

# PREA Facility Audit Report: Final

**Name of Facility:** Dempsey Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 08/28/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Ronell Prioleau	<b>Date of Signature:</b> 08/28/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prioleau, Ronell
<b>Email:</b>	r.priolo@yahoo.com
<b>Start Date of On-Site Audit:</b>	07/17/2024
<b>End Date of On-Site Audit:</b>	07/18/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Dempsey Center
<b>Facility physical address:</b>	900 Watertown Avenue, Waterbury, Connecticut - 06708
<b>Facility mailing address:</b>	58 High Street, Torrington, Connecticut - 06790

Primary Contact
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<b>Name:</b>	Jamie Calvano
<b>Email Address:</b>	amie.calvano@mccallbhn.org
<b>Telephone Number:</b>	203-756-8984 ext. 11

<b>Facility Director</b>	
<b>Name:</b>	Joshua Lecker, LADC, MFTA
<b>Email Address:</b>	joshua.lecker@mccallbhn.org
<b>Telephone Number:</b>	203-756-8984 ext 113

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	34
<b>Current population of facility:</b>	34
<b>Average daily population for the past 12 months:</b>	32
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-60
<b>Facility security levels/resident custody levels:</b>	Residential 3.5/Pre-trial
<b>Number of staff currently employed at the facility who may have contact with</b>	29

<b>residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	16
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

**AGENCY INFORMATION**

<b>Name of agency:</b>	McCall Behavioral Health Network
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	58 High Street, Torrington, Connecticut - 06790
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

**Agency Chief Executive Officer Information:**

<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Jamie Calvano	<b>Email Address:</b>	jamie.calvano@mccallbhn.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:**

1

- 115.221 - Evidence protocol and forensic medical examinations

**Number of standards met:**

40

**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:	2024-07-17
2. End date of the onsite portion of the audit:	2024-07-18

#### 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:	Susan B Anthony Project

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	34
15. Average daily population for the past 12 months:	32
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	10
<b>38. 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:</b>	0
<b>39. 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:</b>	0
<b>40. 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:</b>	0
<b>41. 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:</b>	1
<b>42. 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:</b>	0
<b>43. 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:</b>	0

<p><b>44. 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:</b></p>	<p>0</p>
<p><b>45. 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:</b></p>	<p>0</p>
<p><b>46. 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:</b></p>	<p>0</p>
<p><b>47. 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:</b></p>	<p>0</p>
<p><b>48. 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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. 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:</b></p>	<p>25</p>
<p><b>50. 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:</b></p>	<p>0</p>

<p><b>51. 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:</b></p>	<p>5</p>
<p><b>52. 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:</b></p>	<p>No text provided.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>9</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>I reviewed the number of residents required to interview. I reviewed all the inmate races, age span and varied release dates within the population. I then ensured I selected a variety of race, age and release dates. I further ensured I selected residents from each housing unit. I also considered program assignments.</p>



<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. 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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<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".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.

<p><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>61. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>

<p><b>62. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>63. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>64. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>65. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>66. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>67. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>68. 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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>69. 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 Alleged to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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><b>b. 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).</b></p>	<p>The completed PAQ information collaborated the numbers provided. Interviews throughout and during the site review did not produce any of this group of residents. I verified by asking all residents who were interviewed if they were a disabled person or part of a targeted group. I further asked if they knew of any other residents that were a part of the targeted groups. The auditor interviewed all the residents that were available to interview.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" 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 checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input checked="" type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>I reviewed the number of staff required to interview. I reviewed all the staff shifts, races, gender and ranking positions or job titles. I then ensured I selected a variety gender and race and choose from persons from each shift. I further ensured I selected staff form varying jobs and disciplines. I also considered the total number of available staff.</p>



<b>If "None," explain:</b>	N/A
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	13
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**79. 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)

**80. 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
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	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.

<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>85. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. 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)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>90. 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?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “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.

**92. 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
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	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.



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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no cases.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no cases.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. 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

**116. 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

**121. 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

**Identify the name of the third-party auditing entity**

Correctional Consulting Services

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <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>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Site Review Observations</li> </ol> <p>The PREA Compliance Manager and the agency wide PREA Coordinator expressed confidence in their ability to fulfill all duties related to the Prison Rape Elimination Act (PREA). The Compliance Manager, who regularly convenes with the facility’s leadership, affirmed their capacity to introduce necessary modifications. The Facility Director during an interview, emphasized the importance of safeguarding against</p>

	<p>sexual abuse and harassment. They further acknowledged the Compliance Manager’s role within the leadership team and their authority to implement required changes.</p> <p>The Edward Dempsey Community Center (EDCC) has implemented an agency-wide procedure, the Prison Rape Elimination Act (PREA) Operating Procedure, which enforces a strict no-tolerance policy towards sexual assault, abuse, and harassment. The PREA policy outlines EDCC strategy for training its employees, volunteers, and contractors on how to prevent, detect, and respond to such incidents, and it emphasizes the staff’s obligation to report any such occurrences. A designated PREA Coordinator, who reports to the Agency Head, has been appointed agency wide. The auditor has meticulously reviewed the agency’s policies, procedures, and organizational chart, and has conducted interviews with both staff and residents.</p> <p>The auditor has confirmed that the agency has successfully established an appropriate zero-tolerance policy, which includes methods for preventing, detecting, and responding to all allegations of sexual abuse and harassment. A suitable staff member has been assigned to develop, implement, and supervise the agency and facility’s efforts to comply with PREA. Consequently, EDCC has effectively fostered a culture of zero tolerance towards all forms of sexual abuse and harassment.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Completed PAQ</li> <li>2. McCall Foundation Memorandum</li> <li>3. PC and PCM Interview Notes</li> </ol> <p>The McCall Behavioral Health Center Foundation is a not-for-profit agency and does not contract for confinement of its Court Support Service Division Program. After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence relied upon to make Compliance Determination:

1. EDCC Policy
2. Completed PAQ
3. PC and PCM Interview Notes
4. Site Review Observation

PREA Policy 115.213 and Staffing Plan for Edward Dempsey Community Center mandates that the McCall Foundation will provide staffing and monitoring at facilities in accordance with contractual and PREA obligations. These plans are evaluated at minimum annually. The staffing plan outlines the minimum number of staff required for the program during all 3 shifts, 7 days per week. It further indicates the frequency of head counts and rounds.

The facility operates according to a staffing plan that aligns with recognized detention and correctional practices. This plan is reviewed on an annual basis, and any issues that are identified are prioritized and addressed. Recently, there have been no issues with staffing shortages.

The staffing plan considers a variety of factors. These include the physical layout of the facility, the population of offenders, the placement of supervisory staff, institutional programs, local laws, and incidents of sexual abuse.

Over the last 12 months, there have been no deviations from the staffing plan however the most common reasons for deviations from the staffing plan have included scheduled leave time, mandatory training, staff vacancies, short-term medical leave, approved scheduled leave, and call-ins. Any deviations from the plan must be documented and justified.

The facility Director reviews the staffing plan annually, or more frequently if necessary. If the facility is not staffing according to the plan, a comprehensive written explanation is required. This explanation must include possible solutions to increase staffing levels.

During a tour of the facility, potential “blind spots” were identified however all were corrected immediately. The facility leadership is constantly reviewing potential problem areas and implementing solutions.

The auditor concluded that the facility’s staffing plan is adequate to ensure the protection of staff and residents from sexual abuse. The auditor’s compliance determination was based on a review of policies, procedures, the staffing plan, facility logbooks, shift rosters, observations, and interviews with staff and residents.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.



<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Random Staff interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. PC and PCM interview Notes</li> </ol> <p>Edward Dempsey Community Center policy states that offenders are not searched or physically examined for the sole purpose of determining the genital status. If the offender’s genital status is unknown, EDCC staff will initiate a conversation with the offender in a professional manner in a private setting to preserve confidentiality. Policy states that staff at Edward Dempsey do not conduct strip searches, pat down searches, or visual body cavity searches. It is prohibited for staff to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Edward Dempsey Community Center enables residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing such activity. Staff of all gender will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Transgender and intersex residents are given the opportunity to shower separately from other residents.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> </ol>

	<p>3. Specialized Staff Interview Notes</p> <p>4. Random Resident Interview Notes</p> <p>5. PC and PCM Interview Notes</p> <p>6. Random Staff Interview Notes</p> <p>7. Informal Conversations with Staff and Residents</p> <p>8. Site Review Observations</p> <p>The staff at the Edward Dempsey Community Center ensures that each inmate receives information about the Prison Rape Elimination Act (PREA) upon arrival. For residents who are disabled or do not speak English, the facility provides intake and orientation materials in both English and Spanish and offers translation services if needed. Staff members also provide individual assistance to residents who need additional help understanding the information. Additionally, the program does not rely 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, or the investigation of the resident’s allegations. Several Local Service Providers are listed for assistance with residents with disabilities.</p> <p>During the site review, the auditor observed that the facility has a written policy mandating zero tolerance towards sexual abuse and sexual harassment. The auditor observed PREA posters and other materials posted in housing units and other common areas, all of which were in English and Spanish. The facility uses various services to ensure that all residents, including those who are limited English-speaking, have disabilities, or have a speech disability, have an equal opportunity to participate in PREA education. These services include a Welcome Handbook, and a list of various interpretation contact information and services. I verified this information by interviewing one resident who was hard of hearing.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon to make Compliance Determination: <ul style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> </ul>

	<p>3. Specialized Staff Interview Notes</p> <p>4. Staff File Reviews</p> <p>5. Informal Staff Conversations</p> <p>The agency has established comprehensive policies and procedures to identify individuals who have been convicted of sexual abuse in a confinement setting, or who have engaged in or attempted to engage in sexual activity in the community. This also extends to those who have been civilly or administratively adjudicated for the same. To facilitate this, the agency has developed an Applicant Questionnaire and Background Investigation Form. This form is designed to inquire specifically about these activities, encompassing all provisions outlined in this standard.</p> <p>To ensure the effectiveness of these measures, I conducted interviews with line staff and Human Resources staff, verifying the utilization of the form. This was further confirmed through a review of personnel files, where it was found that the questions were consistently asked and answered. The staff interviews also confirmed that they were asked these questions.</p> <p>The documentation review revealed that this process is not only used for new applicants but is also integrated into the agency’s promotion system. This was further corroborated through facility-level interviews and discussions with promoted personnel. EDCC does not use volunteers and has no long-term contractors.</p> <p>The agency has implemented a thorough background investigation process for all new employees, conducted in accordance with Department policy. As part of this process, a Criminal History Check is carried out through the National Crime Information Center (NCIC). Moreover, the facility conducts a separate five-year Criminal History Check. A review of the logs confirmed that these checks are being carried out for all staff. Thus, the agency’s commitment to maintaining a safe and secure environment is evident in its rigorous screening and monitoring processes.</p> <p>After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.</p>
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<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon to make Compliance Determination:  1. EDCC policy

	<p>2. Completed PAQ</p> <p>3. Specialized Staff Interview Notes</p> <p>4. PC and PCM Interview Notes</p> <p>The Edward Dempsey Community Center in its commitment to maintaining a safe and secure environment, has not undertaken any significant expansion of the existing facility, nor are there any approved plans for such developments in the foreseeable future.</p> <p>During several interviews, it was confirmed that should there be any future expansions or acquisitions, a holistic approach to security and safety will be adopted. This approach will encompass all aspects of resident safety, with a particular emphasis on ensuring the sexual safety of all residents and staff. This commitment to safety is a testament to the agency’s dedication to upholding the rights and well-being of those within its care.</p> <p>The PREA Coordinator and the agency’s approach to facility management demonstrates a strong commitment to maintaining a safe and secure environment for its residents. Through careful planning, adherence to policy, and a focus on comprehensive safety measures, the agency strives to uphold its responsibilities and commitments to those in its care.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Random Staff Interview Notes</li> <li>5. Community Partner Interview Notes</li> <li>6. Onsite Review Observations</li> </ol> <p>During the onsite visit it was determined that Edward Dempsey Community Center is not responsible for conducting investigations or performing forensic examinations.</p>

	<p>The Waterbury Police Department is responsible for the criminal investigations. Connecticut Court Services are responsible for administrative investigations. The Charlotte Hungerford Hospital and partner Susan B Anthony Project is responsible for SAFE/SANE forensic examinations. Additionally, although not required to conduct investigations the PC has completed extensive investigative training.</p> <p>Although these services have not yet been utilized at the facility, their availability was confirmed through community partner interviews and review of the memorandum of understanding. After a thorough review of all documentation and information obtained during interviews at both agency and facility levels, it was determined that the agency is compliant with the requirements of this standard and all provisions.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility exceeds the requirements of this standard.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC policy</li> <li>2. Completed PAQ</li> <li>3. Specialized Staff Interview Notes</li> <li>4. PC and PCM Interview Notes</li> </ol> <p>Edward Dempsey Community Center policy ensures that the administrative/criminal investigation is completed as required. Allegations that are criminal in nature are reported to the Waterbury Police Department and the Court Services Support Division (CSSD).</p> <p>The agency ensures all allegations are investigated. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. I verified that the investigative procedure is published on the agency's website. The agency has policies in place that govern the investigative process. The PREA Coordinator will ensure that the administrative investigation is completed. It is also the responsibility of the PREA Coordinator to provide any information that she may have to the Waterbury Police Department. This was confirmed through staff interviews and review of policies which outline the procedures for investigating sexual abuse and sexual harassment.</p>

	<p>After a careful review of all documentation, and the information received during the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions.</p>
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115.231	Employee training
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Random Staff Interview Notes</li> <li>5. Employee File Reviews</li> </ol> <p>Edward Dempsey Community Center conducts comprehensive annual training for all employees, covering the topics outlined in this standard. New hire orientation PREA training as well as the staff training curriculum provides for the initial and annual training on PREA regulations, which includes all 10 required items listed in the standard. There is on-going staff training conducted on a regular basis. Staff interviews confirm training and the training topics.</p> <p>My review of the training curriculum and materials confirmed their thoroughness in addressing all areas. Documentation shows that 100% of staff has received the required training within the last 12 months. This was further corroborated through staff interviews and examination of training records.</p> <p>Employees undergo an initial training session followed by annual updates. The training encompasses protocols for interacting with male and transgender residents. This was verified through a review of training materials and staff interviews.</p> <p>Employees confirm their receipt of training through a signature, as evidenced in the sample signature acknowledgement forms reviewed.</p> <p>On the opposite years, staff are required to have updates on the current PREA policy at a minimum. Some training is in person and some training is done via computer from a contracted company called Relias. The agency does track all training staff participate in. This documentation was provided for this Auditor to review and verify the training of all staff.</p>

	<p>The agency's training is updated annually by the PREA Coordinator. The PREA Coordinator is continually improving the training materials. After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Contractor Sign In Sheets</li> <li>4. PC and PCM Interview Notes</li> <li>5. Contractor Interview Notes</li> </ol> <p>The Edward Dempsey Community Center requires that all contractors entering the facility are properly trained on PREA as outlined in Standard 115.232. Sign-in sheets indicate that contractors have received and understand the required training.</p> <p>EDCC prioritizes comprehensive training for all volunteers and contractors who interact with residents, ensuring they understand their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies. The training approach varies based on the services provided and the level of inmate contact. At a minimum, volunteers and contractors receive clear information about the agency's zero-tolerance policy regarding sexual misconduct and harassment, along with guidance on reporting incidents. This was verified through interviews with two contractors. The auditor also verified there are currently no long-term contractors that enter the facility daily and no volunteers within the last 12 months.</p> <p>The agency has developed brochures for contractors which describes the policies and procedures, who to report to and other basic PREA information. In addition, the agency also developed a brochure for those that come to visit residents participating in the program. This brochure describes what PREA is and who to report it to if there is a problem.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Site Review Observation</li> <li>4. PC and PCM Interview Notes</li> <li>5. Informal Conversations with Residents</li> <li>6. Resident File Reviews</li> </ol> <p>At the Edward Dempsey Community Center during the intake process, residents receive comprehensive information about the agency's zero tolerance policy regarding sexual abuse and sexual harassment. The policy is written in accordance with PREA standard. This critical information is outlined in the inmate handbook.</p> <p>Confirmation of this policy was verified through interviews with both residents and staff. The auditor verified its implementation by reviewing inmate files, ensuring that the Zero Tolerance Acknowledgment for Offenders Forms were signed by residents.</p> <p>Within seven days of arriving at the facility, residents participate in an in-depth orientation. During this orientation, the facility provides training on the Prison Rape Elimination Act, as confirmed during staff and inmate interviews.</p> <p>To ensure accessibility, the facility tailors inmate education to various formats. This includes accommodating residents who are limited English proficient, deaf, visually impaired, or otherwise disabled. Materials are also available in Spanish, and designated staff can provide interpretation in other languages. Additionally, staff have posters located in their offices indicating contact information for various interpretation services. Currently there are no residents that meet the criteria for these targeted groups.</p> <p>Signage throughout the facility reinforces the zero-tolerance policy and reporting avenues. I personally observed this signage during the facility site review, and it was also confirmed during interviews with residents and staff.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>



<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Site Observation Review</li> <li>4. PC and PCM Interview Notes</li> </ol> <p>The McCall Behavioral Center/Edward Dempsey Community Center does not conduct Investigations; investigations of sexual abuse or sexual harassment allegations are investigated both administratively and criminally, if applicable by the local Police Department. There is one person, the PREA Coordinator, at the facility that has taken the specialized investigations training. She is the one that begins to collection information for allegations of sexual abuse and sexual harassment at the facility.</p> <p>The PREA Coordinator will notify the Court Support Services Division (CSSD) of the allegation and the steps that she has taken to that point to ensure the safety of the residents at the facility. If the PREA Coordinator believes, after looking into the allegation, that there could be a potential criminal act involved, she will immediately reach out to the Waterbury Police Department to have them investigate the allegation from a criminal perspective.</p> <p>Upon reviewing all documentation and conducting interviews, the facility consistently adheres to the requirements of this standard. The commitment of the facility to effectively manage cases of sexual abuse and harassment is further evidenced by the PC and PCM in-person interview.</p> <p>EDCC meticulous approach, the qualifications of its investigators, and its strict adherence to standards collectively contribute to creating a safer environment and enhancing accountability in matters related to sexual abuse and harassment incidents.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence relied upon to make Compliance Determination:

1. EDCC Policy
2. Completed PAQ
3. PC and PCM Interview Notes
4. Specialized Staff Interview Notes
5. Informal Staff Conversations
6. Training Acknowledgement Forms

Many staff at Edward Dempsey Community Center are mental health staff. The focus of the program is on alcohol and substance abuse; however, they do provide mental health services in the realm of these issues. All mental health staff who work with the residents of EDCC are required to not only participate in the basic PREA training defined in 115.231, but also are required to participate in specialized training for mental health providers.

All medical and mental health care practitioners working at Edward Dempsey Community Center, whether they are full-time or part-time, have undergone comprehensive training in several critical areas. These areas include:

**Detection and Assessment:** They have been trained on how to identify and evaluate signs of sexual abuse and harassment. This training equips them with the necessary skills to recognize potential cases of abuse and take appropriate action.

**Preservation of Evidence:** Practitioners are taught how to preserve physical evidence of sexual abuse. This is crucial in ensuring that any evidence collected can be used in subsequent investigations and legal proceedings.

**Response to Victims:** The training also covers how to respond effectively and professionally to victims of sexual abuse and harassment. This includes providing immediate care and support, as well as referring victims to appropriate services.

**Reporting Procedures:** Practitioners are trained on how and to whom they should report allegations or suspicions of sexual abuse and harassment. This ensures that all incidents are reported promptly and handled correctly.

The facility provided documentation that all staff participated in this training within the last 12 months. The training is provided via an online training system called RELIAS. This is a system that the agency pays for on an ongoing basis. Also provided for review was the policy covering standard 115.235, Specialized training: Mental Health Care. This policy is clear that staff are required to participate in both the basic training and the specialized training for mental health providers. This training process for medical and mental health practitioners was verified through multiple formal and informal interviews with staff.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 1098 378">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 911 875" style="list-style-type: none"> <li data-bbox="280 412 488 445">1. EDCC Policy</li> <li data-bbox="280 483 536 517">2. Completed PAQ</li> <li data-bbox="280 555 716 589">3. PC and PCM Interview Notes</li> <li data-bbox="280 627 783 660">4. Specialized Staff Interview Notes</li> <li data-bbox="280 698 796 732">5. Random Resident Interview Notes</li> <li data-bbox="280 770 911 804">6. Informal Staff and Resident Conversations</li> <li data-bbox="280 842 676 875">7. Site Review Observations</li> </ol> <p data-bbox="280 916 1474 1323">Edward Dempsey Community Center has a policy that ensures all residents undergo an assessment during the intake process, which is completed upon their arrival at the facility. This screening is carried out using the PREA Risk of Victimization Assessment Form. These tools identify all areas of victimization and abusiveness outlined in the standard. The accuracy of this information was verified through interviews with staff and residents, as well as a review of the completed forms. Additionally, the auditor was role played the step-by-step process of how a resident is screened during the intake process. Trained staff members conduct the screenings. Staff interviews confirmed that if an inmate is transferred to another facility, they would undergo another screening.</p> <p data-bbox="280 1364 1474 1688">The initial screening for the risk of sexual abuse considers any known prior acts of sexual abuse, previous convictions for violent offenses, and history of institutional violence or sexual abuse. This information was confirmed during the review of the screening tools and interviews with staff and residents. All residents are reassessed within 30 days of their arrival by case managers, who consider all available information at the time of reassessment. The agency controls the dissemination of screening information at the facility level, limiting access to case managers, medical staff when necessary, and administration.</p> <p data-bbox="280 1729 1426 1883">This was confirmed through a review of reassessment documentation and staff interviews. Inmate risk levels are reassessed when necessary due to a referral, request, incident of sexual abuse, or receipt of new information that may change the risk of victimization or abusiveness.</p> <p data-bbox="280 1924 1474 2002">After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>

<b>115.242</b>	<b>Use of screening information</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1098 376">Evidence relied upon to make Compliance Determination:</p> <ol data-bbox="280 412 861 878" style="list-style-type: none"> <li data-bbox="280 412 488 448">1. EDCC Policy</li> <li data-bbox="280 483 539 519">2. Completed PAQ</li> <li data-bbox="280 555 718 591">3. PC and PCM Interview Notes</li> <li data-bbox="280 627 782 663">4. Specialized Staff Interview Notes</li> <li data-bbox="280 698 619 734">5. Resident File Reviews</li> <li data-bbox="280 770 676 806">6. Site Review Observations</li> <li data-bbox="280 842 858 878">7. Informal Conversations with Residents</li> </ol> <p data-bbox="280 913 1477 1200">The Edward Dempsey Community Center Policy 115.242 Use of Screening Information addresses a resident's assignment to appropriate housing units will consider the results of the resident's PREA risk assessment, sexual orientation, gender identity, and any other relevant factors. If a transgender or intersex resident was assigned to the program, appropriate arrangements would be made to allow them the opportunity to shower separately from other residents. There are no dedicated facilities for the purpose placement of LGBTI residents.</p> <p data-bbox="280 1236 1477 1774">The agency utilizes the assessment information from the screening and reassessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmatesresidents at high risk of being sexually victimized from those at high risk of being sexually abusive. This was confirmed during review of the policy, and during staff and inmate interviews. The agency makes all these determinations on an individualized basis, this ensures the safety of each inmate. This was confirmed during policy review, and staff and inmate interviews. I confirmed during policy review and interviews that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmatesresidents, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.</p> <p data-bbox="280 1809 1477 2051">I also confirmed that the inmate's own views would be taken into consideration during these decisions. Through policy and interviews I confirmed that a transgender inmate would be given the opportunity to shower separately from other inmatesresidents. I confirmed during interviews with the Case Manager Supervisor and Case Managers Facility Director that placement and programming assignments for each transgender or intersex inmate would be reassessed at least twice each</p>

	<p>year. This is also addressed in policy. Neither the agency nor facility place lesbian, gay, bisexual, transgender, or intersex inmates/residents in dedicated facilities, units, or wings solely based on such identification or status. This was confirmed during staff agency level interviews, as well as inmate interviews., several inmates interviewed at the facility identified as gay, and bisexual.</p> <p>According to the staff who were interviewed, there have not been any transgender individuals in the program at least for the previous twelve months. However, the PREA Coordinator did indicate that they would meet with the individual and discuss their concerns for safety and where they would feel safe within the facility. The facility does have smaller rooms, and the bathrooms are made for one person at a time. The facility does not have any consent decrees or judgements against it.</p> <p>After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency substantially exceeds meets the requirements of this standard, and all provisions.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. EDCC Website Review</li> <li>5. Random Resident Interview Notes</li> <li>6. Random Staff Interview Notes</li> </ol> <p>The Edward Dempsey Community Center Policy 115.251 Resident Reporting addresses resident reporting. It states that residents can privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by written notes, or verbal communication to a case manager, the Program Director, or the PREA coordinator. Residents also have access to a telephone and may contact the Sexual Assault Crisis Center or the police. There are five ways of reporting a PREA allegation contained in the Resident Handbook.</p> <p>The agency’s website further supports third-party reporting. Visitors to the website</p>

	<p>can find clear instructions on how to report incidents. Staff interviews revealed their understanding of the agency policy, which mandates accepting reports verbally, in writing, anonymously, and from third parties. Staff members promptly document verbal reports, ensuring a thorough record.</p> <p>Inmate interviews highlighted a positive trend: residents feel comfortable sharing incidents with staff members. This confidence reflects the overall culture at the facility, where openness and trust in the reporting process prevail. While individual experiences may vary, the agency’s provision of multiple reporting avenues ensures that residents can select the method that best suits their comfort level.</p> <p>The reporting of sexual abuse or sexual harassment may remain anonymous and may be reported by third parties. This information is made available to the residents upon intake, when they are provided a PREA Pamphlet, Resident Handbook, and advised of the PREA related postings throughout the facility. Resident interviews confirm understanding of reporting procedures. Staff are advised of their duty to report incidents of sexual abuse and sexual harassment and is provided contact information for reporting privately to the PREA Coordinator.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Informal Conversations with Staff and Residents</li> </ol> <p>The Edward Dempsey Community Center agency policy is written within accordance with the PREA standard. Within the framework of the agency’s Inmate/Offender Grievance Process policy, every provision stipulated by this standard has been meticulously addressed. I conducted a thorough review of the policy in its entirety. Additionally, I engaged in informal discussions with staff members to gauge their understanding of the procedure in cases where an inmate files a grievance related to sexual abuse.</p>

	<p>Remarkably, Edward Dempsey had not received any grievances pertaining to sexual abuse within the past 12 months. This confirmation was based on interviews with both residents and a memorandum from the facility itself. While the interviewed residents were aware of their right to file such grievances, they expressed a preference for alternative reporting avenues. Interestingly, the staff members acknowledged their responsibility to assist residents in filing grievances upon request, but they also emphasized their commitment to promptly report incidents in accordance with policy guidelines.</p> <p>After meticulously reviewing all relevant documentation and synthesizing insights from interviews conducted at the facility level, I arrived at a conclusive finding; the agency demonstrates understanding the requirements outlined in this standard and the facility meets the requirements of this standard.</p>
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115.253	Resident access to outside confidential support services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Random Residents Interview Notes</li> <li>4. PC and PCM Interview Notes</li> <li>5. Community Partner Interview Notes</li> <li>6. Informal Conversations with Staff and Residents</li> <li>7. Site Review Observations</li> </ol> <p>The Edward Dempsey Community Center policy is written in accordance with the PREA standards. According to EDCC policies and procedures, residents have access to confidential support services. Specifically, they can utilize the services offered by the Connecticut Sexual Assault Crisis Center (CONNSACS), Safe-Haven and Susan B Anthony (SBA) which includes both Sexual Assault Nurse Examiner (SANE) and Victim Advocacy programs. Remarkably, the quality of care provided to residents is on par with what individuals receive in the broader community.</p> <p>Furthermore, I established through interviews that follow-up mental health care is available from the facility via outpatient services for any inmate involved in a sexual assault incident. All necessary information related to this standard and its provisions is made accessible to the residents. This conclusion was reached after a thorough</p>

	<p>review of documentation and interviews conducted at facility level. I conducted additional telephone interviews with several community partners to confirm the services being offered by the participating agencies. Overall, the agency demonstrates understanding and management of the requirements outlined in this standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. EDCC Website Review</li> <li>4. PC and PCM Interview Notes</li> <li>5. Informal Conversations with Staff and Residents</li> <li>6. Site Review Observations</li> </ol> <p>The Edward Dempsey Community Center has established third party reporting methods in policy, these methods allow residents to report for other residents and outside individuals to report. The agencies website outlines the third-party reporting avenues, this was confirmed through review of the agency website and verification of posted contact information.</p> <p>EDCC has established four methods for those outside of the organization/program to report sexual abuse or sexual harassment. These methods are posted on the agency’s website under the PREA section at the following address.  <a href="http://mccallbhn.org/prea/">http://mccallbhn.org/prea/</a> The four methods listed on the website are as follows.  Call (806) 496-2100 ext. 1114 and ask to speak with the PREA Coordinator or leave a confidential message (all messages of concerns will be investigated) or leave a note in the locked box located inside of the program building (all locked boxes are checked by the Facility Program Manger daily) or call our external collaborative reporting source at (203) 575-0036 (Safe Haven of Greater Waterbury)</p> <p>Additionally, the McCall Foundation website, <a href="http://www.mccall-foundation.org">www.mccall-foundation.org</a>, provides</p>



	<p>contact information to receive third-party reports of sexual abuse and sexual harassment on behalf of residents either by phone or in writing. Additionally, the PREA pamphlet provides this information as well. Interviews with residents and staff verify that they are aware of third-party reporting.</p> <p>Finally, the agency ensures visibility by posting third-party reporting avenues within the facility, specifically where visitors and residents can easily access this information. After a meticulous examination of all relevant documentation, a website review and interviews conducted, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Site Review Observations</li> <li>4. PC and PCM Interview Notes</li> <li>5. Random Staff Interview Notes</li> <li>6. Informal Conversations with Staff and Residents</li> </ol> <p>The agency policy states that any staff and contractors shall immediately report to their supervisors or higher authority: Any knowledge, suspicion, or other information regarding an incident of sexual abuse, assault, or harassment that occurred in a facility/unit or other location, whether or not it is part of the agency; Retaliation against residents or staff who reported such incidents; and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The staff interviewed understood their responsibilities under this policy.</p> <p>The policy further states that staff are prohibited from revealing any information related to sexual abuse to anyone other than the extent necessary. All staff interviewed understood this requirement. During the PREA screening, residents are made aware of their duty to report sexual abuse. Interviews with staff confirm their understanding of their duty to report.</p> <p>After a careful review of all documentation, and the information received during both the agency level and the facility level interviews, I found that the agency is substantially compliant with the requirements of this standard, and all provisions</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Random Staff Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. PC and PCM interview Notes</li> </ol> <p>According to the Edward Dempsey Community Center agency's policies, when staff becomes aware that an inmate faces a substantial risk of imminent sexual abuse, they are obligated to take immediate action to safeguard the inmate. During interviews, staff members acknowledged their responsibility and expressed their commitment to promptly protect the inmate by ensuring their relocation to a secure area.</p> <p>After conducting a thorough review of all relevant documentation and considering the information gathered from facility-level interviews, I determined that the agency demonstrates EDCC is operating within the requirements outlined in this standard, including all provisions.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Informal Conversations with Staff</li> </ol>

	<p>Through Edward Dempsey Community Center policy, the agency has established procedures and practices that meet all the requirements of the standard and provision. These include notification by the facility head to the head of the facility where the allegation allegedly took place within 72 hours, as well as documentation of the information received and notification. The policy further states that if an allegation is received in such a manner the facility needs to notify the Waterbury Police Department. I confirmed these policies and practices through staff interviews and informal conversations. EDCC has not had a notification from another source during the last 12 months.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.264 Staff first responder duties</b>	
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Specialized Staff Interview Notes</li> <li>4. PC and PCM Interview Notes</li> <li>5. Informal Conversations with Staff</li> </ol> <p>Edward Dempsey Community Center policies outline the initial response by staff in accordance with the PREA standard. The policies include all the provisions of the standard. The staff interviewed understood their responsibilities if they were the first responder to an allegation. I verified compliance during the interview process, as well as policy and facility investigation review.</p> <p>During random staff interviews, the security staff was asked to explain the steps they would take following an alleged report of sexual abuse. Several staff interviewed stated that they would notify their supervisor after separating the residents and wait for further instructions. The staff were able to clearly describe their response procedures, including separating the alleged perpetrator and victim, securing the scene, and protecting potential evidence. They added that the scene would be sealed and remain so until the assigned Investigator arrived to process it.</p> <p>An interview with the facility supervisor revealed that once the initial steps were</p>

	<p>completed and the scene was secure, the PC and the Waterbury Police would be notified, depending on the nature of the investigation. Several informal conversations with line staff indicated that the first security staff member to respond to an allegation of sexual abuse should give verbal commands the alleged victim and abuser, preserve and protect any crime scene, and ensure that potential evidence is not destroyed. If the initial responder is not a security staff member, they are required to request that the alleged victim not tamper with any potential evidence and then notify security staff.</p> <p>The Auditor determined that both supervisors and non-supervisory personnel are knowledgeable in their duties as first responders. After reviewing agency policies, procedures, training records, and conducting interviews, it was concluded that the facility maintains the requirements of this standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Informal Staff Conversations</li> <li>6. Site Review Observations</li> </ol> <p>The McCall/Edward Dempsey Community Center policy mandates a written coordinated response plan for each facility. This plan is designed to coordinate the actions taken in response to a sexual abuse incident and outlines the notification procedures among staff first responders, administration, central office, medical and mental health practitioners, investigators, and victim advocate services.</p> <p>EDCC has a written response plan for allegations of sexual abuse or sexual harassment that are reported to staff. This plan is a step-by-step list of all the responsible parties in a situation including the First Responder, Program Director, Assigned Staff, and PREA Coordinator. For each of these positions, the plan identifies the duties for that specific position when responding to an incident of sexual abuse</p>

	<p>or when responding to an incident of unwanted sexual contact or harassment.</p> <p>The Auditor embarked on a comprehensive examination process, initiating formal interviews with the security staff who serve as the first line of response. Each staff member was queried about their subsequent actions in the wake of a sexual abuse incident. They demonstrated a clear understanding of their responsibilities and provided responses that were in line with their coordinated response plan.</p> <p>EDCC's leadership and supervisors were also interviewed, and they articulated their responsibilities, ensuring alignment with the coordinated response plan. The Auditor extended the formal interview process to the facility's medical and mental health practitioners, each of whom explained their specific responsibilities in the aftermath of a sexual abuse incident.</p> <p>During the on-site review, the Auditor made observations of the physical plant. The Auditor confirmed that EDCC's coordinated response plan includes actions that ensure personnel respond appropriately to incidents of sexual abuse. After reviewing policies, procedures, investigative records, and conducting interviews with staff, the Auditor analyzed all available evidence. Based on this comprehensive review and analysis, the Auditor concluded that the agency is consistently managing the standard.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. PC and PCM interview Notes</li> <li>2. Specialized Staff Interview Notes</li> </ol> <p>McCall/Edward Dempsey Community Center is Non-Unionized, Non-Profit facility and does not enter into collective bargaining agreements.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> </ol> <p>Edward Dempsey Community Center has established a comprehensive policy that meets the provisions of this standard. The EDCC has identified and designated the PREA Compliance Manager to monitor the resident or staff member for alleged retaliation. During the interview with the PREA Compliance Manager, it was revealed that when monitoring for retaliation, she meticulously reviews disciplinary charges, Incident Reports, and other actions related to residents.</p> <p>EDCC policy safeguards offenders and staff who report sexual abuse or harassment from retaliation. The PREA Compliance Manager oversees this protection.</p> <p>Measures include room changes or transfers for victims or abusers, removal of alleged abusers from contact with victims, and emotional support services for those fearing retaliation. For at least 90 days after a sexual abuse report, the PCM monitors offenders and staff to detect any signs of possible retaliation. Monitoring may continue beyond 90 days if needed. Notably, there were zero incidents of retaliation in the past 12 months. The PREA Compliance Manager conducts status checks and ensures accurate documentation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Informal Conversations with Staff</li> </ol>

	<p>6. Random Staff Interview Notes</p> <p>7. Site Review Observations</p> <p>McCall/Edward Dempsey Community Center does not conduct any criminal investigations of sexual abuse or sexual harassment. During EDCC policy review, it was found that the agency has comprehensive policies addressing all provisions of the standard. This was verified by interviewing random staff.</p> <p>The PREA Coordinator is responsible for gathering the initial information when a report of sexual abuse or sexual harassment has been made. If, during that initial phase of gathering information, the PREA Coordinator feels that there may be criminal elements to the report, she will immediately contact the Waterbury Police Department to complete the criminal investigation. This was verified through PREA Coordinator and PREA Compliance Manager interviews.</p> <p>After gathering the information, and talking with the parties involved, she works together with Court Support Services Division, to determine what the outcome of the allegation will be. If the PREA Coordinator must make a referral for criminal investigation to the Waterbury Police Department, she will work to keep in touch with investigators to stay informed of the progress of the criminal case.</p> <p>EDCC retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. EDCC 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. EDCC staff cooperates with investigators as requested.</p> <p>The PREA Coordinator provided a certificate of completion for investigative training through the RELIAS program. This is the program used for all the PREA training for EDCC. That training, titled PREA Investigations: What Happens After an Allegation. There have been no allegations and subsequent investigations in the previous twelve months to this audit. This was verified through PREA Coordinator and PREA Compliance Manager interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon to make Compliance Determination:  1. EDCC policy

	<p>2. Completed PAQ</p> <p>3. PC and PCM Interview Notes</p> <p>McCall/Edward Dempsey Community Center does not conduct investigations. The Waterbury Police Department and Court Services Support Division is responsible for all investigations. This was verified through PREA Coordinator and PREA Compliance Manager interviews.</p> <p>However, when interviewing the PREA Coordinator, she was able to talk about the standard of evidence used do to make the determination/outcome of the investigation or case. While she does not have the final determination of the outcome of administrative investigations, she is involved in the gathering of information initially. She also understands the process so that she can discuss that with the resident(s) involved in the allegation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff interview Notes</li> </ol> <p>Edward Dempsey Community Center has policies in place that address all provisions of this standard. The policy regarding standard 115.273 clearly outlines all information that must be provided to the victim of a sexual abuse investigation. The agency utilizes the PREA Incident Checklist form to document the notification the resident of the status of the investigation. I confirmed this through policy review, the PREA Coordinator and staff interviews.</p> <p>During the interviews, the PREA Coordinator informed the Auditor that they notify residents of the results of an investigation at the conclusion of the investigation. The Auditor asked who informs the victim when criminal charges are placed on the abuser, or the abuser has been convicted. The PREA Compliance Manager would make the notifications when they are received from the Waterbury Police Department or Court Services Support Division . The Auditor was informed by the PC</p>



	<p>that they maintain a good working relationship with both investigative agencies and would have no problem obtaining that information.</p> <p>Following an investigation into an offender’s allegation that he suffered sexual abuse the PC informs the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation. Following an offender’s allegation that a staff member has committed sexual abuse against the offender, the facility PCM will subsequently inform the offender whenever: the staff member is no longer posted within the offender’s unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The Auditor concluded the EDCC informs residents of investigative findings during and after the conclusion of an investigation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Informal Conversations with Staff</li> </ol> <p>According to the Edward Dempsey Community Center policy, staff members are subject to disciplinary sanctions, including termination, which is the presumptive disciplinary action for those who have engaged in sexual abuse. During my review of policy and informal conversations, I determined that disciplinary sanctions are 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>I also confirmed that all terminations related to agency sexual abuse or sexual harassment policies, as well as resignations by staff who would have been terminated if not for their resignation, were investigated criminally and referred for prosecutorial determination. If applicable, these cases were reported to licensing bodies. Notably, the audited facility has not disciplined staff within the last 12</p>

	<p>months for violations of these policies.</p> <p>During interviews with staff, each member was aware of the agency’s policy, which makes termination the presumptive disciplinary sanction for engaging in an act of sexual abuse. The facility’s leadership staff maintains a zero-tolerance approach and disciplines staff for violating the agency’s sexual abuse and sexual harassment policies. Interviews with leadership staff revealed that the facility recommends termination for any staff member who engages in sexual abuse with a resident.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.277 Corrective action for contractors and volunteers</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Contractor Interview Notes</li> </ol> <p>Edward Dempsey Community Center has policy in place that addresses corrective action for contractors who violate of any provision of their Prison Rape Elimination Act policy, as well as any other policy that governs conduct. EDCC does not utilizes volunteers within its facility. The auditor confirmed the utilization of the discipline through review of the agency policy and staff informal and formal interviews.</p> <p>Through policy review and interviews I confirmed that any contractor who engages in sexual abuse is prohibited from contact with residents and reported for a criminal investigation as well as a prosecutorial decision. If the contractor is licensed in anyway, the licensing body will be notified. I confirmed with the PREA Coordinator that any contractor who violated the policies would have their security clearance immediately revoked. The audited facility has not disciplined any volunteers or contractors within the last 12 months for a violation of these policies.</p> <p>The Auditor conducted formal interviews with contract staff. Everyone interviewed was aware of the agency’s zero-tolerance policy and discipline sanctions for violating those policies. Each was aware they would be removed from contact with residents following an allegation of sexual abuse and would be removed from facility</p>

	<p>access if found to have engaged in such acts. They were also aware the facility reports such actions to law enforcement for criminal investigation.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Informal Conversations with Staff</li> </ol> <p>Residents at Edward Dempsey Community Center are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. Offenders are made aware of the disciplinary process which is in the EDCC Offender Handbook.</p> <p>In the past 12 months, the number of administrative or criminal findings of resident-on-resident sexual abuse that have occurred at the facility was zero in the past 12 months. The EDCC Offender Handbook reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. This was verified through interviews with the PREA Coordinator.</p> <p>The disciplinary process considers whether an offender’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Mental Health staff also discussed during the interview that they have offered professional opinions of an offender’s mental disabilities prior to a sanction being given. The EDCC will discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact. When considering disciplinary sanctions, 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. The EDCC has a zero-</p>

	<p>tolerance policy concerning sexual contact.</p> <p>The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for residents. Facility personnel ensure the policy is applied when choosing whether to discipline a resident for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, interviewed staff, medical and mental health practitioners.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Community Partner Interview Notes</li> <li>6. Informal Conversations with Staff</li> </ol> <p>Edward Dempsey Community Center through policy guarantees 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 health practitioners according to their professional judgment. EDCC does employ medical and mental health staff but also heavily rely on the services of qualified outside providers for these services for residents as necessary. This was verified through interviews with the PREA Coordinator and the PREA Compliance Manager. It should be noted no residents at the audited facility has required any emergency medical treatment within the last 12 months.</p> <p>Currently, the McCall Foundation / Edward Dempsey Community Center has an MOU with Susan B. Anthony Project, Charlotte Hungerford Hospital, Waterbury Hospital and Safe Haven to provide these services. The auditor contacted these community providers, and the discussion interviews revealed all the requirements within the standard are being met through the partnership. EDCC staff first responders take</p>

	<p>preliminary steps to protect the victim pursuant to and shall immediately notify the appropriate medical and mental health practitioners. Medical practitioners will provide inmate victims with sexually transmitted infections prophylaxis. This was verified through informal and formal conversations with community partners.</p> <p>The resident handbook, facility staff, victim advocates and informal residents' interviews all verified their belief that residents would receive timely, unimpeded access to emergency medical treatment as required.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> <li>5. Informal Conversations with Staff</li> </ol> <p>During the interview with the Facility Program Manager at the Edward Dempsey Community Center the auditor was advised whenever an employee becomes aware of or suspects patient sexual abuse, they have a clear set of procedures to follow. First and foremost, they must immediately notify the Health Services. This prompt action ensures that any allegations are promptly addressed.</p> <p>For victims of sexual abuse, the community partners Safe Haven and Waterbury Hospital along with facility medical staff provide essential care. Prophylactic treatment and follow-up services are offered for sexually transmitted infections (such as HIV and Hepatitis B). Victims are referred to either a community facility or a local emergency room for treatment and the collection of forensic evidence. If an advocate is available to meet the victim at the hospital, they can accompany the victim during the examination. Otherwise, a trained staff victim advocates are contacted promptly. Tests for sexually transmitted infections are administered as needed. Importantly, no medical co-payment fees are imposed on offenders for any medical services.</p>

	<p>Medical staff work closely with mental health staff to ensure comprehensive support. Medical staff play a crucial role. They begin services immediately upon notification of a sexual abuse incident. All orders and protocols are meticulously documented in the offender's medical and mental health records. Additionally, there's a tracking system for documenting all PREA incidents at the facility.</p> <p>Mental health services are equally responsive. Victims receive counseling within 24 hours of an incident, along with emotional support services and follow-up care. The facility's practitioners offer counseling, treatment, and referrals for continued care, ensuring a community-level standard of support. Although there have not been any sexual abuse incidents within the last 12 months the auditor was able to confirm these practices by reviewing policies and procedures, reviewing older medical documents, and conducting informal and formal interviews with staff and residents.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Interview Note</li> <li>5. Informal Conversations with Staff</li> </ol> <p>The Edward Dempsey Community Center has policy in place that outlines the facilities review of incidents. The policy addresses all provisions of the standard. The facility utilizes the PREA Incident Reporting Form, which address all the questions of concern when reviewing an incident. I confirmed the incident review process during staff interviews and review of a sample PREA Incident Reporting Form for agency sexual abuse incidents.</p> <p>Interviews with the PREA Compliance Manager, Facility Director and PREA Coordinator confirms if there is an incident that required a review it is completed as required. The staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. The staff stated the incident</p>

review team discusses recommendations for improvement and include those recommendations on the final report, which is approved by the Facility Director. An interview with the PCM confirmed that a report of the findings, including recommendations for improvement, would be completed, and submitted for inclusion in the file. The Facility Director will review the recommendations. The PCM also stated recommendations would be implemented, or the reasons for not doing so would be documented.

Reviews ordinarily occur within 30 days of the conclusion of the investigation. The review team includes the Facility Director, PREA Compliance Manager, and other leadership staff. 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.

EDCC policy requires the implementation of recommendations or documents its reasons for not doing so. Although no incident reviews have been conducted within the last 12 months, the Auditor determined the facility would conduct incident reviews within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation.

After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.

115.287	Data collection
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Specialized Staff Interview Notes</li> </ol> <p>McCall Foundation/Edward Dempsey Community Center collects accurate uniform data for every allegation of sexual abuse in its programs using a standard</p>

	<p>instrument and set of definitions. The BJS Survey of Sexual Violence adult incident form is utilized as well as an internal reporting forms. The data collected aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, 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.</p> <p>McCall Foundation/Edward Dempsey Community Center maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The Auditor confirmed this active process through review of completed data collection instruments through 2023, and staff interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. Specialized Staff Interview Notes</li> <li>4. PC and PCM Interview Notes</li> </ol> <p>The Edward Dempsey Community Center has policies in place that address all provisions of the standard. The PREA Coordinator reviews all data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas; Taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, and the agency .</p> <p>The report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse. The agency’s report is approved by the agency head and made readily available to the public through the agency website at <a href="https://mccallbhn.org/p-r-e-a/">https://mccallbhn.org/p-r-e-a/</a>.</p>



	<p>The agency has redacted any material from the reports that would present a clear and specific threat to the safety and security of its facilities. The PREA Coordinator continuously evaluates the data collected from every facility to better prevent sexual abuse and sexual harassment within the facility. The data collected is used in identify problem areas and in the development of the upcoming years PREA training.</p> <p>During staff interviews I confirmed that if a trend were identified while reviewing the data a corrective action plan would be developed for that facility and immediately be put into place. review of all documentation, and the information received during the facility level interviews.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. EDCC Policy</li> <li>2. Completed PAQ</li> <li>3. PC and PCM Interview Notes</li> <li>4. Onsite Review Observation</li> <li>5. Informal Conversations with Staff</li> <li>6. Agency Website Review</li> </ol> <p>Edward Dempsey Community Center/The McCall Foundation ensures that data collected pursuant to Standard 115.287 are securely retained. PREA data is entered into the McCall Foundation's computer network by a member of the PREA team. This system is password protected, housed within a secure network, and closely monitored by the agency's IT Department.</p> <p>The McCall Foundation makes all aggregated sexual abuse data from its programs readily available to the public at least annually via its website. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed.</p> <p>The McCall Foundation maintains sexual abuse data collected pursuant to Standard 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The agency's IT Director will securely dispose</p>

	<p>of the PREA data once it exceeds the 10-year mark.</p> <p>The Auditor reviewed the facility’s policy, procedures, website, annual report, interviewed staff.</p> <p>After a careful and detailed review of all the information, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Site Review Observation</li> <li>2. Website Review</li> <li>3. PC Interview Notes</li> </ol> <p>The auditor reviewed McCall Behavioral Health Network/Edward Dempsey Community Center (EDCC) web page. <a href="https://mccallbhn.org/p-r-e-a/">https://mccallbhn.org/p-r-e-a/</a> The page has posted audit reports for their facilities.</p> <p>The auditor had access to the entire facility and was able to conduct confidential staff and offender interviews and was provided documentation as required to assess compliance with the standards. Offenders were aware they could send confidential correspondence to the auditor. Pre-audit postings were seen in all areas of the facility.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon to make Compliance Determination:</p> <ol style="list-style-type: none"> <li>1. Website Review</li> </ol> <p>The auditor reviewed McCall Behavioral Health Network/Edward Dempsey Community Center (EDCC) web page. The <a href="https://mccallbhn.org/p-r-e-a/">https://mccallbhn.org/p-r-e-a/</a> page and</p>

	<p>confirmed it has posted audit reports for all their facilities.</p>
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Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	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.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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



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

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	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.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes



	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	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.)	yes
	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.)	yes
	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.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	



	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes



	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	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?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na



	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes