p> <p>The Auditor concluded the agency provides information that ensures equal opportunities to clients who are disabled. The agency takes reasonable steps to provide clients who are limited English proficient meaningful access to all aspects of the agency's prevention, detection and response policies towards sexual abuse and sexual harassment. The Auditor conducted a thorough review of the agency's policies, procedures, training, made on-site observations, interviewed staff and clients. 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>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Bridges of New York Schenectady 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 30-12-011 Employee Hiring

3. Bridges of New York Policy 30-12-012 Employee Personnel Files

4. Bridges of New York Organizational Chart

Interviews:

1. Residential Director/Case Manager

2. PREA Coordinator Interview

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Bridges of New York requires background investigations for all new hires as well as for staff being considered for a promotion. Bridges of New York Policy 30-12-011 Employee Hiring states: "The applicant must pass a criminal background check before starting a position with the company. A preliminary approval by DOCCS will be sufficient to start an employee after the corporate office has issued their approval pending the final determination from DOC. Part of this screening will include a criminal background check and may, upon request of the Department of Corrections, include fingerprinting. All sites request a criminal background check from Bridges International Human Resources department so that it can be forwarded to the Department of Corrections and Community Supervision for final approval. "

In the past 12 months, the number of persons hired who may have contact with clients who have had criminal background record checks was six (6)

(b) Incidents of sexual harassment will be taken into consideration when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents.

(c) Employment reference checks are conducted by for all applicants this includes efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

(d) Bridges of New York requires a criminal background records check before enlisting the services of any contractor who may have contact with residents

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with clients was (0) zero.

(e) Through NYDOCCS, Bridges of New York conduct criminal background records checks at least every five years, additional documentation requested.

(f) Bridges of New York asks applicants and employees who may have contact with clients directly about previous misconduct described in paragraph (a) of this section in interviews for hiring or promotions.

	<p>(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>(h) Bridges of New York provides 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.</p> <p>The Auditor concluded that the Bridges of New York takes appropriate steps to identify previous acts of sexual misconduct before hiring staff, enlisting the services of contractors, and before promoting existing staff. The Auditor conducted a thorough review of the agency's policies, procedures, employment records, forms and interviewed staff and contractors. 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>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Bridges of New York Schenectady 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 Schenectady Pre-Audit Questionnaire 2. Facility Diagrams 3. Facility Tour <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator Interview <p>The agency PREA Coordinator was aware of the PREA standard requiring their participation in considering the effects of designing new or updating existing facilities.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Bridges of New York policy requires the consideration of any new design, acquisition, expansion, or modification on the agency's ability to protect clients from sexual abuse.</p> <p>(b) Protection of clients from sexual abuse through the installation of electronic surveillance and other technology is continuously evaluated.</p> <p>The Auditor has established the PREA Coordinator considers design affects and</p>

	camera placements to protect clients from sexual abuse. 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.
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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 30-30-017 Incident Reports 3. The Rape Crisis Center of Schenectady MOU <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews 4. The Rape Crisis Center of Schenectady Interview (Phone) <p>Random staff interviews confirm staff are trained and understand their responsibilities to preserve, collect and properly handle evidence.</p> <p>During interviews with the PREA Coordinator and PREA Compliance Manager they confirmed that any victim of sexual abuse would be provided access to qualified staff at Ellis Hospital and that a victim advocate would be notified if requested by the victim.</p> <p>A phone interview with a representative of the The Rape Crisis Center of Schenectady confirmed that there is an MOU with the Bridges of New York. The The Rape Crisis Center of Schenectady stated they provide free services to someone housed at Bridges of New York the same as they would someone in the community. The The Rape Crisis Center of Schenectady listed services they provide which include sexual abuse counseling, hotline services, emergency shelter placement, support groups, and hospital advocacy including support during examinations. The The Rape Crisis Center of Schenectady stated their hotline is open to anyone 24/7 and that additional materials including pamphlets are provided for distribution if requested.</p> <p>Site Review Observations:</p>

1. Observations during on-site review of physical plant:

(a) This portion of the standard does not apply Bridges of New York, Bridges of New York does not conduct administrative or criminal investigations. Policies are in place which requires employees to full cooperate with the New York Department of Corrections and Community Supervision or local law enforcement to ensure that these institutions have the proper information to conduct their investigation(s).

(b) Bridges of New York Schenectady is an adult only facility.

(c) Bridges of New York Schenectady offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the PREA Compliance Manager and Random staff reiterated that all victims of sexual abuse are offered forensic examinations. Forensic medical examinations are completed at Ellis Hospital by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

The number of forensic medical exams conducted during the past 12 months was (0) zero.

The number of exams performed by SANEs/SAFEs during the past 12 months was (0) zero.

The number of exams performed by a qualified medical practitioner during the past 12 months was (0) zero

(d) The Bridges of New York has an MOU with the The Rape Crisis Center of Schenectady to provide victims of abuse with a victim advocate and support services.

The Bridges of New York provides information including addresses and phone numbers for the The Rape Crisis Center of Schenectady to all clients.

(e) Interviews conducted with the PREA Compliance Manager and random staff reiterated that as requested by the victim, victim advocate, agency staff member, or community-based organization the victim will receive support through the forensic medical examination process and investigatory interviews. The victim advocate may also provide on-going emotional support, crisis intervention, and referrals for other services. These services are outlined in the MOU with The Rape Crisis Center of Schenectady and confirmed during their interview.

(f) The Bridges of New York is responsible for administrative investigations, all investigations which may result in criminal charges are reported to the Schenectady Police Department.

(g) The auditor is not required to audit this provision

(h) This provision is Not Applicable; Bridges of New York Schenectady refers these

	<p>services to the The Rape Crisis Center of Schenectady for access to a victim advocate.</p> <p>The Auditor determined an appropriate uniform evidence protocol is used when collecting forensic evidence following a sexual abuse incident. The Bridges of New York allows clients access to victim advocates form a rape crisis center. The facility provides access to forensic exams when necessary which are conducted by qualified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The Auditor reviewed the agency's policies, procedures, Memorandums of Understanding, and conducted interviews with investigators, and victim advocate. 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>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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: https://www.bridgesofny.org/reports/PREA_policy.PDF <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residential Director/Case Manager 2. PREA Coordinator Interview 3. Random Staff Interviews <p>Interviews with the PREA Coordinator and PREA Compliance Manager confirmed that all allegations of sexual abuse and sexual harassment are immediately forwarded to the proper authorities for investigation.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Bridges of New York does not conduct administrative or criminal investigations. Policies are in place which requires employees to full cooperate with the New York Department of Corrections and Community Supervision and local law enforcement to ensure that these institutions have the proper information to conduct their</p>

	<p>investigation(s)</p> <p>In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was zero (0).</p> <p>In the past 12 months, the number of allegations resulting in an administrative investigation was zero (0).</p> <p>In the past 12 months, the number of allegations referred for criminal investigation was zero (0).</p> <p>(b) Bridges of New York has a policy (Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment) and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to the New York Department of Corrections and Community Supervision and if necessary local law enforcement for criminal charges. All such referrals are documented.</p> <p>Bridges of New York policy requires staff to document all incidents of sexual abuse and forward them to the PREA Compliance Manager.</p> <p>(c) Bridges of New York has published their policy on its website (https://www.bridgesofny.org/reports/PREA_policy.PDF), however it was found during the post-audit review that it does not specifically indicate who is responsible for conducting both administrative and criminal investigations.</p> <p>(d) Auditor is not required to audit this provision.</p> <p>(e) Auditor is not required to audit this provision.</p> <p>The Auditor concluded that the Bridges of New York appropriately refers criminal allegations of sexual abuse and sexual harassment to the Schenectady Police Department. The Schenectady Police Department has the legal authority to conduct such investigations. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, agency website, investigative reports and interviewing staff and inmates, the Auditor determined the agency meets the requirements of this standard. 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>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with the standard:

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 30-12-025 Staff Training and Development
3. Bridges of New York PREA Annual Report
4. Staff Training Records

Interviews:

1. Program Director/Case Manager
2. PREA Coordinator Interview
3. Random Staff Interviews

During random staff interviews all indicated they receive PREA related training as part of their new hire orientation. They also stated that PREA is part of their annual curriculum and is covered at staff meetings. Training includes their zero-tolerance policy, methods clients can report, responder duties, retaliation, how to care for the victim, preservation of evidence, pat search policies, mandatory reporting requirements and additional topics.

Interviews with the PREA Coordinator and PREA Compliance Manager confirmed PREA training is part of the new hire orientation and annual training curriculum.

Additionally, they stated that staff who transfer from another facility would receive facility specific training before working with clients.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Bridges of New York Schenectady provides all staff with training which includes:

- The zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Offenders' right to be free from sexual abuse and sexual harassment;
- The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- How to comply with relevant laws related to mandatory reporting of sexual

	<p>abuse to outside authorities.</p> <p>Training is provided before new staff can work with clients and annually for all current employees. The Bridges of New York provide copies of staff training certificates and completion reports for all current employees with the preaudit checklist and staff training files were reviewed on site.</p> <p>(b) Bridges of New York staff receives training tailored to the gender of the clients, the Schenectady Facility houses both male and female clients and training records reviewed demonstrated a distinction in training. All staff receives training regardless of whether or not they are reassigned from another facility.</p> <p>(c) All current employees who have contact with clients have received training. A review of the staff training records and random staff interviews confirm training was received. Additionally, PREA standards are reviewed at monthly staff meetings.</p> <p>(d) The Bridges of New York provided training reports which verify they have received the information and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material.</p> <p>The Auditor concluded that Bridges of New York Schenectady has appropriately trained its staff and documented the employees' understanding of the training received. All facility staff interviewed were knowledgeable and retained the information provided through their training efforts. The Auditor reviewed agency policies, procedures, lesson plans, training records, acknowledgement forms, interviewed staff, made observations and determined the facility meets the requirements of this standard. 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>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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. Volunteer Application 3. Visitor PREA Acknowledgment Form <p>Interviews:</p>

1. Residential Director/Case Manager
2. Bridges of New York PREA Compliance Manager
3. Random Staff Interviews

Interviews with the PREA Compliance Manager and random staff confirmed that volunteers and contractors receive PREA orientation prior to entering the facility and working with clients.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Bridges of New York ensures that all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the clients.

The number of volunteers and individual contractors who have contact with clients who have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 12.

(b) All volunteers and contractors who have contact with clients have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with clients and their training is tailored during orientation.

(c) The Bridges of New York maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material.

Training is provided before volunteers can work with clients and again each year for current volunteers. The Bridges of New York provide copies of the "Intern/Volunteer Acknowledgement" for all current volunteers with the preaudit checklist.

The Auditor concluded the Bridges of New York is appropriately training volunteers and contractors. The Bridges of New York training curriculum is appropriate and documentation is maintained showing that volunteers and contractors have received training. The Auditor reviewed the agency's policies, procedures, training curriculum, training records, and interviewed staff and volunteers and determined the agency meets the requirements of this standard. 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.

115.233	Resident education
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1425 421">Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="341 488 1433 734" 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. Resident Handbook (English/Spanish) 5. PREA Pamphlet (English/Spanish) <p data-bbox="279 768 437 801">Interviews:</p> <ol data-bbox="341 869 746 947" style="list-style-type: none"> 1. Random Staff Interviews 2. Random client Interviews <p data-bbox="279 992 1458 1070">During interviews with Random Staffs who conduct the initial education and facility orientation they explained how accommodations can be made if needed.</p> <p data-bbox="279 1070 1445 1193">Specifically, information could be read to individuals who are blind or cannot read the information themselves. They also stated that materials were available in Spanish and that interpretive services are available if needed.</p> <p data-bbox="279 1227 1474 1552">During client interviews, all indicated they received PREA reporting information during the intake process and had a full orientation to the facility within the first 24 hours including the PREA video with subtitles. Most clients had a good of the agency's zero-tolerance policy and indicated they felt safe at the facility. clients indicated they received information about the availability of outside services during orientation. Most indicated they knew the services were available and where to find the information if needed. All clients indicated they signed for the information they received.</p> <p data-bbox="279 1597 651 1630">Site Review Observations:</p> <ol data-bbox="341 1697 1126 1731" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="279 1776 1474 1966">(a) During intake, Random Staffs provide all clients with PREA educational materials. clients sign an PREA Acknowledgment which explains the Bridges of New York zero-tolerance policy towards sexual abuse and sexual harassment, different reporting methods, and right to be free from abuse, harassment and retaliation for reporting such conduct.</p> <p data-bbox="279 2011 1347 2089">The number of clients admitted during past 12 months who were given this information at intake is 279.</p>

(b) The Bridges of New York provides refresher information whenever a client is transferred to a different facility.

The number of clients transferred from a different community confinement facility during the past 12 months was 0.

The number of clients transferred from a different community confinement facility, during the past 12 months, who received refresher information is 0.

(c) The Bridges of New York provides education to clients about their rights to be free from sexual abuse and sexual harassment. The educational materials, client rulebook and PREA Pamphlet include their rights to be free from retaliation for reporting such incidents and that cases of sexual abuse and harassment will be reported to the PREA Coordinator and forwarded for investigation.

(d) Within 30 days clients receive additional education and orientation, client interviews confirmed clients receive and understand PREA education and materials that has been provided. Documentation of additional PREA education is noted in the client file and was reviewed during the onsite audit.

(e) The Bridges of New York provides client education in formats accessible to all clients including those who are limited English proficient. Information is also available for clients who are deaf, those who are visually impaired, those who are otherwise disabled and clients who have limited reading skills.

(f) The Bridges of New York maintains documentation of client participation in initial PREA education and their full comprehensive facility orientation in the client file. Ten (10) files were randomly selected and reviewed during the onsite audit. All files had documentation of the client's initial PREA education and their full facility orientation including the new PREA video.

(g) The Bridges of New York provides additional educational materials in the client dorms in the form of posters.

During the tour of the facility postings with reporting information including The Rape Crisis Center of Schenectady Hotline and contact information for NYDOCCS was observed posted in all areas of the facility.

The Auditor concluded the client population at the Bridges of New York is educated in the facility's zero tolerance policy, how to report allegations, their rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies. The Bridges of New York maintains appropriate documentation in the client file. The Auditor reviewed the agency's policies, procedures, client Handbook, client orientation, acknowledgement form, interviewed staff and clients and determined the facility meets the requirements of this standard. Based on the review and analysis of all of the available evidence, the auditor has determined Bridges of New York is fully compliant with this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York 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. Bridges of New York PREA Coordinator 2. NYDOCCS PREA Investigator <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 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
	Auditor Discussion
	<p>Bridges of New York Schenectady 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. Program Director/Case Manager 2. Bridges of New York PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Bridges of New York Schenectady does not employ their own medical staff or contract for on-site medical services.</p> <p>The number of medical and mental health care practitioners who work regularly at this facility is zero (0).</p> <p>(b) The portion of the standard is Not Applicable as all forensic exams are conducted at Ellis Hospital. Staff interviews confirmed this information.</p> <p>(c) Bridges of New York Schenectady does not employ their own medical staff or contract for on-site medical 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>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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 PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM <p>Interviews:</p> <ol style="list-style-type: none"> 1. Case Manager (Intake and Screening Interview Questions) 2. Random Resident Interviews <p>During Random Staff interviews they indicated that during the intake process they utilize the NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM as part of the intake packet. Random Staffs stated they go over questions with the client and forward the packet to the Program Director for review.</p> <p>During Case Manager interviews they indicated they review the clients initial</p>

NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM with clients during their initial one-on-one meeting with the client. Counselors indicated that initial meetings with new clients generally take place in private, within the first five days of arrival at the facility. Additionally, Counselors stated they reassess the client within 30 days of arrival completing a new NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM.

During client interviews it was confirmed that Random Staffs ask PREA screening questions within the first few hours upon arrival at the facility and that questions are asked individually in a private location. clients also confirmed that during one-on-one meetings with their Case Manager they are asked if anything has changed since their initial PREA screening and if they have any concerns about their safety.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) During the intake process Case Managers ask questions to assess clients for their risk of being sexually abused or sexually abusive toward others.

(b) Interviews conducted with staff indicate intake screenings are typically completed within two hours of arrival but always take place within 72 hours of arrival at the facility.

Bridges of New York Schenectady reported the number of clients entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other clients within 72 hours of their entry into the facility was 252.

(c) The PREA screening assessments are conducted using an objective screening instrument which was verified by the auditor during the onsite visit.

(d) The NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM considers the following:

Risk of Sexual Victimization:

- Do you have a mental, physical, or developmental disability?
- Age of the resident/parolee: _____. Is the resident/parolee under age 18?
- Physical Build: Slight/Average/Muscular/Overweight (circle). Is resident/parolee non-muscular or of small stature?
- Has the resident/parolee previously been incarcerated?
- Is resident/parolee's criminal history exclusively nonviolent?
- Does resident/parolee have convictions for sex offenses against an adult or child?
- Do you wish to identify your sexual orientation or gender identity?
- Are you __gay, __lesbian, __bisexual, __transgender, __intersex, or __gender

nonconforming?

- Do others perceive you to be: __gay, __lesbian, __bisexual, __transgender, __intersex, or __gender nonconforming?
- Have you previously experienced sexual victimization? If yes, did the victimization occur __ during confinement or __ in the community?
- Do you perceive yourself to be at risk for sexual victimization?

Risk of Sexual Abusiveness:

- Has the resident/parolee been convicted of a crime related to sexual abuse of another inmate, detainee, or resident, including the instant offense?
- Does the resident/parolee have a known history of committing institutional sexual abuse?
- Has the resident/parolee been convicted of a violent offense, including the instant offense?
- Does the resident/parolee have a known history of committing institutional violence?

Once the assessment is complete it is reviewed by the Program Director to determine if any additional actions need to be taken based on how the questions were answered. If clients report past victimization in an institution that information is forwarded to the appropriate supervising authority.

(f) Within a set time period not more than 30 days from the client's arrival at the facility, the client's assigned Case Manager reassess the client's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. It was confirmed during Case Manager and client interviews that this reassessment is being completed and documented in the client file.

Bridges of New York Schenectady reported the number of clients entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 252.

(g) The Bridges of New York reassesses a client's risk level when warranted due to a: referral, request, or incident of sexual abuse and receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

(h) The Bridges of New York does not discipline clients for refusing to answer, or for not disclosing complete information in response to the risk screening questions. Interviews conducted with staff reiterated that clients would be not disciplined for refusing to answer the screening questions.

(i) The Bridges of New York has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this

	<p>standard in order to ensure that sensitive information is not exploited.</p> <p>Information is maintained in the client file and kept in the Case Manager's office and is only accessible to authorized staff. Any information completed on the computer is password protected. Ten (10) file reviews were completed, Initial and 30-Day NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM was found to be properly completed and filed.</p> <p>The Bridges of New York asks screening questions to discover each clients level of risk of sexual victimization or sexual predation during the intake process and again within 30 Days. Additionally, reassessments are completes based upon any new additional information, an incident or referrals. The Auditor reviewed the agency's policies, procedures, NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM, client files and interviewed staff and clients. Based on the review and analysis of all of the available evidence, the auditor has determined the Bridges of New York is fully compliant with this standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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 PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM <p>Interviews:</p> <ol style="list-style-type: none"> 1. Case Manager Interviews (Intake and Screening Interview Questions) 2. Program Director Interview 3. Random Resident Interviews <p>During Random Staff interviews they confirmed that during the intake process they utilize the NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM as part of the intake packet and use information from the screening to determine where to house clients in the facility to insure vulnerable clients are housed away potential predators.</p> <p>During Case Manager interviews they indicated that they review the NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM with the client with clients during regular meetings and offer resources to those that disclose prior abuse and make referrals to outside counseling when needed.</p>

During the Program Director interview, he explained that she reviews all NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM. he also stated they use information from the screening to determine where to house clients in the facility to insure vulnerable clients are housed away potential predators.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) The Bridges of New York uses information from the risk screening required by § 115.241, with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: housing assignments, bed assignments, work assignments, education assignments and program assignments.

(b) The Bridges of New York reviews the NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM and utilizes the information to make an individualized, case-by-case determination about how to ensure the safety of each client while housed at the facility.

(c) When deciding where to assign transgender or intersex clients the Program Director determines the clients housing assignment after consulting with Case Managers and reviewing client records and an interview with the client taking into consideration the clients own views of where they would prefer to be housed.

(d) The Bridges of New York policy requires that placement and programming assignments for each transgender or intersex client is reassessed at least once per year.

(e) The PREA Compliance Manager meets with transgender or intersex individuals to discuss the clients' own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

(f) Transgender clients at Bridges of New York have the opportunity to shower separately from other clients.

During the onsite audit there were no transgender clients assigned to the facility.

(g) The Bridges of New York does not place lesbian, gay, bisexual, transgender, or intersex clients in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such clients. Bridges of New York does not have a dedicated unit or wing solely on the basis of identification or status.

Information is maintained in the client file and kept in the Case Manager's office and is only accessible to authorized staff. Documentation completed on the computer is password protected. Ten (10) file reviews were completed, Initial and 30-day

	<p>NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM was found to be properly completed and filed.</p> <p>The Auditor concluded the Bridges of New York makes individualized determinations when assigning client's housing, bed, work, programming and education assignments. The Bridges of New York has appropriate policies, procedures and practices in place to protect vulnerable clients from those identified as potential abusers. The Auditor conducted a thorough review of policies, procedures, records, NYDOCCS PRISON RAPE ELIMINATION ACT (PREA) RISK SCREENING FORM, interviewed staff and clients. 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>
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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 PREA Brochure 2. Resident Handbook (English/Spanish) 3. NYDOCCS PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews 2. Random Client Interviews <p>During staff interviews, they were able to articulate multiple ways that clients can report abuse and harassment. They included written reports, verbal reports to any staff member, use of the kiosk, anonymous and third-party reports and the use of hotline number for The Rape Crisis Center of Schenectady and the NYDOCCS. Additionally, staff stated that clients have access to personal cell phones or could go directly to the local police department if needed. Random Staff indicated how reporting information is provided to clients at intake and during orientation and where addition information is posted.</p> <p>During client interviews, they understood multiple ways they can report abuse and harassment. These included written notes, verbally telling a staff member, use of the kiosk, anonymous and third-party reports and the use of the hotline number for The Rape Crisis Center of Schenectady and NYDOCCS. Many clients also indicated</p>

	<p>they could also report to their Case Manager or go directly to the local police. Client's indicated they were provided reporting information at intake and during orientation and were aware of locations where addition information is posted.</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>The Bridges of New York provides multiple internal and external ways for clients to privately report sexual abuse and sexual harassment. Information on how to make a report is provided to clients at intake and orientation and posted in client dorms and common areas.</p> <p>Reports may be made verbally to a staff member or in writing to a supervisory or management staff. clients have access to kiosks that they can uses to submit a request to speak privately with administrative staff. Additionally, The Rape Crisis Center of Schenectady and NYDOCCS hotline is posted in several locations around the facility.</p> <p>Outgoing mail is sealed and locked in a mailbox until it is picked up by the Postal Service. clients also have the option of sending mail while out of the facility.</p> <p>Clients have access to a free house phone 24/7 and clients also have their own cell phones.</p> <p>Postings informing clients of how to make a report were found on bulletin boards, in the dining area and by the client phones. The Rape Crisis Center of Schenectady and NYDOCCS number were both tested during the onsite audit. Both were answered immediately.</p> <p>Bridges of New York provides multiple ways for clients to report allegations of sexual abuse and sexual harassment including facility leadership. The Bridges of New York requires staff to accept, report, and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, client Rulebook, education materials, staff training materials, Zero-Tolerance Poster, Investigative records, training records, and interviewed staff and clients. 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>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:

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 30-52-038 Client Grievances
3. Resident Handbook (English/Spanish)
4. NYDOCCS PREA Posters

Interviews:

1. Random Staff Interviews
2. Random Resident Interviews

Site Review Observations:

1. Observations during on-site review of physical plant

(a,b) Bridges of New York 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.

(c) Resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Bridges of New York insures the grievance is not refereed to the staff member who is the subject of the complaint. Bridges of New York 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.

(d) This time period does not include time consumed by residents in preparing any administrative appeal. Bridges of New York 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. Bridges of New York notifies the resident in writing of any such extension and provides a date by which a decision will be made.

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.

(e) 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, Bridges of New York documents the resident's decision.

	<p>(f) Bridges of New York 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>In the past twelve months Bridges of New York 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>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>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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 Handbook (English/Spanish) 3. NYDOCCS PREA Posters 4. MOU The Rape Crisis Center of Schenectady <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random staff interviews 2. Random client interviews <p>During interviews with staff they indicated that clients are provided information about outside services available during the intake and orientation process and that additional information is posted and available in the client rulebook.</p> <p>During client interviews all indicated they received information at intake about outside service providers and information was provided about the confidentiality of their interactions with the provider. Several also indicated they could speak with their Case Manager if they needed those type of services. clients understood that conversations with their Case Managers and outside providers are confidential.</p>

	<p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>(a) The Bridges of New York provides clients with access to outside victim advocates for emotional support services related to sexual abuse by giving clients email addresses and telephone numbers, including toll-free hotline numbers, of local, State, and national victim advocacy or rape crisis organizations, this information is located in the PREA pamphlet and client rulebook provided at intake and on posters on bulletin boards and by client phones.</p> <p>(b) The Bridges of New York informs clients that communication with outside resources is confidential unless otherwise indicated by the provider.</p> <p>(c) The Bridges of New York has an MOU with The Rape Crisis Center of Schenectady for confidential emotional support services related to sexual abuse.</p> <p>clients are provided phone numbers to contact The Rape Crisis Center of Schenectady for support services. Additionally, clients have 24/7 access to free house phones and the majority of clients also have their own cell phones.</p> <p>Posters were posted on the bulletin board in the hallway and in dayrooms. The posters have addresses and phone number for The Rape Crisis Center of Schenectady. The Rape Crisis Center of Schenectady was contacted during the onsite audit, they explained they provide a whole list of services including hot line counseling services, crisis response, sexual assault services, and victim advocacy. The Rape Crisis Center of Schenectady indicated that any correspondence with clients are confidential and they would only notify authorities if the client gave them permission to do so.</p> <p>The Bridges of New York maintains documentation it provides emotional support services for sexual abuse victims through a written agreement with The Rape Crisis Center of Schenectady. Contact information for these organizations is provided to each client upon intake, during orientation and is available throughout the facility. The Auditor reviewed the agency's policies, procedures, agreements, client Rulebook, pamphlet, interviewed staff and clients to determine the facility meets the requirements of this standard. 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>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Bridges of New York Schenectady provided the following documents to assist the

auditor in determining compliance with the standard:

1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment
2. Resident Handbook (English/Spanish)
3. Bridges of New York Website (<https://www.bridgesofny.org/>)
4. NYDOCCS PREA Posters

Interviews:

1. Random Staff Interviews
2. Random Resident Interviews

During interviews with staff they were asked if they were required to accept third-party reports of sexual abuse or sexual harassment. Each staff member informed the Auditor they are required to accept all allegations of sexual abuse and sexual harassment. Staff informed the Auditor they accept the report, immediately inform a supervisor, and promptly document the allegation

During interviews with clients they were asked what avenues were available for reporting sexual abuse or sexual harassment. clients stated they could tell a staff member, write a request or inform another person to make an allegation for them. clients were aware they could also report anonymously. clients understood they could have a family member, other client or any other person file an allegation on their behalf.

Site Review Observations:

1. Observations during on-site review of physical plant

(a,b) The Bridges of New York accepts and investigates third-party reports of sexual abuse and harassment. Information is posted in the facility and available on the Bridges of New York website. (<https://www.bridgesofny.org/>)

Reporting mechanisms are also outlined on the Bridges of New York website, which is available to the general public.

Third parties can also contact any staff member at the facility verbally or in writing.

The Auditor determined that Bridges of New York staff accepts all reports, including third-party reports, of sexual abuse and sexual harassment. The public is informed through the Bridges of New York website how and to whom to make third-party reports on behalf of clients. The Auditor reviewed the agency's policies, procedures, website, training and education documents, client Handbook, posters, and conducted interviews with staff, volunteers and clients and determined the facility meets the requirements of this standard. 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.

115.261	Staff and agency reporting duties
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1428 421">The Bridges of New York Newburgh Facility provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="343 488 1433 645" 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 Handbook (English/Spanish) 3. NYDOCCS PREA Posters <p data-bbox="279 689 437 723">Interviews:</p> <ol data-bbox="343 790 1348 902" 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="279 947 647 981">Site Review Observations:</p> <ol data-bbox="343 1048 1125 1081" style="list-style-type: none"> 1. Observations during on-site review of physical plant <p data-bbox="279 1126 1476 1653">(a) Bridges of New York requires 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. It also requires 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. Lastly, staff must report immediately and according to 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. Interviews conducted with staff showed they understood their duty to report any instances or suspected instances of sexual abuse. Staff was also aware of their duty not to discuss the allegations with anyone not directly involved in the response and investigation.</p> <p data-bbox="279 1697 1452 1933">(b) Apart from reporting to the Program Director, Newburg staff refrains 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. The staff was able to clearly articulate during the interviews the importance of keeping the information confidential.</p> <p data-bbox="279 1977 1120 2011">(c) Bridges of New York does not have onsite medical staff.</p> <p data-bbox="279 2056 1460 2089">(d) Bridges of New York does not house residents under the age of 18, if the victim</p>

	<p>is considered a vulnerable adult staff must report the allegation to the designated State or local services agency under applicable mandatory reporting laws</p> <p>(e) Bridges of New York staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to NYDOCCS for investigation. Staff interviewed were aware of their reporting responsibilities.</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>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Bridges of New York Newburgh 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. Case Manager Interview (Intake and Screening Interview Questions) 2. Random Staff Interviews 3. Random Resident Interviews <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) According to Bridges of New York policy, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident. Bridges of New York reported no instances of substantial risk of imminent sexual abuse during the reporting period. Interviews with the Program Director indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal and isolation of the threat.</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>

115.263	Reporting to other confinement facilities
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with the standard:

1. Bridges of New York Policy P106 Official Response Following an Offender Report

Interviews:

1. State Executive Director
2. Random Staff

During the State Executive Director interview, he understood that he was to report any information about sexual abuse at another facility to the head of such facility. Additionally, Judicial District staff understood that all allegations received about abuse at their facility is to be taken seriously, reported and investigated immediately.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Bridges of New York policy states that upon receiving an allegation that a client was sexually abused while confined at another facility, the State Executive Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.

During the past 12 months, the number of allegations the facility received that a client was abused while confined at another facility was zero (0).

(b) Bridges of New York policy states that within 72 hours of receipt of an allegation a client was sexually abused while confined at another facility, the receiving State Executive Director will notify the Warden/Director of the facility where the incident was alleged to have occurred. Such notifications shall be documented and maintained in the client's file.

(c) The Bridges of New York documents all such notifications

(d) The State Executive Director will initiate an investigation on all notifications of reported sexual abuse or harassment they receive from another facility.

In the previous 12 months the facility reported zero (0) reports from another facility in which a client alleged sexual abuse while housed at the facility.

The State Executive Director fully understand the requirement to report allegations to other confinement facilities and to ensure allegations received are investigated.

	<p>Staff members understand the agency’s requirement to immediately report allegations of sexual abuse and sexual harassment so allegations can be investigated. The Auditor reviewed the agency’s policies, procedures, and interviewed staff and determined the facility meets the requirements of this standard. 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>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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 P106 Official Response Following an Offender Report 2. First Responder Template 3. First Responder Checklist <p>Interviews:</p> <ol style="list-style-type: none"> 1. Facility Director/PREA Compliance Manager 2. Random Staff Interviews <p>Random staff interviews confirm their knowledge of actions to be taken upon learning that a client was sexually abused and could describe the steps outlined in Bridges of New York policy and on the First Responder Checklist.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Bridges of New York staff, upon learning of an allegation that a client was sexually abused are required to:</p> <ul style="list-style-type: none"> • Separate the alleged victim and abuser • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence <p>Request that the alleged victim not take any actions that could destroy physical evidence</p>

- including washing
- brushing teeth
- changing clothes
- urinating or defecating
- smoking, drinking, or eating

as long as the abuse occurred within a time period that still allows for the collection of physical evidence.

Additionally, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence including:

- washing
- brushing teeth
- changing clothes
- urinating or defecating
- smoking, drinking, or eating

as long as the abuse occurred within a time period that still allows for the collection of physical evidence.

A review of training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided.

In the past 12 months, the number of allegations that a client was sexually abused was two (2).

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser was zero (0).

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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 was zero (0).

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times

	<p>the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating was zero (0).</p> <p>Of the allegations that a client was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was two (2).</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was (0).</p> <p>Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff was zero (0). Both allegations were against security staff members, therefore, security staff was not notified and these went directly to investigators.</p> <p>The Auditor determined that staff are knowledgeable in their duties as first responders to sexual abuse. The Auditor reviewed agency policies, procedures, training records, conducted interviews with staff and determined the facility meets the requirements of this standard. 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>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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 P106 Official Response Following an Offender Report 2. Offender on Offender Flow Chart 3. Staff on Offender Flow Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager 2. Agency PREA Coordinator 3. Random Staff Interviews <p>Interviews with the Client Supervisor, PREA Coordinator and other random staff</p>

	<p>show knowledge of their duties to coordinate actions taken in response to a sexual abuse allegation. Also, all staff has access to PREA Response flowcharts and have access to a First Response Checklist which details the steps to take in response to a sexual abuse allegation.</p> <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Bridges of New York policy provides a written coordinated response at the facility to coordinate actions taken in response to an incident of sexual abuse and the notification procedures among staff first responders, administration, central office, investigators, and victim advocate services.</p> <p>The Auditor determined the Bridges of New York's coordinated response plan includes actions to ensure personnel respond appropriately to reports of sexual abuse. The Auditor reviewed policies, procedures, Flow Charts, and interviewed staff to determine the facility meets the requirements of this standard. 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>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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 P106 Official Response Following an Offender Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator <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, P106 Official Response Following an Offender Report states:</p>

	<p><i>Neither the Department nor any other governmental entity responsible for collective bargaining on the Departments behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the Department's ability to remove alleged staff sexual abusers from contact with offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</i></p> <p><i>Nothing in this standard shall restrict the entering into or renewal of agreements that govern:</i></p> <p><i>a. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276; or</i></p> <p><i>b. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</i></p> <p>The Bridges of New York has space and ability to protect clients from known abusers. 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>
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115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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 P106 Official Response Following an Offender Report 2. Retaliation Monitoring Forms <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director/PREA Compliance Manager <p>During an interview with the Program Director/PREA Compliance Manager he indicated she is responsible for monitoring for retaliation. The Client Supervisor explained what steps she takes to monitor those who report abuse or harassment. The Client Supervisor indicated disciplinary charges, Incident Reports, classification</p>

actions, changes in behavior, and work assignments are reviewed. Documents reviewed by the Client Supervisor are reviewed electronically and in written form. The Client Supervisor discussed the review process if a client alleges retaliation by a staff member. The Client Supervisor periodically meets with clients who report abuse or harassment. The Auditor asked what the maximum amount of time they monitor for acts of retaliation. HE indicated policy does not designate a maximum amount of monitoring time but does require they monitor for a minimum of 90 days. The Auditor asked what actions may be taken to ensure inmates are protected if he discovers a client is being retaliated against. The Client Supervisor explained they can make housing adjustments, programming assignment changes, education adjustments, or move clients to another facility.

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Bridges of New York policy outlines a process to protect all clients and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Program Director/PREA Compliance Manager or designee is responsible for monitoring.

(b) The Bridges of New York has multiple protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

(c) The Program Director/PREA Compliance Manager or designee will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. The Program Director/PREA Compliance Manager or designee also monitors any client disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Program Director/PREA Compliance Manager or designee may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(d) The Program Director/PREA Compliance Manager or designee conducts status checks and that information is documented and maintained in the clients file.

(e) The Program Director/PREA Compliance Manager or designee also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

	<p>The number of times an incident of retaliation occurred in the past 12 months was zero (0).</p> <p>The Auditor determined the Bridges of New York has a process in place to effectively monitor for retaliation against those that report sexual abuse and harassment. The Auditor reviewed policies, procedures, retaliation monitoring forms and interviewed staff to determine the facility meets the requirements of this standard. 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>
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115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Bridges of New York 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. Program Director 2. Bridges of New York PREA Coordinator 3. NYDOCCS Investigator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) Bridges of New York refers all reports to NYDOCCS who ensures that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. (b) Where sexual abuse is alleged, NYDOCCS uses investigators who have received specialized training in sexual abuse investigations as required by 115.234. (c) NYDOCCS or local law enforcement will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to NYDOCCS investigators and/or local law enforcement as soon as possible.

	<p>(d) NYDOCCS investigators and/or local law enforcement are responsible for the criminal investigations that maybe referred for prosecution.</p> <p>(e) An interview conducted with NYDOCCS confirms that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff. NYDOCCS investigates all allegations of sexual abuse and may refer matters to local law enforcement as warranted.</p> <p>(f) NYDOCCS conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.</p> <p>(g) Bridges of New York staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence to NYDOCCS investigators.</p> <p>(h) Bridges of New York retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>(i) Bridges of New York policy states the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p>(j) Not required to audit this provision</p> <p>(k) Bridges of New York staff provides all of their internal reports to NYDOCCS investigators and/or local law enforcement as soon as possible following an allegation. Bridges of New York staff cooperates with investigators as requested.</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>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The Bridges of New York 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. Program Director 2. Bridges of New York PREA Coordinator 3. NYDOCCS Investigator <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 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>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>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Bridges of New York 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. Program Director 2. Bridges of New York PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>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>

	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.
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady provided the following documents to assist the auditor in determining compliance with the standard:</p> <p>1. Bridges of New York Policy 40-11-038 PREA, 30-12-007 Sexual Misconduct and 30-12-036 Sexual Harassment</p> <p>Interviews:</p> <p>1. Program Director 2. Bridges of New York PREA Coordinator</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>(a) Bridges of New York policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/ harassment policies.</p> <p>(b) Bridges of New York policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</p> <p>(c) Bridges of New York policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.</p> <p>(d) The terminations for violations of agency sexual abuse and harassment or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0).</p> <p>In the past 12 months, the number of staff from the facility who have been</p>

	<p>terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).</p> <p>In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse) was zero (0).</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).</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>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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. Program Director 2. NYDOCCS Investigator 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>(a) Bridges of New York Policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with clients and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p>(b) Bridges of New York Policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with clients and shall be reported to law enforcement agencies and relevant licensing bodies.</p>

	<p>Bridges of New York reported that in the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of clients is zero (0).</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>
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115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Bridges of New York Schenectady 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. Program Director 2. Bridges of New York PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Bridges of New York policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>In the past 12 months, the number of administrative findings of client-on-client sexual abuse that have occurred at the facility was zero (0).</p> <p>In the past 12 months, the number of criminal findings of guilt for client-on-client sexual abuse that have occurred at the facility was zero (0).</p> <p>(b) Bridges of New York client rule book reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the client's disciplinary history, and the sanctions imposed for comparable offenses by other clients with similar histories.</p> <p>(c) The Bridges of New York disciplinary process considers whether a client's mental disabilities or mental illness contributed to his or her behavior when determining</p>

	<p>what type of sanction, if any, should be imposed.</p> <p>(d) Bridges of New York is a short-term facility and does not provide therapy or other counseling services. If needed, clients will be referred to outside service provider for those services.</p> <p>(e) Bridges of New York will discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>(g) The Bridges of New York has a zero-tolerance policy concerning sexual contact.</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>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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. Program Director 2. Bridges of New York PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) Bridges of New York policy states client victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>(b) All Bridges of New York staff are trained and act as security staff first</p>

	<p>responders, if no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>(c) Bridges of New York staff confirmed that client victims of sexual abuse are 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.</p> <p>(d) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</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>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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. The Rape Crisis Center of Schenectady <p>Interviews:</p> <ol style="list-style-type: none"> 1. Program Director 2. Bridges of New York PREA Coordinator <p>Interviews with administrative staff confirmed that clients (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Facility staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital. All notifications are completed to the appropriate individuals and to follow outside medical staff's directive regarding any forensic examination. Random staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols.</p> <p>Random staff interviews also indicated that a referral could be made to the hospital</p>

	<p>to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Outside mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Random staff interviews indicated outside mental health staff could see the victim and provide one-on-one counseling and make available outside emotional support services and follow-up care.</p> <p>Site Review Observations:</p> <p>1. Observations during on-site review of physical plant</p> <p>(a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the responsible health authority.</p> <p>(b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.</p> <p>(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.</p> <p>(d) Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</p> <p>(e) Female victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>(f) client victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p>(g) Medical co-payment fees are not imposed to clients for any medical services.</p> <p>(h) Mental Health - After any emergency treatment is provided, outside health care staff may make a referral to outside mental health staff notifying them of the event</p> <p>Bridges of New York staff has protocols in place to assist in expediting a client to Ellis Hospital for emergency services. Also, facility staff will contact The Rape Crisis Center of Schenectady to provide a victim advocate upon request from the client during the forensic medical examination. The facility has available the contact information for clients to call or write for additional assistance as needed.</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>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The Bridges of New York provided the following documents to assist the auditor in determining compliance with the standard:

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

Interviews:

1. Program Director
2. Bridges of New York PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

(a) Bridges of New York policy requires 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.

(b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.

(c) The review team includes the upper-level management staff, NYDOCCS investigators, and outside medical or mental health practitioners.

(d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

(e) Bridges of New York policy requires the implementation of recommendations or documents its reasons for not doing so.

Bridges of New York reported zero (0) allegation of sexual abuse during the audit period which required a Sexual Abuse Incident Review. The Incident Review was completed as required.

The Auditor determined the facility conducts incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review. The

	Auditor reviewed the agency’s policies, procedures, training records, investigative record, conducted interviews with staff and determined the facility meets the requirements of this standard. 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.
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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 P110 PREA Data Collection and Review 2. Annual Reports (2024) 3. Bridges of New York PREA Webpage - https://www.bridgesofny.org/index.html <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <p>(a) The Bridges of New York reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) The Bridges of New York annual report includes 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</p> <p>(c) The Bridges of New York’s annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Bridges of New York website. https://www.bridgesofny.org/index.html</p> <p>(d) The Bridges of New York indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a 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>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bridges of New York Schenectady 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 P110 PREA Data Collection and Review 2. Annual Reports (2024) 3. Bridges of New York PREA Webpage - https://www.bridgesofny.org/index.html <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency PREA Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations during on-site review of physical plant <ol style="list-style-type: none"> (a) The Bridges of New York reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings (b) The Bridges of New York annual report includes 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 (c) The Bridges of New York's annual report is reviewed by the Agency PREA Coordinator and made available to the public on the Bridges of New York website. https://www.bridgesofny.org/index.html (d) The Bridges of New York indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility. <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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The Bridges of New York 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 Harassment2. Bridges of New York Website - http://www.bridgesofnewyork.org/index.html <p>Interviews:</p> <ol style="list-style-type: none">1. Program Director2. Bridges of New York Coordinator <p>Site Review Observations:</p> <ol style="list-style-type: none">1. Observations during on-site review of physical plant <p>(a) Bridges of New York reviews data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</p> <p>(b) Bridges of New York annual report includes 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</p> <p>(c) Bridges of New York's annual report is reviewed by agency leadership and made available to the public on the Bridges of New York website. http://www.bridgesof-newyork.org/index.html</p> <p>(d) Bridges of New York indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a 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>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor reviewed the Bridges of New York web page (http://www.bridgesof-newyork.org/index.htm) The page has posted two (2) audit reports for their two (2) facilities' audits completed through 2024. The Bridges of New York works with</p>

	<p>Certified PREA auditors to ensure one third of their facilities are audited each year.</p> <p>The auditor had access to the entire facility and was able to conduct confidential staff and client interviews and was provided documentation as need to assess compliance with the standards. clients were aware they could send confidential correspondence to the auditor. Pre-audit postings were provided to the facility six weeks prior to the audit. Documentation the notices were posted was provide to the auditor and postings were seen in all areas of the facility during the tour.</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>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed the Bridges of New York web page (http://www.bridgesof-newyork.org/index.htm) The page has posted two (2) audit reports for their two (2) facilities' audits completed through 2024. The Bridges of New York works with Certified PREA auditors to ensure one third of their facilities are audited each year.</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>

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	na

	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.)	
	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	yes

	staffing patterns?	
	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,	yes

	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?	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	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	na

	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.)	
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.)	yes
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).)	yes
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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
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	na

	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)).	
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	na

	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.)	
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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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	Use of screening information	

(f)		
	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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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	yes

	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.)	
	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	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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).)	yes
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	yes

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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.)	yes
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	yes

	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.)	
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	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
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	yes

	same manner as if they were communicating with legal counsel?	
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