**Audit Request for Information: Allegations Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency Name:** | | **Facility Name:** | | **Date Complete:** |
| **Review period:**  **Note:** Standard 115.401(g) requires an auditor review, at a minimum, a sampling of relevant documents and information for the most recent one-year period. The 12 month period preceding the audit may be extended if determined necessary by the auditor to assess compliance with a particular standard or provision.  The audit review period designated by the auditor is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Person Completing Form:** | **Phone Number:** | | **Email:** | |

Please provide the following information to the auditor related to the PREA investigations standards.

# Instructions:

1. Complete ***Table 1*** providing data on total number of **allegations** of sexual abuse and sexual harassment reported for investigation during the review period.
2. Complete ***Table 2*** providing data on total number of **incident reports** submitted by staff to report an occurrence or suspicionof sexual abuse and sexual harassment made during the review period.
3. Complete ***Table 3*** providing data on the total number of **allegations** of retaliation for reporting sexual abuse or sexual harassment, and reports of staff neglect or violation of responsibilities that may have contributed to such incidents during the review period.
4. Complete ***Table 4*** providing data on the total number of **grievances** indicating a fear of sexual abuse or inappropriate handling of a sexual abuse allegation or incident made during the review period.
5. Complete ***Table 5*** providing data on the total number of sexual abuse and sexual harassment **allegations** reported to the public or private entity or office and immediately reported to agency officialsduring the review period (if tracked).
6. Complete ***Table 6*** providing a summary of all **investigations**, both administrative and criminal, made during the review period.
7. Complete ***Appendix A*** entitled *Agency Investigative Matrix* which provides the Auditor with an overview of the investigation entities and their scope of authority over administrative and criminal investigations at the facility.
8. Complete **Appendix B** entitled *Investigation Process Flow Chart*which provides the Auditor with a visual overview of the flow of investigations of sexual abuse and sexual harassment at the facility.

## Table 1: Total Number of Allegations[[1]](#footnote-1) of Sexual Abuse and Sexual Harassment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month[[2]](#footnote-2)** | **Sexual Abuse** | | **Sexual Harassment** | |
| **Staff-on-Inmate/ Resident** | **Inmate-on-Inmate/ Resident-on-Resident** | **Staff-on-Inmate/ Resident** | **Inmate-on-Inmate/ Resident-on-Resident** |
| January |  |  |  |  |
| February |  |  |  |  |
| March |  |  |  |  |
| April |  |  |  |  |
| May |  |  |  |  |
| June |  |  |  |  |
| July |  |  |  |  |
| August |  |  |  |  |
| September |  |  |  |  |
| October |  |  |  |  |
| November |  |  |  |  |
| December |  |  |  |  |
| **Total Allegations** |  |  |  |  |

## Table 2: Total number of incident reports submitted by staff to report an occurrence or suspicion of sexual abuse or sexual harassment

|  |  |  |
| --- | --- | --- |
| **Month** | **Incidents related to sexual abuse** | **Incidents related to sexual harassment** |
| January |  |  |
| February |  |  |
| March |  |  |
| April |  |  |
| May |  |  |
| June |  |  |
| July |  |  |
| August |  |  |
| September |  |  |
| October |  |  |
| November |  |  |
| December |  |  |
| **Total Incident Reports** |  |  |

## Table 3: Total number of allegations by inmates or staff of retaliation for reporting sexual abuse or sexual harassment, or staff neglect or violation of

## responsibilities that may have contributed to such incidents

|  |  |  |
| --- | --- | --- |
| **Month** | **Allegations of retaliation** | **Allegations of staff neglect or violation of responsibilities** |
| January |  |  |
| February |  |  |
| March |  |  |
| April |  |  |
| May |  |  |
| June |  |  |
| July |  |  |
| August |  |  |
| **Month** | **Allegations of retaliation** | **Allegations of staff neglect or violation of responsibilities** |
| September |  |  |
| October |  |  |
| November |  |  |
| December |  |  |
| **Total Allegations** |  |  |

## 

## Table 4: Total number of grievances indicating a fear of sexual abuse or inappropriate handling of a sexual abuse allegation or incident

|  |  |  |
| --- | --- | --- |
| **Month** | **Grievances indicating a fear of a sexual abuse** | **Grievances indicating inappropriate handling of sexual abuse allegation** |
| January |  |  |
| February |  |  |
| March |  |  |
| April |  |  |
| May |  |  |
| June |  |  |
| July |  |  |
| August |  |  |
| September |  |  |
| October |  |  |
| November |  |  |
| December |  |  |
| **Total Grievances** |  |  |

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## Table 5: Total number of sexual abuse and sexual harassment allegations reported to the public or private entity or office[[3]](#footnote-3) and immediately reported to agency officials

|  |  |
| --- | --- |
| **Month** | **Number of allegations reported to agency officials** |
| January |  |
| February |  |
| March |  |
| April |  |
| May |  |
| June |  |
| July |  |
| August |  |
| September |  |
| October |  |
| November |  |
| December |  |
| **Total allegations reported to agency officials** |  |

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## Table 6: Total number of administrative cases, criminal cases, and dispositions

|  |  |  |
| --- | --- | --- |
|  | **Administrative Cases** | **Criminal Cases** |
| **Sexual Abuse:** |  |  |
| Pending Cases |  |  |
| Closed Cases |  |  |
| **Sexual Harassment:** |  |  |
| Pending Cases |  |  |
| Closed Cases |  |  |
| **Total Cases** |  |  |
| **Disposition Totals:** |  |  |
| Substantiated |  |  |
| Referred to Prosecutor |  |  |
| Prosecution Refused |  |  |
| Indictment |  |  |
| Conviction |  |  |
| Acquittal |  |  |
| Unsubstantiated |  |  |
| Unfounded |  |  |

## Appendix A: PREA AUDIT – Agency Investigative Matrix

## See instructions on the next pages.

## Facility Name:

|  |  |  |
| --- | --- | --- |
| **A** | **1 - Criminal Investigation** | **2 - Administrative Investigation** |
|  | **Types of Cases:** (Check all that apply)  ☐ Felony ☐ Misdemeanor ☐ Sworn Staff ☐ Civilian Staff  ☐Other: | **Types of Cases:** (Check all that apply)  ☐ Felony ☐ Misdemeanor ☐ Sex Harassment ☐ Sworn Staff  ☐ Civilian Staff ☐Rule Violation ☐ Other: |
| **Name of Investigative Agency/Agencies or Division(s)\*:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** | **Name of Investigative Agency/Agencies or Division(s)\*:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** |
| **State or Local Oversight Agencies** (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** | **State or Local Oversight Agencies** (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** |
| **B** | **1 - Criminal Investigation** | **2 - Administrative Investigation** |
|  | **Types of Cases:** (Check all that apply)  ☐Felony ☐ Misdemeanor ☐Sworn Staff ☐Civilian Staff  ☐Other: | **Types of Cases:** (Check all that apply)  ☐Felony ☐ Misdemeanor ☐Sex Harassment ☐Sworn Staff  ☐Civilian Staff ☐Rule Violation ☐Other: |
| **Name of Investigative Agency/Agencies or Division(s)\*:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** | **Name of Investigative Agency/Agencies or Division(s)\*:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** |
| **State or Local Oversight Agencies** (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** | **State or Local Oversight Agencies** (e.g., Ombudsman, Inspector General, Independent Monitor, etc.)  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:**  **Agency or Division Head:**  **Contact Phone:**  **Contact Email:** |

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| --- |
| Instructions |

## If different or multiple agencies investigate any cases, please attach an additional matrix page for that information as necessary.

# A-1: Staff-on-Inmate/Resident Sexual Abuse – Criminal Investigation

Describe the type of cases investigated and by whom (attach multiple sheets as necessary). For example, do separate agencies investigate allegations against sworn staff versus civilian staff? The facility must provide the name of the agency(s) or division(s) that conduct the criminal investigation for staff-on-inmate/resident sexual abuse. This may be local law enforcement, state police, or other external agencies such as state or local inspector general offices, ombudsman’s offices, independent monitors, etc.

# A-2: Staff-on-Inmate/Resident Sexual Abuse and/or Sexual Harassment– Administrative Investigation

The facility must provide the name of the agency(s) or division(s) that conduct the administrative investigation for staff-on-inmate/resident sexual abuse and/or sexual harassment and staff-on-inmate/resident policy violations. This may be a separate internal affairs division, the facility administration, or another external agency. If the facility does a preliminary fact-finding regarding an incident prior to notifying the external criminal investigators or administrative investigators, they must also be listed under A-2.

# B-1: Inmate-on-Inmate/Resident-on-Resident Sexual Abuse – Criminal Investigation

The facility must provide the name of the agency(s) or division(s) that conduct the criminal investigation for inmate-on-inmate/resident-on-resident sexual abuse. This may be local law enforcement, state police, or other agencies such as inspector general offices.

# B-2: Inmate-on-Inmate/Resident-on-Resident Sexual Abuse and/or Sexual Harassment – Administrative Investigation

The facility must provide the name of the agency(s) or division(s) that conduct the administrative investigation for inmate-on-inmate/resident-on-resident sexual abuse. This may be the facility administration or other agency-level entities. This investigation normally focuses on whether facility rules were violated by an inmate/resident.

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## Appendix B: PREA AUDIT – Investigation Process Flow Chart

## Facility Name:

|  |
| --- |
| Instructions |

Develop a flowchart(s) that depicts the process of investigations for (1) inmate-on-inmate/resident-on-resident allegations of sexual abuse and sexual harassment and (2) staff-on-inmate/resident allegations of sexual abuse and sexual harassment allegations. Please refer to the PRC website for [examples](https://www.prearesourcecenter.org/resource/prea-reporting-flow-charts). The *Investigation Process Flow Chart* is intended to assist PREA auditors and facilities in understanding and clarifying the investigative process and those entities and/or individuals responsible for conducting investigations of sexual abuse and sexual harassment at the agency and facility level.

1. Allegations should include all reports from all sources (e.g., grievances, verbal reports, anonymous, third party, etc.) [↑](#footnote-ref-1)
2. Insert the correct year beside the month. [↑](#footnote-ref-2)
3. Refers to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. This also refers to relevant consular officials and relevant officials at the Department of Homeland Security that inmates detained solely for civil immigration purposes would contact to make a report of sexual abuse and sexual harassment. Such reports could be made by telephone, in writing, or other reporting methods determined by the agency/facility. [↑](#footnote-ref-3)