

PREA Facility Audit Report: Final

Name of Facility: Bernalillo County Metropolitan Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 09/03/2020

Date Final Report Submitted: 10/30/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: D. Will Weir	Date of Signature: 10/30/2020

AUDITOR INFORMATION	
Auditor name:	Weir, Will
Email:	prea.america@gmail.com
Start Date of On-Site Audit:	06/29/2020
End Date of On-Site Audit:	07/21/2020

FACILITY INFORMATION	
Facility name:	Bernalillo County Metropolitan Detention Center
Facility physical address:	100 Deputy Dean Miera Drive SW, Albuquerque, New Mexico - 87151
Facility Phone:	
Facility mailing address:	

Primary Contact	
Name:	Roman Varela
Email Address:	ravarela@bernco.gov
Telephone Number:	5058398860

Warden/Jail Administrator/Sheriff/Director	
Name:	Greg Richardson
Email Address:	grichardson@bernco.gov
Telephone Number:	505-839-8892

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

Facility Health Service Administrator On-site	
Name:	Natalie Vance
Email Address:	nvance@teamcenturion.com
Telephone Number:	505-839-8830

Facility Characteristics	
Designed facility capacity:	2236
Current population of facility:	1168
Average daily population for the past 12 months:	1444
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18 - 85
Facility security levels/inmate custody levels:	1-9 High to Low
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	506
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	273
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	152

AGENCY INFORMATION	
Name of agency:	Bernalillo County Board of Commissioners
Governing authority or parent agency (if applicable):	
Physical Address:	One Civic Plaza NW, 6th Floor, Albuquerque, New Mexico - 87102
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Greg Richardson
Email Address:	grichardson@bernco.gov
Telephone Number:	(505) 839-8892

Agency-Wide PREA Coordinator Information			
Name:	Roman Varela	Email Address:	ravarela@bernco.gov

AUDIT FINDINGS

Narrative:

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

PREA America LLC was selected on January 31, 2020, to do the 2020 Prison Rape Elimination Act (PREA) audit for the Bernalillo County Metropolitan Detention Center (MDC). June 29 and 30 were selected as the dates of the On-Site Audit. The PREA America audit team for this audit was Project Manager Tom Kovach and DOC Certified PREA Auditor Will Weir.

Introductory communication with the PREA Administrator to discuss the audit process, audit preparation, the Pre-Audit Questionnaire (PAQ), and supporting documents and elements of the On-Site Visit, took place shortly after scheduling the On-Site Audit dates. The Audit Notice Posting was sent, with instructions to print on colored paper and about proper distribution of the posting. An alternative-language posting was also made available. Proof of posting was verified by emailed photos of the various locations in the facility where the posting was placed. The date of the email was used to verify that the posts were in place the required minimum of six weeks prior to the On-Site Audit, along with observations of the posting during the physical plant tour. The notices were up and verified by May 15, 2020.

The agency title for the PREA coordinator is "PREA Administrator" and that person currently fills the roll of both the PREA Coordinator and the PREA Compliance Manager. During the Pre-Audit Phase, an extensive desk audit of the facility/agency was conducted, including of its PAQ, policies, and procedures, as well as of supporting documentation. Several emails were exchanged to clarify issues. This phase of the audit was used to collaborate with the facility staff on questions and concerns regarding documenting compliance. The communication with the facility staff was used not only to understand the policies and procedures unique to the facility, but also to understand how PREA was put into practice. Internet research was done on the facility.

All documents received were reviewed, including logs, training files, and curriculum. To verify compliance with regulations regarding background checks, 5-year rechecks, such files were reviewed of randomly selected staff, contractors, and volunteers. Inmate files were randomly selected and reviewed to verify PREA education and PREA Screenings. Phone calls were made to listed advocates, to verify the advocacy required by the Standards.

The On-Site Audit began with a briefing, which included confirmation of current population, review of agenda and logistics, discussion of mandatory reporting, and clarifying the need to allow any staff or inmate who requests an interview to get one. The Audit Team checked to see if there were questions or concerns.

The Site Review included obtaining and studying the facility diagram of the physical plant. The supervision and movement of staff and inmates were observed, along with casual conversation to ascertain whether observations made were of "normal" supervision and movement. Random checks were made to assure that doors intended to be secured were locked. Random checks of PREA Hotline phones for functionality were made. All housing units and bathroom facilities were inspected for

compliance with Standards pertaining to cross-gender supervision. This included a camera review for those areas with cameras. All areas of the physical plants were observed, with attention to those areas which statistically are high-risk for sexual abuse. PREA Postings in the Visitation area, including third-party reporting postings, were checked. Confirmation of the availability to staff of lists of First Responder Duties was also a part of the tour. Blind spots were identified, and procedures for checking them were verified.

Interviews of inmates were selected in accordance with the guidance of the PREA Auditor Handbook, with random selections of inmates to ensure diversity of geographic location (from each housing unit), race, and those with risk factors. Random interviews of staff were made to include gender, shift, and post diversity. Interviews were in a conversational manner, to gain the confidence of those interviewed and to put them at ease, so the Audit Team could better understand their comprehension of PREA and its practice in the facility.

51 private interviews of inmates were held. 24 of these inmates were selected randomly from each housing unit. The other 27 interviews are considered "targeted" because they were selected from lists and documents which indicate they likely have one or more of the risk factors relating to sexual abuse that are identified in PREA Standard 115.71. 10 of the inmates have been considered alleged victims of sexual abuse or sexual harassment in a correctional facility; 6 have indicated prior sexual victimization in the community; 2 have been identified as having committed violence in the past; 8 likely have cognitive or mental disabilities; 2 have limited English proficiency; 2 have identified physical disabilities; 4 identify as lesbian, gay or bisexual; and 3 identify as transgender or intersex. A review of the demographics of the 51 inmates interviewed indicates they were racially and ethnically diverse. There were 5 inmates under the age of 22, and 2 over the age of 70. 10 were female.

31 interviews were conducted with staff. These include 18 in the following specialized roles: Chief, Agency PREA Administrator, Director of Administration, Human Resources, local Investigators, higher-level staff for unannounced rounds, medical staff, mental health staff, SANE nurse, volunteer, contractor, staff who perform screening and intake, staff who monitor for retaliation, Incident Review Team, and staff who monitor in Isolation. An additional 13 staff were selected randomly, including first responders, representing various stations, housing units, shifts, and genders.

The Exit Briefing addressed all aspects of the audit to date. No determination of compliance was given. The recap of the aggregated information obtained and observed was summarized. By request of the facility staff, to assist in furthering the efforts of the facility to prevent and detect sexual abuse and harassment, this summary included a SWOT briefing: a review of Strengths, Weaknesses, Opportunities, and Threats.

In the 30 days after the audit the facility made corrective actions and provided additional documentation. These are listed throughout this report in narratives associated with the relevant Standards. The issuance of the Interim Report began a Corrective Action Period. The facility satisfied the requirements of the CAP within 45 days.

AUDIT FINDINGS

Facility Characteristics:

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

Bernalillo County Metropolitan Detention Center (MDC) began construction in 2000 and consisted of three phases. The first phase consisted of a 76-acre site package. The second phase consisted of three housing clusters, totaling 250,445 square feet and housing 1,536 beds. The third phase consisted of an 85,000-square-foot inmate housing facility.

The camera upgrade completed over the past year provides complete camera coverage in outside recreation areas, as well as in all areas inside the facility. Last year's kitchen remodel reduced blind spots in the kitchen by providing better visibility for all staff and inmates working there.

Male and Female inmates are housed separately, in several different areas. Units D, E, & F each have 8 pods, which are separate housing units as defined in the PREA Standards. There are, in addition, the PAC Unit, with four pods, S/I Unit with 8 pods, and the Infirmary. Custody levels range from Low Risk to High Risk. Due to COVID-19 precautions, and the need for quarantine areas, there is limited access to some areas to deal with the changing needs of the facility, depending on how many inmates test positive and how many new admissions are not symptomatic but still must be safely quarantined. Each pod has kiosks that allow for the submission of grievances and PREA allegations, as well as phones for the hotlines. Video visitation is facilitated through the kiosk system, as well as via tablets that are made available. The cells are all wet cells, with two beds to a cell; however, some inmates are kept separately. Segregation mostly holds inmates two to a cell. While the pods are similar in layout, there are two levels, with showers on each level, and a day room. They also have a Corrections Officers' desk area, access to the outdoor recreation area, and side offices, with large, open windows, for programming. The Segregation pods have an extra metal barrier along the outside of the cells and along the stairs to the second level. Booking is designed with temporary holding cells and open areas for staff to easily monitor the entire area from the staff area. Private Intake and Screening rooms are just off the main area. Bilingual posters are present for inmate education, along with information placed in each hygiene pack. Transportation has several holding areas and a wet cell. There is an area off Booking for those being released, or for those being moved to a cell. A property area and changing room are there to allow for people to change into street clothes. There is also a law library, and a medical area. A mini ambulance is at the ready to transport over the great distances from one area of the facility to another. The Administration wing and a training area for new staff are not accessible to the inmates.

Control surveils the facility, inside and out, with hundreds of cameras. The movements of inmates include to and from multiple programs, such as: Addiction Treatment Programs (ATP), Albuquerque Healthcare for the Homeless, Alcoholics Anonymous, A Peaceful Habitation, Religious services, ATTARI – Job opportunity for Returning Citizens, Bernalillo County Supportive Housing, Crossroads/Maya's Place for Women Supportive Housing, Delancy Street, Gordon Bernell Charter School, Keefe Commissary, La Plazita (Native American Services), Narcotics Anonymous, National Alliance for the Mentally Ill (NAMI), New Mexico Breast Feeding Task Force, PB&J Family Services, Rape Crisis Center of Central New Mexico, Recovery Services of New Mexico, Regional District Council Training Trust – Ironworkers Local 847, Sagebrush Community Church, State of New Mexico Department of Health, Still Bridge (formerly

ABQ Rescue Mission), The Amity Foundation, The Micah Fellowship, University of New Mexico Center on Alcoholism, Substance Abuse and Addictions (CASAA), University of New Mexico - Fast Track, and the University of New Mexico – Institute of Social Research.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	0
Number of standards met:	45
Number of standards not met:	0

At the time of the Interim Report the facility had been found to be in compliance with all PREA Standards except one. The facility successfully completed the CAP and is fully compliant with all the PREA Standards at the time of this Final Report.

The Standard with which more proof of compliance was required is as follows:

115.71 Criminal and administrative agency investigations:

At the time of the PREA Audit Interim Report, some provisions of this Standard had not yet been shown to be consistently applied. The Interim Report stated that "the thoroughness of investigations is questionable when there are no witness interviews or when written statements or incident reports are substituted for interviews. Also, it has not been shown that investigative oversight has been consistent. The PREA Administrator did not have access to sexual abuse and sexual harassment investigations that are stored on the IPro computer system."

Corrective Action: All 3 investigations completed between 7/29/2020 to 10/4/2020 were provided to the Auditor, as agreed, for review during the CAP. These investigations were thorough, following all provisions of this Standard, including witness interviews as appropriate. Also, investigative oversight was apparent and documented. The PREA Administrator demonstrated that he was utilizing full access to the IPro computer system.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has a written policy, as required by this Standard, mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct. The PREA Coordinator is called the PREA Administrator and is an upper-level administrator and has sufficient authority to develop, implement, and oversee agency efforts to comply with the PREA Standards. During the review of sexual abuse investigations, the Audit Team learned that the PREA Administrator did not have computer access to all PREA investigations that were conducted by the Office of Professional Services, thus hindering the ability to quickly review these cases for purposes related to PREA coordination. The agency agreed to remedy this.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with PREA Coordinator/Compliance Manager; PREA Administrator Job description; MDC PREA Policy 27.00-01; MDC Policy PER 3.07, I & F; Definitions; Policy HCA 12.15 B; Organizational Chart; PREA Compliance Manager Job Description and Oversight diagram. All interviews and information received indicate that the basics of PREA, such as zero tolerance, have been entrenched in the facility culture. During the 30 days after the On-Site Audit proof was provided that the PREA Administrator now has full access to investigations relevant to PREA. The agency has shown compliance with the minimum requirements of this Standard but would benefit from filling the vacant position of PREA Compliance Manager.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Currently there are no MDC inmates placed at other facilities.</p> <p>Analysis: Contracts with other entities for the confinement of inmates have been allowed to expire. However, interviews conducted, and documentation provided, indicate that in the event MDC resumes placing inmates in outside facilities, those facilities will be required to comply with PREA and will be monitored for compliance. The facility is to be considered compliant with this Standard because it does not apply to them at the present time.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against abuse, taking into account all parts of this Standard. It must be reviewed at least annually to see if adjustments are needed. Each time the staffing plan is not complied with, the facility is obligated to document and justify all deviations.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes the interviews with the Chief, PREA Administrator, and intermediate-level staff. Documentation includes the Staffing Plan itself; documentation of deviations from the Staffing Plan, with written justifications for all such deviations; documentation of Annual Reviews; policy requiring that intermediate-level and higher-level staff conduct unannounced rounds, to identify and deter staff sexual abuse and sexual harassment (Policy 8.9-1; Policy 8.38-1); and documentation that unannounced rounds were conducted, and that those rounds covered all shifts. In addition, the Staffing Plan Meeting Agenda for 2-5-20; Staffing Plan Meeting Meeting Minutes for 2-5-20; and PREA Staffing Plan Meeting Sign In Sheet 2-5-20 were reviewed. Extensive information and documentation was provided regarding detainees and staff COVID-19 testing positive for COVID-19 and the facility's responses. These include the following documents: Corrections Officer Tests Positive, BernCo Extends Closure and Tele-work to April 30, BernCo Scales Down Staffing to Essential Personnel, MDC-YSC Outline Steps to Minimize COVID-19 Impact on Staff and Inmates, Employee Training Delay email, COVID-19 Quarantine Chart, and Closure and Tele-work Extended to May 15.</p>

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Bernalillo County Metropolitan Detention Center (MDC) does not house youthful inmates. Youthful inmates would be permitted to be housed at the Metropolitan Detention Center only under a court order as specified in policy ICL 17.02. This referenced policy states: “A. Juveniles:</p> <ol style="list-style-type: none"> 1. If a youth is bound over to District Court for trial as an adult the Court Liaison Lieutenant petitions the court to house him at the local juvenile facility or Youth Diagnostic Center. 2. If the court orders detention in this facility: A youthful inmate will not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, MDC will either: (1) Maintain sight and sound separation between youthful inmates and adult inmates, or (2) Provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. MDC will make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, MDC will not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates will also have access to other programs and work opportunities to the extent possible. 3. Any juvenile ordered detained at this facility will be managed separately. They have equal access to programs, commissary, religious guidance, recreation, and any other privileges and rights afforded to the protective custody population.” <p>Analysis: Evidence used to determine compliance with this Standard includes: the interview with PREA Administrator, and a review of ICL 17.02 Policy prohibiting the confinement of juveniles. The Audit Team viewed population reports that specified the age of inmates. All parts of the Standard are addressed in policy; but it appears that no youth under the age of 18 have been housed at the facility in several years. As mentioned above, MDC is willing to go to court to avoid housing inmates that are under the age of 18, and the agency understands the related challenges. They provide a triangulation of evidence compliant with this Standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility had a written policy in place consistent with this Standard. Interviews and documentation indicated that facility practice is consistent with this Standard as well.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes the interviews with randomly selected staff and inmates. Also reviewed were the policies and procedures governing: 1) pat-down searches of inmates; 2) strip searches and visual body cavity searches; and 3) cross-gender viewing; Logs of exigent circumstances (this was a blank form, and no examples were reported) (Policy SEC 8.17); Policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status (Policy SEC 8.17); Training curricula regarding cross-gender pat-down searches and searches of transgender and intersex inmates; and Staff training logs.</p>

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has established procedures to provide disabled inmates and inmates with limited English proficiency 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. Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. Exceptions must be documented. The onslaught of the COVID-19 Pandemic caused preventative measures to be implemented that might, unintentionally, hinder some inmates the benefit of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. For example, inmates with limited experience with, or aptitude for, technology, might not benefit from the full potential of the kiosks and tablets available for their use. During interviews some inmates did indicate lack of PREA understanding and some indicated they may not have been fully screened regarding disabilities and medical issues. In preparation for the On-Site Audit, the facility provided a detailed list of inmates with disabilities in need of some level of accommodations. However, during the documentation review of the risk screenings of inmates with disabilities, the Auditor did not understand the process through which level of risk was determined for inmates with multiple disabilities or with differing levels or incapacity. In the 30 days after the On-Site Audit, the facility provided 3 examples of the extensive 30+ page reviews completed in classification beyond the PREA screenings, collecting detailed information regarding each category of disability/vulnerability, whether physical, mental, emotional, or related to injury or drug/alcohol abuse.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Chief, with 10 inmates with disabilities and 2 with limited English proficiency, and with 13 randomly selected staff, as well as staff who conduct classification and screening. Policies and procedures were reviewed regarding equal opportunity of disabled inmates, and of inmates with limited English proficiency, to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment (Policy RGT 13.13). The agency has a contract for comprehensive interpreter services. For inmates with limited reading skills, they have the I Reported Booklet, The Barter Booklet, and the Dont Touch Me Booklet. Verification of the issues addressed in the 30 days after the On-Site Audit regarding to Standards 115.33 and 115.42 also support compliance with this Standard. In all, a triangulation of evidence demonstrates compliance with this Standard.</p>

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy prohibits hiring or promoting anyone who may have contact with inmates, and it prohibits enlisting the services of any contractor who may have contact with inmates, who has engaged in any practice prohibited by the provisions of this Standard. Policy requires that before hiring any new employees, and before enlisting the services of any contractor who may have contact with inmates, criminal background record checks are conducted. These background checks are consistent with the provisions of this Standard. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Human Resources staff; reviews of policies (PER 3.09) on promotions and hiring of employees and contractors, including policies governing criminal background checks of current employees and contractors who may have contact with inmates; reviews of files of 14 randomly selected persons hired or promoted in the last 12 months, to determine whether proper criminal record background checks have been conducted, and whether questions regarding past conduct were asked and answered; records of background checks of 7 randomly selected contractors who might have contact with inmates; and documentation of background records checks of current employees at five-year intervals, when applicable.</p>

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has not acquired any new facilities, nor made any substantial expansions or modifications of existing facilities, since the previous audit. However, they have updated a video monitoring system and completed a kitchen remodel project.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Chief and PREA Administrator and a review of the documentation of the expansion of their video system and kitchen project. Documentation reviewed includes Camera Project Documentation; and Kitchen Redesign Documentation, including committee presentations, schematics, reports, emails, and minutes. These sources indicate that consideration was given to their ability to protect inmates from sexual abuse consistent with this Standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC is responsible for conducting administrative investigations, but it is not the entity responsible for conducting criminal sexual abuse investigations. The Bernalillo County Sheriff Department has responsibility for conducting criminal sexual abuse investigations. The facility offers all inmates who experience sexual abuse access to forensic medical examinations, without financial cost to the victim. When possible, SANEs and SAFEs conduct the exams; but if they were not available, a qualified medical practitioner would perform the forensic medical examinations. The facility documents efforts to provide SANEs and SAFEs. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and documents these efforts. If the victim agrees, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. MDC intake and booking staff and administrators have also facilitated forensic exams and aftercare for survivors of assaults that occurred in the community prior to the victim being booked into the jail on a criminal charge.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with 13 randomly selected staff and SANE Nurse; uniform evidence protocol Policy (PER 3.35.2-8) governing how to obtain usable physical evidence in allegations of sexual abuse; documentation of efforts to provide SAFEs or SANEs in the investigations reviewed; documentation that forensic medical exams are offered for free (Policy: PREA 27.05 C-4 and E-4); the Inmate Handbook; and documentation of agreement(s) with rape crisis center(s) for services. Advocacy Training Curriculum (provided by the Rape Crisis Center) and sign-in sheet was provided. There is an MOU with Bernalillo County Sheriff's Department compelling them to follow PREA investigative protocols. There is also an MOU with the Rape Crisis Center Of New Mexico consistent with this Standard which was verified by the audit team by phone. Also, the services of the Albuquerque SANE Collaborative were verified by phone. Investigative documentation and inmate interviews also indicates compliance with this Standard in practice, including a case that required a forensic exam. A triangulation of evidence provided verification of compliance with this Standard.</p>

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The facility completes administrative investigations, and the Sheriff's Department completes criminal investigations. 112 allegations were received during the 12 months reviewed for this audit, 52 of which were referred to law enforcement.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Chief, Director of Administration, PREA Administrator, and investigative staff; policies, procedures and forms governing investigations of allegations of sexual abuse and sexual harassment (PREA 27.07 and PREA 27.04); logs; and 20 investigative files, including documentation of referrals of allegations of sexual abuse and sexual harassment for investigation.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC trains all employees who may have contact with inmates on all the matters required in this Standard. Between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment, at least annually and when there are changes. The agency uses electronic employee signatures to document that employees who may have contact with inmates understand the training they have received. During interviews, staff remembered most required areas of training. The Audit Team detected some lack of knowledge among a few First Responders regarding their First Responder (FR) Duties. Also, several staff either did not remember their training regarding how to search transgender inmates, or they had questions indicating they could benefit from additional training. The facility agreed to provide FR cards all Security Staff, as well as FR e-learning. Also, they agreed to provide e-learning regarding how to search transgender and intersex inmates to all security staff. In the days after the On-Site Audit and Exit Briefing, the facility provided the additional documentation to address concerns and questions raised during the On-Site audit. This included: the slides and quiz for the First Responder e-learning; First Responder Cards provided to Shift Commander for distribution; email sent to inform security staff to pick and wear the First Responder Cards; verification that FR cards were distributed; the slides and quiz for the Transgender and Intersex Inmate Search e-learning; and reports showing that staff members completed FR Duties training and TI search e-learning.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with 13 randomly selected staff; training policy (PREA 27.02); staff training curricula for multiple trainings; training logs showing 100% have been trained; and 14 randomly selected files documenting staff training regarding compliance with this Standard. These interviews and documents, in addition to the documents reviewed after the On-Site audit, indicate the facility is compliant with this Standard.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires all volunteers and contractors who have contact with inmates to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed how to report such incidents. The agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with a contractor and volunteer; training curriculum for volunteers and contractors who have contact with inmates, with sign-in sheets; logs of contractors and volunteers; and samples of training records for 7 randomly selected volunteers and contractors who have contact with inmates.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires that inmates receive information at time of Intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. All inmates have typically received this information at Intakes and have received comprehensive information within 30 days; however, the facility cannot be timely in all instances during the COVID-19 Pandemic, because the education is provided by a Social Services Coordinator working from home through a video conferencing system, which requires the inmate to be on the system and to accept the invitation to the meeting. This process was just being established and perfected during the Audit. It takes resources, training, planning, and coordination, and adapting to this process sometimes causes delays. Inmate PREA education is available in accessible formats for all inmates, including for those who are: limited English proficient, deaf, visually impaired, otherwise disabled, and limited in their reading skills. The agency maintains documentation of inmate participation in PREA education sessions. The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, and other written formats. The COVID-19 Pandemic, as well as the changes required by the COVID-19 Pandemic, may disproportionately affect inmates with disabilities and limited proficiency. 13 inmates said they had not received PREA education other than to get a pamphlet and to be made aware of signs around the facility. Inmate Education should be provided in ways inmates (including inmates with vulnerabilities, lack of ability to read, lack of experience with technology) can be assisted to understand and question the education they are receiving. The facility agreed to continue to evolve their system of PREA education, assuring that it is compliant with PREA as well as their COVID protocols. Due to the Covid-19 Pandemic, inmate acknowledgement signatures were suspended for a time due to for health protocols. MDC initiated their video conferencing system and can currently get the acknowledgement verbally on recorded video. During the 30 days after the On-Site Audit, the facility provided the following documentation of efforts to make sure that all inmates can fully access the education and understand it. They provided a description of meetings with Inmate Benefits and Social Services Program Manager about Social Services Coordinators providing PREA education to inmates through video visits, and the work they completed on a log and a script to be used. They added PREA education to Classification Interview Form to provide some duplication and provide another opportunity for inmate questions. They provided examples of the updated Classification Interview Forms being used in several pods. They provided the finalized script for PREA education video visits. They provided their log of their first PREA education video visits once the system was implemented. They sent 5 video recordings of actual PREA education sessions being conducted by SSCs who were working from home and providing virtual one-on-one training to inmates. Inmates provide verbal acknowledgement that they understand the education they have been provided.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Intake Staff and 51 inmates. Agency policy governing PREA education of inmates (PREA 27.02). Intake records of 22 inmates entering the facility in the past 12 months. Inmates’ educational materials in formats accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to those who have limited reading skills</p>

(RGT 13.13). Logs and other records corroborating that 100% of inmates received comprehensive PREA education within 10 days of intake (except when COVID-19 provided justifications). Education and informational materials (posters, inmate handbook, victim handbook, etc.) in compliance with the Standard. Site Review. Pictures of postings throughout the facility. And information provided during the 30 days after the On-Site Audit described above. By a triangulation of evidence, the Auditor can determine that the facility has shown compliance with this Standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC investigators are trained, and the training includes techniques for interviewing victims, proper use of Miranda and Garrity warnings, evidence collection, criteria and evidence required to substantiate a case or to refer it for prosecution, and documentation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with Investigative staff; Agency training policy for Investigative staff (PREA 27.07); Investigator training curriculum; and documentation that 8 Agency Investigators have completed required training.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>98% of the 145 medical and mental health care practitioners who work with inmates received the training required by agency policy, and it is documented. The other 2% are required to receive the training before they return to work but are provided an extension due to COVID-19 precautions.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Medical and Mental Health Staff; policy and procedures governing training of medical and mental health care practitioners around sexual abuse and sexual harassment (Policy: PREA 27.05 and HCA 12.15 D); and documentation training (certificates, sign-in sheets, and logs) showing that medical and mental health care practitioners have completed the required training.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a policy and procedure that require screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates, and reassessment. This process follows all the details of the provisions of this Standard. Of the 51 inmates interviewed, 8 indicated they had not been asked the screening questions required in the Standard. 11 expressed concern that some questions were asked within hearing distance of other inmates. These concerns were mainly limited to the RHU and PAC units. However, other inmates described a comprehensive and private screening process. Some inmates with vulnerabilities spoke of the help they have received and appropriate decisions that have been made about their placement and care. In preparation for the On-Site Audit, the facility provided a detailed list of inmates with disabilities in need of some level of accommodations. However, during the documentation review of the risk screenings of inmates with disabilities, the Auditor did not understand the process through which level of risk was determined for inmates with multiple disabilities or with differing levels of incapacity. In the 30 days after the On-Site Audit, the facility provided 3 examples of the extensive 30+ page reviews completed in classification beyond the PREA screenings, collecting detailed information regarding each category of disability/vulnerability, whether physical, mental, emotional, or related to injury or drug/alcohol abuse. During the 30 days after the On-Site Audit documentation was sent showing 100% of inmates being screened for a selected time period (May 2020). Screening and classification documents regarding an additional 8 inmates were reviewed. Also, a plan was developed and implemented assuring privacy during classification interviews, with special application and attention given to the RHU and PAC units. Verification of the issues addressed regarding Standards 115.16, 115.33 and 115.42 also support compliance with this Standard.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes the following. Interviews were conducted with Risk Screening staff, with randomly selected inmates, and with the PREA Administrator. Agency policy and procedures were reviewed that govern screening of inmates, upon admission to a facility, or transfer to another facility, and during reassessments (APO 16.00). Screening instrument used to determine risk of victimization or abusiveness was reviewed. And records for 19 inmates admitted to the facility within the past 12 months were randomly selected and reviewed, to look for evidence of appropriate screening within 72 hours. A memo from the Risk Screening Supervisor was also reviewed, regarding a period of non-compliance identified by MDC internal quality controls, including identification of the problems and resolutions. This information reviewed during the Pre-Audit and On-Site Audit, in combination with the documentation and thorough explanations provided during the 30 days after (referenced above), provide a triangulation of evidence that shows compliance with this Standard.</p>

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC policy requires the use of information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The agency/facility makes individualized determinations about how to ensure the safety of each inmate. The facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. Placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate. A transgender or intersex inmate’s own view with respect to his or her own safety is given serious consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Lesbian, gay, bisexual, transgender, or intersex inmates are not placed in dedicated facilities, units, or wings solely on the basis of such identification or status. As explained in the narrative for 115.41 above, the documentation initially provided did not make the Auditor understand all the steps taken to make determinations of level of vulnerability. In the 30 days after the On-Site Audit the facility provided information and documentation on how an inmate’s housing can be overwritten due to being at a higher level of vulnerability due to disability by staff during the intake. Detailed PREA compliant COVID -19 Protocols for Interviewing Inmates provided to the classification staff by the director of Classification. Verification of this work was provided to the Audit Team, along with sample proof of practice.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with the PREA Administrator and with staff that perform screenings for vulnerability and abusiveness. Also, considered were interviews with inmates identified as having one or more risk factors. 10 of the inmates have been considered alleged victims of sexual abuse or sexual harassment in a correctional facility; 6 have indicated prior sexual victimization in the community; 2 have been identified as having committed violence in the past; 8 likely have cognitive or mental disabilities; 2 have limited English proficiency; 2 have identified physical disabilities; 4 identify as lesbian, gay or bisexual; and 3 identify as transgender or intersex. There were 5 inmates interviewed that were under the age of 22, and 2 over the age of 70. 10 inmates interviewed were female. Documentation was reviewed of the use of screening information to inform housing, bed, work, education, and program assignments, with the goal of keeping all inmates safe and free from sexual abuse. Facility policies were reviewed that govern isolation of inmates; and that prohibit placing lesbian, gay, bisexual, transgender, or intersex inmates in particular housing, bed, or other assignments solely on the basis of such identification or status; and that prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Policies citations are ICL 17.00, APO 16.00 and PREA 27.07. A review was conducted of the process for Risk Screening for Transgender Inmates. Examples of housing assignments and documentation of 30-Day Reviews were examined for compliance with the Standard. The facility provided several examples of how their classification process accounts for, and interfaces with, the PREA risk factors, sharing information to protect inmates. This evidence, in addition to the additional documentation provided during the 30 days after the On-Site Audit, as described above, and in regards to Standards 115.16 and 115.33, provide full verification</p>

of compliance with this Standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing, unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing for their protection in the 12 months prior to the PAQ. Policy and procedure assure that inmates at risk for sexual abuse placed in segregated housing shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. They will be reviewed weekly to try to find alternative placements.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes the following. Interviews were conducted with the Chief, investigators, and members of the Classification Committee. Policy governing involuntary segregated housing for inmates at high-risk for sexual victimization (ICL 17.00-6) was reviewed. Segregation policy in SEG 9.00 and SEG 9.02 was also reviewed. Inmate victims of sexual abuse that were interviewed did not indicate violations of this Standard. A 05-11-20 Memo from the Classification Supervisor states that "The only reasons an inmate would be placed in Involuntary Administrative Segregation status is for the following reasons: 1. Pre-Hearing Detention; 2. Disciplinary Segregation; 3. High Risk/Special Handling; 4. Security Threat Group. The facility has shown compliance with this Standard.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy mandating that staff promptly accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and to give these reports promptly to their supervisor, who will notify the appropriate official(s) for investigation. Staff and inmates are informed of these procedures in writing, in training, verbally, and through signs posted in the facility. During the On-Site Audit inmates indicated an understanding of these reporting options. However, one test of a hotline phone failed. Verification of this repair was provided by the facility.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with all of the following people: randomly selected staff and inmates; the PREA Administrator; and inmates who reported sexual abuse. (2) Reviews of related policies (PREA 27.03) and agreements (MOU with outside reporting: Albuquerque Crime Stoppers and Bernalillo County Contact Center). These sources provide a triangulation or evidence showing compliance with this Standard.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has policy and procedures for dealing with inmate grievances regarding sexual abuse consistent with all provisions of this Standard. The policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. MDC does not require an inmate to use an informal grievance process, nor otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Agency policy and procedure require that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with inmates who reported Sexual Abuse; policy regarding inmate grievances of sexual abuse; policy and procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse; policy limiting the agency's ability to discipline an inmate for filing a grievance related to alleged sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith (PREA 27.03 (g)); Inmate Handbook; and documentation of grievances that alleged sexual abuse.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility provides inmates with access to victim advocates for emotional support services related to sexual abuse, by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, for local, state, or national victim advocacy or rape crisis organizations. No inmates are detained solely for immigration purposes, so that portion of the Standard does not apply.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected inmates, including 10 inmates who allegedly experienced sexual abuse or harassment in a facility, with the PREA Administrator, and with the Chief; Policies and/or procedures governing inmate access to outside victim advocates for emotional support services related to sexual abuse (Policy: PREA 27.03); Inmate handbooks; pamphlet pertinent to reporting sexual abuse and access to support services; Information provided to inmates prior to sexual abuse investigative interviews; MOUs or other agreements with community service providers who are able to provide inmates with emotional support services related to sexual abuse (Rape Crisis Center of New Mexico); and policies governing inmates' access to their attorneys, other legal representation (Policy: PREA 27.03). The facility has demonstrated compliance with this Standard.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Third-Party Reporting methods are shown in visitation areas, and on the agency website. Methods of reporting, including Third-Party options, are explained verbally during inmate PREA Education. However, 8 inmates said that making a report through someone outside of the facility would be difficult because of the belief that all calls are monitored and recorded. Naturally, during the COVID-19 Pandemic, face-to-face visits are less likely to happen, adding another barrier to 3rd party reporting. Also, one of the tests of the PREA reporting hotline did not go through. In the 30 days after the On-Site Audit MDC corrected the problem that kept the hotline report from going through. They added statements to the Inmate Handbook, and the Inmate Education Form, explaining how inmates can send information on an allegation of sexual abuse and harassment to a family member or friend in a confidential manner, and that hotline calls are not recorded. They provided a video showing that the hotline being used, as well as verification of a report going through. They placed stickers on the PREA Hotline posters in the pods stating, "Calls are not recorded". The updated PREA Education form with the statement "Calls are not recorded" referring to the PREA hotline was sent to the inmates to acknowledge on the tablets. They provided examples of inmate signatures on the updated Inmate Education form. Email documentation was provided indicating that 1046 inmates have viewed the updated PREA Education form on the tablets. An image of the PREA poster with "calls are not recorded" stickers was sent to the auditors. The updated Inmate Handbook was published, and verification was provided.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Publicly distributed information on how to report sexual abuse or sexual harassment on behalf of inmates, including bi-lingual posting; the Website; tests of the reporting systems; third party report that have been made; and documentation and recordings of PREA Education. This evidence, in addition to the evidence described above that was provided during the 30 days after the On-Site Audit, indicates full compliance with this Standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency requires all staff to report, immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against inmates or staff who reported such an incident; and, Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and to designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse and to inform inmates of the practitioner’s duty to report, and of the limitations of confidentiality, when they initiate services. If the alleged victim is under the age of 18, and/or is considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency, under applicable mandatory reporting laws.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff, with medical staff, with mental health staff, with the PREA Administrator, Director of Administration, and with the Chief. Documentation of reports made and logs. And relevant policy, governing the reporting by staff of incidents of sexual abuse or sexual harassment: Policy: PREA 27.04. This evidence indicates the agency is compliant with this Standard.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The documentation indicates that there were no times in the 12 months reviewed for this audit when an inmate was identified as being at substantial risk of imminent sexual abuse that was not part of an investigation.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Chief, other administrators, and with 13 randomly selected staff; and reviews of relevant policy governing the agency’s protection duties, when inmates are subject to a substantial risk of imminent sexual abuse (Policy: PREA 27.04 D-1). Policy, training, and interviews consistently indicate that the facility is compliant with this Standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the external facility, or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred.</p> <p>Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency or facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA Standards.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Chief and PREA Administrator; a review of 4 allegations referred to other facilities by the Chief; and a review of Policy: PREA 27.04 D-1.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a First Responder policy for allegations of sexual abuse consistent with this Standard. Some staff interviews indicated a lack of remembering these duties as well as a lack of knowledge regarding where to find a copy of the duties. A staff refresher training reviewed these duties during the 30 days after the On-Site Audit, and cards with FR duties inscribed were provided.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with inmates who reported sexual abuse; interviews with staff who have acted as First Responders; and interviews with randomly selected staff, along with Agency policy governing staff First Responder duties (PREA Policy 27.04-C). In addition, the 20 investigations reviewed documented that FR duties were followed appropriately.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has developed a written institutional plan to coordinate actions taken, in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: An interview with the Chief, a review of the Facility’s Coordinated Response Plan, and a review of PREA Policy 27.04. Supporting evidence included interviews with the various participants in the CRP, such as First Responders, Medical and Mental Health staff, the Albuquerque SANE Collaborative, and the Rape Crisis Center. Investigative documentation also includes indicators of the CRP being followed. The facility has shown compliance with this Standard.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency's collective bargaining agreement does not interfere with the ability to protect inmates from contact with abusers.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Chief and with human resources staff, and a review of collective bargaining agreements with AFSCME 2499. Several of the investigations that were reviewed included alleged abusers who were staff members being separated from inmates. Related documentation, such as notifications to the staff members, was included. These sources indicate no violation of this Standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has a policy to protect all inmates and staff who report sexual abuse or sexual harassment, and/or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other inmates or staff. The agency designates staff member(s) as responsible for monitoring for possible retaliation. The PREA Coordinator oversees this process personally until they can hire a PREA Compliance Manager that can take over these duties. For at least 90 days, the agency monitors housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. In the case of inmates, such monitoring also includes periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. The agency acts promptly to remedy retaliation and continues to monitor longer than 90 days, if needed.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Chief, the PREA Coordinator, and 10 inmates who reported sexual abuse. (2) Agency policy PREA 27.01. (3) Documentation of monitoring efforts of 20 cases, including investigation of allegations of retaliation. A triangulation of evidence verifies compliance with this Standard.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing, unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months, no inmates were assigned to involuntary segregated housing for protection against sexual abuse. If an involuntary segregated housing assignment is made, the facility allocates to each such inmate a review every week, to determine whether there is a continuing need for separation from the general population, and it documents these reviews.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Chief; staff who supervise inmates in Isolation for any reason; medical staff; and mental health staff; (2) Facility Policies: SEG 9.02 & ICL 17.00. (3) PAQ and investigative documentation. The facility has demonstrated compliance with this Standard.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC has policy related to criminal and administrative agency investigations consistent with this Standard. Substantiated allegations that appear to be criminal are to be referred for prosecution. Where sexual abuse is alleged, the agency is to use investigators who have received special training in sexual abuse investigations. These investigations are to be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators are to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Where the evidence seems to support criminal prosecution, the agency should conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and will not be determined by the person's status as inmate or staff. The agency will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Investigations are to include efforts to determine whether staff actions or failures to act contributed to the abuse; and document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigations should be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency is not a basis for terminating an investigation. The agency has undergone some fundamental changes in the past 2 years regarding the management of investigations. Many aspects of the PREA Standards related to investigations are firmly entrenched in the facility culture. For example, investigations are typically prompt and well documented. PREA Captains are trained and experienced investigators. Alleged victims are offered advocacy which is facilitated immediately. The agency does robust monitoring for retaliation and consistently informs victims of the outcomes of investigations.</p> <p>However, at the time of the PREA Audit Interim Report, some provisions of this Standard had not yet been shown to be consistently applied. The Interim Report stated that "the thoroughness of investigations is questionable when there are no witness interviews or when written statements or incident reports are substituted for interviews. Also, it has not been shown that investigative oversight has been consistent. The PREA Administrator did not have access to sexual abuse and sexual harassment investigations that are stored on the IAPro computer system." During the 30 days after the On-Site Audit, an issue was addressed about findings being applied prior to a full investigation being completed. The policy states, in part D, that "All allegations no matter the type sent to the PREA department by any method shall be reviewed by the PREA Captain to ensure the allegation meets the definition of sexual abuse, sexual harassment, or retaliation." This statement had been erroneously interpreted to mean</p>

that some allegations can be determined to be unfounded if a preliminary investigation finds that the incident did not occur. In the 30 days after the On-Site Audit, additional information and context was provided to the PREA Captain to assure that it is only the allegation that is reviewed against definitions, not the incident itself. In all cases where sexual abuse and/or sexual harassment is alleged, a full investigation must be completed. Also in the 30 days after the On-Site Audit, verification was provided that the PREA Administrator now has access to IAPro, which means PREA coordination and review can occur as needed for all sexual abuse and sexual harassment investigations.

Corrective Action: All 3 investigations completed between 7/29/2020 to 10/4/2020 were provided to the Auditor, as agreed, for review during the CAP. These investigations were thorough, following all provisions of this Standard, including witness interviews as appropriate. Also, investigative oversight was apparent and documented. The PREA Administrator demonstrated that he was utilizing full access to the IAPro computer system.

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff, with the Chief, with the PREA Administrator; Agency/Facility policies related to criminal and administrative agency investigations (PREA 27.07); Training records for Investigators; and 20 investigative files. An additional 3 investigative files were reviewed during the CAP. These files demonstrated compliance with the provisions of this Standard with which the facility had not yet shown full compliance.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy requires that Investigators impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff; policy imposing a standard of a preponderance of the evidence, or a lower standard of proof, for determining whether allegations of sexual abuse or sexual harassment are substantiated (Policy 27-07); and documentation of administrative findings in 20 cases.</p>

115.73	Reporting to inmates
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1477 528">The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Policy also requires each of the other provisions of this Standard.</p> <p data-bbox="252 573 1477 819">Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Chief and with Investigative staff. Agency policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following an investigation (PREA 27.07). Notifications provided as appropriate regarding 20 investigative cases reviewed.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Staff are subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes staff disciplinary policy regarding violations of Agency sexual abuse or sexual harassment policies (PREA 27.06-a). The audit team interviewed randomly selected staff and supervisors. Also, 20 investigative files were reviewed. No documentation indicated staff have been sanctioned in the past 12 months for sexual abuse, but a file regarding an accused employee was reviewed for the previous PREA audit, which was last year by the same auditor. In that case, and the facility's behavior regarding that employee was 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. This culmination of evidence indicates that the facility has shown compliance with this Standard.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes MDC policy requiring that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (PREA 27.06 B). Also, the Auditor reviewed an investigative file regarding a contractor. The case was unsubstantiated. The contractor was terminated. Also, interviews were conducted with the Chief, a volunteer, a contractor; and staff who supervise volunteers. The agency and facility have shown compliance with this Standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal finding, that the inmate engaged in inmate-on-inmate sexual abuse. Interviews conducted, and policy reviewed, indicate sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between inmates, but it does not deem such activity to constitute sexual abuse unless it determines that the activity is coerced.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with investigators, administrators, medical staff and mental health staff; policy which states that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse; and Policy: PREA 27.06 C 1-a. Also, the Auditor reviewed 2 investigations with substantiated findings of inmate-on-inmate sexual abuse. This documentation, and interviews conducted, indicate compliance with this Standard.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All inmates at MDC who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. Information related to sexual victimization or abusiveness that occurred in an institutional setting is, for the most part, strictly limited to medical and mental health practitioners. But information that is considered indicative of risk factors for sexual abuse and/or sexual harassment is shared appropriately with administrators who make housing, bed and work decisions, in order to protect inmates as required in Standard 115.41 and 115.42.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with each of the following: 6 inmates who disclosed sexual victimization at Risk Screening; medical staff; mental health staff; and staff who perform Risk Screening. Policy on medical and mental health screening Policy APO 16.00. Sample of medical and mental health secondary materials documenting compliance with required services. Log of mental health referrals. The facility has provided a triangulation of evidence supporting compliance with this Standard.</p>

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Inmate victims of sexual abuse at MDC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to § 115.62 and immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim, without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical staff, with mental health staff, and with 10 inmates who reported sexual abuse; and policies (PREA 27.05) and procedures regarding access to treatment services by inmate victims of sexual abuse. This includes procedures for interfacing between classification and professional services such as medical and mental health. Also reviewed was the log of mental health referrals, police referrals, investigations and policies HCA12.15 K; HCA 12.01 (6 and 7); and HCA 16(A) for consistency with this Standard. The facility is compliant with this Standard.</p>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes, 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. The facility provides such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The agency facilitates services for inmates who were alleged victims in the community before being incarcerated. MDC strives to provide services in these cases, even when the assaults did not occur in a correctional facility.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: interviews with administrators making decisions regarding inmates, interviews with medical staff, with mental health staff, and with 10 inmates who reported sexual abuse; and policies and procedures governing ongoing medical and mental health care for sexual abuse victims and abusers (PREA 27.05 F, HCA12.15 K & HCA12.16 page 3). The interviews with inmates who were alleged victims indicate follow-up care is offered. Interviews with medical staff and mental health staff indicates that they provide ongoing medical and mental health care for sexual abuse victims and abusers. The facility has shown compliance with this Standard.</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility, according to policy, conducts a sexual abuse incident review, at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. According to policy, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse Incident Review Team is to include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>Analysis: Interviews with the facility Chief, PREA Administrator, an Investigator, and other members of the Incident Review Team verify that policies and procedures are followed regarding conducting sexual abuse Incident Reviews. The Audit Team reviewed policy (PREA 27.06 D), and documentation of sexual abuse Incident Reviews associated with investigations reviewed. The facility is compliant with this Standard.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and a standardized set of definitions. The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The agency maintains, reviews, and collects data monthly from all available incident-based documents, including reports, investigation files, and sexual abuse Incident Reviews.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: the policy regarding sexual abuse data collection (Policy: PREA 27.06 E and Policy PER 3.07AA, Page 16); the set of definitions used for collecting data on sexual abuse allegations; and the data collection instrument used for collecting data on sexual abuse allegations at facilities. Completed Surveys of Sexual Victimization were reviewed. Administrators have provided verbal and written explanations of the processes used, and a demonstration of the computer applications utilized. These sources indicate compliance with this Standard.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency reviews data collected and aggregated pursuant to §115.87, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an Annual Report of its findings and corrective actions for the facility. The Annual Report includes a comparison of the current year's data and corrective actions with those from prior years. The Annual Report provides an assessment of the agency's progress in addressing sexual abuse. The reports are approved by the agency head.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes interviews with the Chief and the PREA Coordinator; documentation of corrective action plans; Annual Reports of findings from data reviews and corrective actions; and the link to the website where the Annual Reports are available. The agency has documented a number of corrective actions, not the least of which are their efforts to improve the consistency and accuracy of data after reforms, administrative changes, and technology updates in the previous years. These sources constitute a triangulation of evidence showing compliance with this Standard.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>MDC policy and procedure ensure that incident-based and aggregate data are securely retained, requiring that aggregated sexual abuse data be made readily available to the public, at least annually. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Annual Reports with this data can be found at: https://www.bernco.gov/metropolitan-detention-center/resources-reports-and-publications-.aspx.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interview with the PREA Administrator and the Chief; a review of policy requiring that incident-based and aggregate data are securely retained; and policy requiring that aggregated sexual abuse data be made readily available to the public at least annually through its website (PREA 27.06). These interviews, the policy reviewed, the report itself, along with verification of the publication of the Annual Report, indicate full compliance with this Standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Interim Report for this current Audit was written in the second year of the 3rd audit cycle. To help explain this terminology, the reader is referred to the guidance provided by the PREA Resource Center in the form of a Frequently Asked Question (FAQ), found at https://www.prearesourcecenter.org/frequently-asked-questions. It states, “Starting on August 20, 2016, which is the first day of the first year of the second three year audit cycle, for the purpose of the PREA standards, the audit is considered complete upon issuance of the initial audit report or 45 days after the conclusion of the auditor's on-site visit to the facility, whichever one comes first.” The Interim Report of the previous PREA Audit was issued 03-14-2019, which was in the third year of the second audit cycle. Since the agency only operates the one facility, it is supposed to have the audit within the first year of each audit cycle, according to the Standard.</p> <p>Analysis: Although the Interim Report of the previous audit was written in the third year of the second audit cycle, the Final Report for the previous audit was issued on 10-07-2019, which was already well into the current (3rd) audit cycle. Nevertheless, the agency, desiring to be timely with this audit, scheduled the next On-Site audit 8 months later, to begin on June 29, 2020, in order to give time for the initial report to be out in August before the end of the first year of the audit cycle. By the day scheduled for the On-Site Audit, the COVID-19 Pandemic had struck. A staff member in contact with the Audit Team received test results positive for infection. The Audit Team, and others, had to quarantine, causing the rest of the Audit to be delayed. With virtual protocols engaged, the rest of the Audit was completed as soon as possible, and the exit conference was finally held on July 21, 2020. This delay caused the Interim Report to come out during the beginning of the 2nd year of the audit cycle. Since the delay could not be helped, and was due to COVID-19, the agency is compliant with this Standard according to the Auditor’s interpretation of DOJ guidance regarding COVID-19.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published, on its agency website, the previous Final Audit Report. This previous PREA Audit Final Report can be found at https://www.bernco.gov/uploads/files/MDC/MDC%20PREA%20Audit%20Final%20Report%20October%202019.pdf.</p> <p>Analysis: Since the report was published as required, and this has been verified, the agency is in compliance with this Standard.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	na
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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.)	no
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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 an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes