

PREA AUDIT: PRE-AUDIT QUESTIONNAIRE

Facility: Juvenile

Completed by:

Date of Final
Submission

AGENCY INFORMATION

Name of agency:

Date of last agency PREA audit(if
applicable):

Telephone:

Governing authority or parent agency (if
applicable):

Physical Address:

Mailing Address:

The Agency is:

- ☐ Federal: Bureau of Prisons ☐ Federal: Military ☐ State ☐ U.S.
Territory
☐ County or Multi-County ☐ Regional Authority ☐ City or Municipal
☐ Judicial District
☐ Private ☐ Other

Agency Mission (attach additional
document if necessary):

Upload Attachment (optional):

Agency Chief Executive Officer Information:

Name:

Title:

Email address:

Telephone number:

Agency-Wide PREA Coordinator Information:

Name:

Email:

PREA coordinator reports to:

Number of compliance managers who report to PREA coordinator:	
Agency website with PREA information:	
Is the agency accredited by any other organization?	☐ Yes ☐ No

FACILITY INFORMATION	
Facility name:	
Facility physical address:	
Facility mailing address:	
Facility website with PREA Information:	☐ N/A
Has the facility been accredited within the past 3 years?	☐ Yes ☐ No
If the facility has been accredited within the past 3 years, select the accrediting organization(s): Select all that apply (N/A if the facility has not been accredited within the past 3 years):	☐ ACA ☐ NCCHC ☐ CALEA ☐ Other(please name or describe): ☐ N/A
If your facility has completed any internal or external audits other than those that resulted in accreditation, please describe:	☐ N/A
Upload any relevant accreditation, internal, or external audit reports (referenced above):	☐ N/A

Primary Contact	
Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator

Name:	
Email Address:	
Telephone Number:	

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site

Name:	
Email Address:	
Telephone Number:	

Facility Characteristics

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

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	
Average length of stay or time under supervision:	
Facility security levels/resident custody levels:	
Number of residents admitted to facility during the past 12 months:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☐ No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ US Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other(please name or describe): ☐ N/A
Number of staff currently employed at the facility who may have contact with residents:	

Number of staff hired by the facility during the past 12 months who may have contact with residents:	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	
Physical Plant	
Number of buildings: Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	
Number of resident housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade	

swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	
Number of single resident cells, rooms, or other enclosures:	
Number of multiple occupancy cells, rooms, or other enclosures:	
Number of open bay/dorm housing units:	
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☐ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in	☐ Yes ☐ No

the past 12 months?	
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☐ Yes ☐ No
Are mental health services provided on-site?	☐ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply	☐ On-site ☐ Local hospital/clinic ☐ Rape Crisis Center ☐ Other(please name or describe):
Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply	☐ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other(please name or describe): ☐ N/A
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment:	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☐ Facility investigators ☐ Agency investigators ☐ An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)		☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other(please name or describe): ☐ N/A
Facility Lists		
Upload staff rosters and lists of contractors and volunteers		☐ N/A
Upload rosters of persons confined in the facility		☐ N/A
Upload lists of sexual abuse and sexual harassment allegations (including how they were investigated)		☐ N/A
Upload other list(s) (e.g., lists of grievances and/or incident reports related to sexual abuse and sexual harassment)		☐ N/A
PREVENTION PLANNING		
§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator		
115.311 (a) - 1	The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. • Upload/select zero tolerance policy	☐ Yes ☐ No
115.311 (a) - 2	The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. • Upload/select policy outlining implementation plan	☐ Yes ☐ No
115.311 (a) - 3	The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.	☐ Yes ☐ No

115.311 (a) - 4	The policy includes sanctions for those found to have participated in prohibited behaviors.	☐ Yes ☐ No
115.311 (a) - 5	The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.	☐ Yes ☐ No
115.311 (b) - 1	The agency employs or designates an upper-level, agency-wide PREA Coordinator. • Upload/select agency organizational chart	☐ Yes ☐ No
115.311 (b) - 2	The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.	☐ Yes ☐ No
115.311 (b) - 3	The position of the PREA Coordinator in the agency's organizational structure:	
115.311 (c) - 1	The facility has designated a PREA Compliance Manager. If "No", skip to 115.312. • If applicable, select agency organizational chart and indicate relevant page/section.	☐ Yes ☐ No
115.311 (c) - 2	The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.	☐ Yes ☐ No

115.311 (c) - 3	The position of the PREA Compliance Manager in the agency's organizational structure:	
115.311 (c) - 4	The person to whom the PREA Compliance Manager reports:	
§115.312 - Contracting with other entities for the confinement of residents		
115.312 (a) - 1	The agency has entered into or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. If "No", skip to 115.313. • Upload/select contracts for the confinement of residents entered into (or renewed) after August 20, 2012, or since the last PREA audit	☐ Yes ☐ No
115.312 (a) - 2	All of the above contracts require contractors to adopt and comply with PREA standards.	☐ Yes ☐ No
115.312 (a) - 3	The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012 or since the last PREA audit, whichever is later:	
115.312 (a) - 4	The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards:	
115.312 (b) - 1	All of the above contracts require the agency to monitor the contractor's compliance with PREA standards.	☐ Yes ☐ No

	If applicable, select contracts and indicate relevant page/section.	
115.312 (b) - 2	On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards:	
§115.313 - Supervision and monitoring		
115.313 (a) - 1	The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. - Upload/select: - documentation of staffing plan development process - staffing plan	☐ Yes ☐ No
115.313 (a) - 2	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents:	
115.313 (a) - 3	Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated:	
115.313 (b) - 1	Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if no deviations from plan).	☐ Yes ☐ No ☐ NA

	• Upload/select documentation of deviations from staffing plans and written justifications for all such deviations	
115.313 (b) - 2	If documented, the six most common reasons for deviating from the staffing plan in the past 12 months:	
115.313 (c) - 1	The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. • If applicable, select documentation of deviations from staffing plan and written justifications for all such deviations and indicate relevant page/section	☐ Yes ☐ No
115.313 (c) - 2	The facility maintains staff ratios of a minimum of 1:8 during resident waking hours.	☐ Yes ☐ No
115.313 (c) - 3	The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.	☐ Yes ☐ No
115.313 (c) - 4	In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours:	
115.313 (c) - 5	In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours:	

115.313 (d) - 1	At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. • Upload/select documentation of annual reviews	☐ Yes ☐ No
115.313 (e) - 1	The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. If "No," skip to 115.315. • Upload/select policy or other documentation of requirement	☐ Yes ☐ No
115.313 (e) - 2	If YES, the facility documents unannounced rounds. • Upload/select evidence that rounds were conducted	☐ Yes ☐ No
115.313 (e) - 3	If YES, over time the unannounced rounds cover all shifts. • Upload/select evidence that rounds covered all shifts	☐ Yes ☐ No
115.313 (e) - 4	If YES, the facility prohibits staff from alerting other staff of the conduct of such rounds.	☐ Yes ☐ No
§115.315 - Limits to cross-gender viewing and searches		
115.315 (a) - 1	The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.	☐ Yes ☐ No

	• Upload/select policy on searches	
115.315 (a) - 2	In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents:	
115.315 (b) - 1	The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. • If applicable, select policy on searches and indicate relevant page/section.	☐ Yes ☐ No
115.315 (b) - 2	In the past 12 months, the number of cross-gender pat-down searches of residents:	
115.315 (b) - 3	In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s):	
115.315 (c) - 1	Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. • If applicable, select policy on searches and indicate relevant page/section.	☐ Yes ☐ No
115.315 (d) - 1	The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).	☐ Yes ☐ No

	• Upload/select: ◦ policy on cross-gender viewing ◦ logs of exigent circumstances that may deviance from the standard	
115.315 (d) - 2	Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing.	☐ Yes ☐ No
115.315 (e) - 1	The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. • Upload/select policy on transgender or intersex residents	☐ Yes ☐ No
115.315 (e) - 2	Such searches (described in 115.315(e)-1) occurred in the past 12 months:	☐ Yes ☐ No
115.315 (f) - 1	The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: (The percentage given does not necessarily indicate compliance or non-compliance with the standard.) • Upload/select: ◦ training curricula ◦ training logs	

§115.316 - Residents with disabilities and residents who are limited English

proficient

115.316 (a) - 1	The agency has established procedures to provide disabled residents 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. • Upload/select: ◦ policy/documentation of procedures ◦ contracts with interpreters or other professionals hired to ensure effective communication with residents who have disabilities ◦ written materials used for effective communications about PREA with residents with disabilities ◦ documentation of staff training on PREA-compliant practices for residents with disabilities	☐ Yes ☐ No
115.316 (b) - 1	The agency has established procedures to provide residents 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. • Upload/select: ◦ policy/documentation of procedures ◦ contracts with interpreters or other professionals hired to ensure effective communication with residents with Limited English Proficiency ◦ written materials used for effective communication about PREA with residents with Limited English Proficiency ◦ documentation of staff training on PREA-compliant practices for residents with Limited English Proficiency	☐ Yes ☐ No
115.316 (c) - 1	Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay	☐ Yes ☐ No

	in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. • Upload/select policy on resident interpreters, readers, or assistants	
115.316 (c) - 2	If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. (Absence of such documentation does not result in noncompliance with the standard.)	☐ Yes ☐ No
115.316 (c) - 3	In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations:	
§115.317 - Hiring and promotion decisions		
115.317 (a) - 1	Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); • 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; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.	☐ Yes ☐ No

	• Upload/select policy on hiring and promoting	
115.317 (b) - 1	Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. • If applicable, select policy on hiring and promotions and indicate relevant page/section.	☐ Yes ☐ No
115.317 (c) - 1	Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. • If applicable, select policy on hiring and promotions and indicate relevant page/section.	☐ Yes ☐ No
115.317 (c) - 2	In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks.	
115.317 (d) - 1	Agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. • If applicable, select policy on hiring and promotions and indicate relevant page/section.	☐ Yes ☐ No

115.317 (d) - 2	In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents:	
115.317 (e) - 1	Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. • Upload/select policy on background checks of current employees/contractors	☐ Yes ☐ No
115.317 (g) - 1	Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. • If applicable, select policy on hiring and promotions and/or policy on background checks and indicate relevant page(s)/section(s).	☐ Yes ☐ No
§115.318 - Upgrades to facilities and technologies		
115.318 (a) - 1	The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.	☐ Yes ☐ No
115.318 (b) - 1	The agency or facility has 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 ☐ No
RESPONSIVE PLANNING		

§115.321 - Evidence protocol and forensic medical examinations

115.321 (a) - 1	The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	☐ Yes ☐ No
115.321 (a) - 2	The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).	☐ Yes ☐ No
115.321 (a) - 3	If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations, skip to 115.321(c)-1)::	
115.321 (a) - 4	When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. • Upload/select uniform evidence protocol	☐ Yes ☐ No
115.321 (b) - 1	The protocol is developmentally appropriate for youth. • If applicable, select uniform evidence protocol and indicate relevant page/section.	☐ Yes ☐ No
115.321 (b) - 2	The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. If "No", indicate the source used to develop the protocol in the comments section.	☐ Yes ☐ No

	• Upload/select alternative source (if applicable)	
115.321 (c) - 1	The facility offers all residents who experience sexual abuse access to forensic medical examinations. If no, skip to 115.321 (d)-1.	☐ Yes ☐ No
115.321 (c) - 2	The facility offers all residents who experience sexual abuse access to forensic medical examinations onsite.	☐ Yes ☐ No
115.321 (c) - 3	The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility.	☐ Yes ☐ No
115.321 (c) - 4	Forensic medical examinations are offered without financial cost to the victim. • Upload/select documentation that forensic medical exams are offered for free	☐ Yes ☐ No
115.321 (c) - 5	Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section.	☐ Yes ☐ No ☐ Sometimes
115.321 (c) - 6	When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.	☐ Yes ☐ No

115.321 (c) - 7	The facility documents efforts to provide SANEs or SAFEs. • Upload/select documentation of efforts to provide SANEs/SAFEs	☐ Yes ☐ No
115.321 (c) - 8	The number of forensic medical exams conducted during the past 12 months:	
115.321 (c) - 9	The number of exams performed by SANEs/SAFEs during the past 12 months:	
115.321 (c) - 10	The number of exams performed by a qualified medical practitioner during the past 12 months:	
115.321 (d) - 1	The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.	☐ Yes ☐ No
115.321 (d) - 2	These efforts are documented. • Upload/select documentation of agreement(s) with rape crisis center for services or documentation of efforts	☐ Yes ☐ No
115.321 (d) - 3	If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.	☐ Yes ☐ No

	• Upload/select documentation of staff member's qualifications if agency staff member used	
115.321 (e) - 1	If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. • Upload/select any relevant documentation	☐ Yes ☐ No
115.321 (f) - 1	If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check N/A if the agency/facility is responsible for administrative and criminal investigations. • Upload/select agreements/MOUs with responsible agency	☐ Yes ☐ No ☐ NA
§115.322 - Policies to ensure referrals of allegations for investigations		
115.322 (a) - 1	The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. • Upload/select policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment	☐ Yes ☐ No
115.322 (a) - 2	In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received:	

115.322 (a) - 3	In the past 12 months, the number of allegations resulting in an administrative investigation:	
115.322 (a) - 4	In the past 12 months, the number of allegations referred for criminal investigation:	
115.322 (a) - 5	Referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed. If "NO", please explain in the comments section.	☐ Yes ☐ No
115.322 (b) - 1	The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. • Upload/select investigative policy	☐ Yes ☐ No
115.322 (b) - 2	The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means.	☐ Yes ☐ No
115.322 (b) - 3	The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.	☐ Yes ☐ No

TRAINING AND EDUCATION

§115.331 - Employee training

115.331 (a) - 1	The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. • Upload/select: ◦ training policy and/or procedures ◦ training curriculum	☐ Yes ☐ No
115.331 (a) - 2	The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (a) - 3	The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (a) - 4	The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (a) - 5	The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities.	☐ Yes ☐ No

	• If applicable, select training curriculum and indicate relevant page/section.	
115.331 (a) - 6	The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (a) - 7	The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (a) - 8	The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (a) - 9	The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (a) - 10	The agency trains all employees who may have contact with residents on how to comply with relevant laws related	☐ Yes ☐ No

	to mandatory reporting of sexual abuse to outside authorities. • If applicable, select training curriculum and indicate relevant page/section.	
115.331 (a) - 11	The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent. • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (b) - 1	Training is tailored to the unique needs and attributes and gender of the residents at the facility. • If applicable, select training policy, procedures, or training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (b) - 2	Employees who are reassigned from facilities housing the opposite gender are given additional training. • If applicable, select training policy, procedures, or training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.331 (c) - 2	Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. (If "YES", please describe in the comments section.) • If applicable, select training curriculum and indicate relevant page/section.	☐ Yes ☐ No

115.331 (c) - 3	The frequency with which employees who may have contact with residents receive refresher training on PREA requirements:	
115.331 (d) - 1	The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.	☐ Yes ☐ No
§115.332 - Volunteer and contractor training		
115.332 (a) - 1	All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. • Upload/select training curriculum for volunteers and contractors	☐ Yes ☐ No
115.332 (a) - 2	The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:	
115.332 (b) - 1	The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. • If applicable, select volunteer/contractor training curriculum and indicate relevant page/section.	☐ Yes ☐ No
115.332 (b) - 2	All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual	☐ Yes ☐ No

	harassment and informed how to report such incidents.	
115.332 (c) - 1	The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.	☐ Yes ☐ No
§115.333 - Resident education		
115.333 (a) - 1	Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. • Upload/select agency/facility policy governing PREA education of residents	☐ Yes ☐ No
115.333 (a) - 2	The number of residents admitted in past 12 months who were given this information at intake:	
115.333 (a) - 3	This information is provided in an age appropriate fashion:	☐ Yes ☐ No
115.333 (b) - 1	The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:	
115.333 (c) - 1	Of those who were NOT educated (as stated in 115.333 (b)-1) within 10 days of intake, all residents have been educated subsequently.	☐ Yes ☐ No

115.333 (c) - 2	If YES, by what date were they educated by:	
115.333 (c) - 3	If NO, the number still not educated.	
115.333 (c) - 4	Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. • If applicable, select policy on PREA education of residents and indicate relevant page/section.	☐ Yes ☐ No
115.333 (d) - 1	Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. • If applicable, select policy on PREA education of residents and indicate relevant page/section.	☐ Yes ☐ No
115.333 (d) - 2	Resident PREA education is available in formats accessible to all residents, including those who are deaf. • If applicable, select policy on PREA education of residents and indicate relevant page/section.	☐ Yes ☐ No
115.333 (d) - 3	Resident PREA education is available in formats accessible to all residents, including those who are visually impaired.	☐ Yes ☐ No

	If applicable, select policy on PREA education of residents and indicate relevant page/section.	
115.333 (d) - 4	Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. If applicable, select policy on PREA education of residents and indicate relevant page/section.	☐ Yes ☐ No
115.333 (d) - 5	Resident PREA education is available in formats accessible to all residents, including those who have limited reading skills. If applicable, select policy on PREA education of residents and indicate relevant page/section.	☐ Yes ☐ No
115.333 (e) - 1	The agency maintains documentation of resident participation in PREA education sessions.	☐ Yes ☐ No
115.333 (f) - 1	The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.	☐ Yes ☐ No
§115.334 - Specialized training: Investigations		
115.334 (a) - 1	Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check N/A if the agency does not conduct administrative or criminal sexual abuse investigations and skip to 115.335(a)-1. Upload/select:	☐ Yes ☐ No ☐ NA

	◦ training policy ◦ training curriculum for investigators	
115.334 (c) - 1	The agency maintains documentation showing that investigators have completed the required training. • Upload/select documentation that investigators have completed training	☐ Yes ☐ No
115.334 (c) - 2	The number of investigators currently employed who have completed the required training:	
§115.335 - Specialized training: Medical and mental health care		
115.335 (a) - 1	The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities. • Upload/select agency policy related to training of medical and mental health care practitioners	☐ Yes ☐ No ☐ NA
115.335 (a) - 2	The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy:	
115.335 (a) - 3	The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy.	
115.335 (b) - 1	Agency medical staff at this facility conduct forensic medical exams.	☐ Yes ☐ No

115.335 (c) - 1	The agency maintains documentation showing that medical and mental health practitioners have completed the required training. Check N/A if the agency does not have medical and mental health practitioners who work regularly in its facilities. • Upload/select documentation of training	☐ Yes ☐ No ☐ NA

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

§115.341 - Obtaining information from residents

115.341 (a) - 1	The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. • Upload/select screening policy	☐ Yes ☐ No
115.341 (a) - 2	The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. • If applicable, select screening policy and indicate relevant page/section.	☐ Yes ☐ No
115.341 (a) - 3	The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility:	
115.341 (a) - 4	The policy requires that the resident's risk level be reassessed periodically throughout their confinement.	☐ Yes ☐ No

	• Upload/select screening policy	
115.341 (b) - 1	Risk assessment is conducted using an objective screening instrument. • Upload/select screening instrument	☐ Yes ☐ No
§115.342 - Placement of residents		
115.342 (a) - 1	The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. • Upload/select: ◦ documentation of use of screening information for these purposes ◦ documentation of how decisions are made pursuant to the standard	☐ Yes ☐ No
115.342 (b) - 1	The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. • Upload/select any relevant policies	☐ Yes ☐ No
115.342 (b) - 2	The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. • Upload/select any relevant policies	☐ Yes ☐ No

115.342 (b) - 3	The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months.	
115.342 (b) - 4	The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months.	
115.342 (b) - 5	The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months.	
115.342 (c) - 1	The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. • Upload/select any relevant policies	☐ Yes ☐ No
115.342 (c) - 2	The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. • Upload/select any relevant policies	☐ Yes ☐ No
115.342 (d) - 1	In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety. Check N/A if this is a facility level audit tied to an agency audit.	☐ Yes ☐ No ☐ NA

	• Upload/select any relevant policies	
115.342 (d) - 2	In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems. Check N/A if this is an agency level audit. • Upload/select any relevant policies	☐ Yes ☐ No ☐ NA
115.342 (h) - 1	From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the residents safety, and • The reason or reasons why alternative means of separation cannot be arranged.	
115.342 (i) - 1	If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. • Upload/select any relevant policies	☐ Yes ☐ No
REPORTING		
§115.351 - Resident reporting		
115.351 (a) - 1	The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND • staff neglect or violation of responsibilities that may have contributed to such incidents.	☐ Yes ☐ No

	• Upload/select: ◦ resident reporting policy(ies) ◦ other relevant documentation on resident reporting (e.g., resident handbooks)	
115.351 (b) - 1	The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. • Upload/select documentation of agreement with outside public or private entity	☐ Yes ☐ No
115.351 (b) - 2	The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. • If applicable, select resident reporting policy and indicate relevant page/section	☐ Yes ☐ No
115.351 (c) - 1	The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. • If applicable, select resident reporting policy and other relevant documentation on resident reporting (e.g. resident handbooks) and indicate relevant page(s)/section(s)	☐ Yes ☐ No
115.351 (c) - 2	Staff are required to document verbal reports. If "Yes", please provide the time frame required to document the reports in the comments section. If "No", please explain in the comments section. • Upload/select documentation made of verbal reports	☐ Yes ☐ No

115.351 (d) - 1	The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.	☐ Yes ☐ No
115.351 (e) - 1	The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. If "Yes," please describe the procedures in the comments. If "No", please explain in the comments section. • Upload/select staff reporting policies or procedures	☐ Yes ☐ No
115.351 (e) - 2	Staff are informed of these procedures in the following ways: • Upload/select any other relevant documentation, such as staff handbooks	
§115.352 - Exhaustion of administrative remedies		
115.352 (a) - 1	The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. If "No", skip to 115.353(a)-1. • Upload/select policy/procedure regarding resident grievances of sexual abuse	☐ Yes ☐ No
115.352 (b) - 1	Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. If NO, please provide time limit for a resident to submit a grievance regarding an allegation of sexual abuse in the comments.	☐ Yes ☐ No

	• If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	
115.352 (b) - 2	Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. • If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	☐ Yes ☐ No
115.352 (c) - 1	The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. • If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	☐ Yes ☐ No
115.352 (c) - 2	The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. • If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	☐ Yes ☐ No
115.352 (d) - 1	The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. • If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	☐ Yes ☐ No

115.352 (d) - 2	In the past 12 months, the number of grievances that were filed that alleged sexual abuse:	
115.352 (d) - 3	In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed:	
115.352 (d) - 4	In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: • Upload/select supporting logs/records that involved an extension	
115.352 (d) - 5	In cases where the agency requested an extension of the 90 day period to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70 day extension period to resolve. If "No", skip to 115.352(d)-7.	☐ Yes ☐ No
115.352 (d) - 6	If YES, the number of grievances that took longer than a 70-day extension period to resolve:	
115.352 (d) - 7	The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. • Upload/select documentation of written notifications of extensions	☐ Yes ☐ No
115.352 (e) - 1	Agency policy and procedure permits third parties, including fellow residents, staff members, family	☐ Yes ☐ No

	members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. • If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	
115.352 (e) - 2	Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. • If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	☐ Yes ☐ No
115.352 (e) - 3	Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. • If applicable, select policy/procedure regarding resident grievances of sexual abuse and indicate relevant page/section	☐ Yes ☐ No
115.352 (e) - 4	The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline:	
115.352 (f) - 1	The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.	☐ Yes ☐ No

	• Upload/select policy/procedure for emergency grievances	
115.352 (f) - 2	The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. • Upload/select policy/procedure for emergency grievances	☐ Yes ☐ No
115.352 (f) - 3	The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months:	
115.352 (f) - 4	The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours:	
115.352 (f) - 5	The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. • If applicable, select policy/procedure for emergency grievances and indicate relevant page/section	☐ Yes ☐ No
115.352 (f) - 6	The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days:	
115.352 (g) - 1	The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that	☐ Yes ☐ No

	the resident filed the grievance in bad faith. • Upload/select policy on resident disciplinary sanctions (specific to filing a grievance in bad faith)	
115.352 (g) - 2	In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith:	
§115.353 - Resident access to outside confidential support services and legal representation		
115.353 (a) - 1	The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. If "No", skip to 115.353(a)-1. • Upload/select policy/procedure regarding residents' access to outside victim advocates	☐ Yes ☐ No
115.353 (a) - 2	The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. • Upload/select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services	☐ Yes ☐ No
115.353 (a) - 3	The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.	☐ Yes ☐ No

	If applicable, select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services and indicate relevant page/section	
115.353 (a) - 4	The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. If applicable, select handbooks or written materials prepared for residents pertinent to reporting sexual abuse and access to support services and indicate relevant page/section	☐ Yes ☐ No
115.353 (b) - 1	The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. If applicable, select policy/procedure regarding residents' access to outside victim advocates and indicate relevant page/section	☐ Yes ☐ No
115.353 (b) - 2	The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. If applicable, select policy/procedure regarding residents' access to outside victim advocates and indicate relevant page/section	☐ Yes ☐ No
115.353 (c) - 1	The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with	☐ Yes ☐ No

	emotional support services related to sexual abuse. If "No", skip to 115.353 (c)-3.	
115.353 (c) - 2	If YES to 115.353(c)-1, the agency or facility maintains copies of those agreements. Skip to 115.354. • Upload/select agreements/MOUs	☐ Yes ☐ No
115.353 (c) - 3	If NO to 115.353(c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. If "Yes", please explain why these attempts have not been successful in the comments section. If "No", skip to 115.353(d)-1.	☐ Yes ☐ No
115.353 (c) - 4	If YES to 115.353(c)-3, the agency maintains documentation of attempts to enter into such agreements. • Upload/select documentation of attempts to enter into agreements	☐ Yes ☐ No
115.353 (d) - 1	The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. • Upload/select relevant policy(ies)	☐ Yes ☐ No
115.353 (d) - 2	The facility provides residents with reasonable access to parents or legal guardians. • Upload/select relevant policy(ies)	☐ Yes ☐ No
§115.354 - Third-party reporting		

115.354 (a) - 1	The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. If "Yes", please describe the method in the comments section.	☐ Yes ☐ No
115.354 (a) - 2	The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. If "Yes", please describe in the comments section. • Upload/select publicly distributed information	☐ Yes ☐ No
OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT		
§115.361 - Staff and agency reporting duties		
115.361 (a) - 1	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. • Upload/select policy on staff and agency reporting duties	☐ Yes ☐ No
115.361 (a) - 2	The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. • If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	☐ Yes ☐ No
115.361 (a) - 3	The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.	☐ Yes ☐ No

	If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	
115.361 (b) - 1	The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	☐ Yes ☐ No
115.361 (c) - 1	Apart from reporting to the designated supervisors or officials and 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. If applicable, select policy on staff and agency reporting duties and indicate relevant page/section	☐ Yes ☐ No
§115.362 - Agency protection duties		
115.362 (a) - 1	When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). Upload/select policy on agency/facility protection duties	☐ Yes ☐ No
115.362 (a) - 2	In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: Upload/select any relevant documentation	

115.362 (a) - 3	If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: • Upload/select any relevant documentation	
115.362 (a) - 4	The longest time passed (in hours or days) before taking action (please note if response is in hours or days). If not "immediate" (i.e., without unreasonable delay), please explain in the comments section. • Upload/select any relevant documentation	
§115.363 - Reporting to other confinement facilities		
115.363 (a) - 1	The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. • Upload/select policy on agency reporting to other confinement facilities	☐ Yes ☐ No
115.363 (a) - 2	The agency's policy also requires that the head of the facility notify the appropriate investigative agency. • Upload/select policy	☐ Yes ☐ No
115.363 (a) - 3	In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility:	
115.363 (a) - 4	Please describe the facility's response to these allegations:	

115.363 (b) - 1	Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. If applicable, select policy on agency reporting to other confinement facilities and indicate relevant page/section	☐ Yes ☐ No
115.363 (c) - 1	The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Upload/select documentation of notifications	☐ Yes ☐ No
115.363 (d) - 1	The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. Upload/select policy	☐ Yes ☐ No
115.363 (d) - 2	In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities:	
§115.364 - Staff first responder duties		
115.364 (a) - 1	The agency has a first responder policy for allegations of sexual abuse. If "No", skip to 115.364(a)-6. Upload/select policy on first responder duties	☐ Yes ☐ No
115.364 (a) - 2	The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser.	☐ Yes ☐ No

	If applicable, select policy on first responder duties and indicate relevant page/section	
115.364 (a) - 3	The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If applicable, select policy on first responder duties and indicate relevant page/section	☐ Yes ☐ No
115.364 (a) - 4	The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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 applicable, select policy on first responder duties and indicate relevant page/section	☐ Yes ☐ No
115.364 (a) - 5	The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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 applicable, select policy on first responder duties and indicate relevant page/section	☐ Yes ☐ No
115.364 (a) - 6	In the past 12 months, the number of allegations that a resident was sexually abused:	

115.364 (a) - 7	Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:	
115.364 (a) - 8	In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence:	
115.364 (a) - 9	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:	
115.364 (a) - 10	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating:	
115.364 (a) - 11	Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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:	

115.364 (b) - 1	Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. • If applicable, select policy on first responder duties and indicate relevant page/section	☐ Yes ☐ No
115.364 (b) - 2	Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. • If applicable, select policy on first responder duties and indicate relevant page/section	☐ Yes ☐ No
115.364 (b) - 3	Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder:	
115.364 (b) - 4	Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence:	
115.364 (b) - 5	Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff:	
§115.365 - Coordinated response		
115.365 (a) - 1	The facility has developed a written institutional plan to coordinate actions taken in response to an incident of	☐ Yes ☐ No

	sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. • Upload/select facility's institutional plan	
§115.366 - Preservation of ability to protect residents from contact with abusers		
115.366 (a) - 1	The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. • Upload/select all agreements entered into since August 20, 2012 or since the last PREA audit	☐ Yes ☐ No
§115.367 - Agency protection against retaliation		
115.367 (a) - 1	The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. • Upload/select policy protecting residents against retaliation	☐ Yes ☐ No
115.367 (a) - 2	The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section.	☐ Yes ☐ No
115.367 (c) - 1	The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.	☐ Yes ☐ No

	If applicable, select policy on protecting residents against retaliation and indicate relevant page/section	
115.367 (c) - 2	If YES, the length of time that the agency/facility monitors the conduct or treatment.	
115.367 (c) - 3	The agency/facility acts promptly to remedy any such retaliation. If applicable, select policy on protecting residents against retaliation and indicate relevant page/section	☐ Yes ☐ No
115.367 (c) - 4	The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If applicable, select policy on protecting residents against retaliation and indicate relevant page/section	☐ Yes ☐ No
115.367 (c) - 5	The number of times an incident of retaliation occurred in the past 12 months:	
§115.368 - Post-allegation protective custody		
115.368 (a) - 1	The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.	☐ Yes ☐ No

	• Upload/select policy on post-allegation protective custody	
115.368 (a) - 2	The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. • If applicable, select policy on post-allegation protective custody and indicate relevant page/section	☐ Yes ☐ No
115.368 (a) - 3	The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months:	
115.368 (a) - 4	The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months:	
115.368 (a) - 5	The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months:	
115.368 (a) - 6	From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: • A statement of the basis for facility's concern for the residents safety, and • The reason or reasons why alternative means of separation cannot be arranged:	

	• Upload/select documentation of instances when isolation (segregated housing) was used to protect a resident who is alleged to have suffered sexual abuse	
115.368 (a) - 7	If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. • Upload/select documentation of 30 day reviews	☐ Yes ☐ No
INVESTIGATIONS		
§115.371 - Criminal and administrative agency investigations		
115.371 (a) - 1	The agency/facility has a policy related to criminal and administrative agency investigations. • Upload/select policy related to criminal and administrative agency investigations	☐ Yes ☐ No
115.371 (d) - 1	The agency does not terminate an investigation solely because the source of the allegation recants the allegation. • If applicable, select policy related to criminal and administrative agency investigations and indicate relevant page/section	☐ Yes ☐ No
115.371 (i) - 1	Substantiated allegations of conduct that appear to be criminal are referred for prosecution.	☐ Yes ☐ No
115.371 (i) - 2	The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution	

	since August 20, 2012, or since the last PREA audit, whichever is later:	
115.371 (j) - 1	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. If applicable, select policy on criminal and administrative agency investigations and indicate relevant page/section	☐ Yes ☐ No
§115.372 - Evidentiary standard for administrative investigations		
115.372 (a) - 1	The agency imposes 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. Upload/select policy on standards for administrative investigations	☐ Yes ☐ No
§115.373 - Reporting to residents		
115.373 (a) - 1	The agency has a policy requiring that any resident 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. - Upload/select: - policy on resident notification requirements - sample of alleged sexual abuse investigations completed by the agency	☐ Yes ☐ No
115.373 (a) -	The number of criminal and/or administrative	

2	investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months:	
115.373 (a) - 3	Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation:	
115.373 (b) - 1	If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. (Check N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) • Upload/select sample of alleged sexual abuse investigations completed by outside agency	☐ Yes ☐ No ☐ NA
115.373 (b) - 2	The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months:	
115.373 (b) - 3	Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation:	
115.373 (c) - 1	Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the	☐ Yes ☐ No

	resident's unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. • If applicable, select policy on resident notification requirements and indicate relevant page/section	
115.373 (c) - 2	There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. • Upload/select sample documentation of substantiated or unsubstantiated complaints	☐ Yes ☐ No
115.373 (c) - 3	If YES, in each case the agency subsequently informed the resident whenever: • The staff member was no longer posted within the resident's unit; • The staff member was no longer employed at the facility; • The agency learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learned that the staff member has been convicted on a charge related to sexual abuse within the facility. • Upload/select sample documentation of notifications	☐ Yes ☐ No
115.373 (d) - 1	Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: • The agency learns that the alleged abuser has been	☐ Yes ☐ No

	indicted on a charge related to sexual abuse within the facility; or • The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. • Upload/select sample documentation of notifications • If applicable, also select policy on resident notification requirements and indicate relevant page/section	
115.373 (e) - 1	The agency has a policy that all notifications to residents described under this standard are documented. • Upload/select: ◦ policy on documentation of notifications ◦ sample documentation of notifications	☐ Yes ☐ No
115.373 (e) - 2	In the past 12 months, the number of notifications to residents that were provided pursuant to this standard:	
115.373 (e) - 3	Of those notifications made in the past 12 months, the number that were documented:	
DISCIPLINE		
§115.376 - Disciplinary sanctions for staff		
115.376 (a) - 1	Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. • Upload/select policy on staff disciplinary sanctions	☐ Yes ☐ No
115.376 (b) -	In the past 12 months, the number of staff from the facility	

1	who have violated agency sexual abuse or sexual harassment policies: • Upload/select sample records of terminations, resignations, or other sanctions for violation of sexual abuse or harassment policy ◦ also select policy on staff disciplinary sanctions and indicate relevant page/section	
115.376 (b) - 2	In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:	
115.376 (c) - 1	The 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. • If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No
115.376 (c) - 2	In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):	
115.376 (d) - 1	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.	☐ Yes ☐ No

	If applicable, select policy on staff disciplinary sanctions and indicate relevant page/section	
115.376 (d) - 2	In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies:	
§115.377 - Corrective action for contractors and volunteers		
115.377 (a) - 1	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. Upload/select policy on corrective actions for contractors and volunteers	☐ Yes ☐ No
115.377 (a) - 2	Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. If applicable, select policy on corrective actions for contractors and volunteers and indicate relevant page/section	☐ Yes ☐ No
115.377 (a) - 3	In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. Upload/select reports of sexual abuse of residents by contractors or volunteers	☐ Yes ☐ No
115.377 (a) -	In the past 12 months, the number of contractors or	

4	volunteers reported to law enforcement for engaging in sexual abuse of residents:	
115.377 (b) - 1	The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. • Upload/select documentation of remedial measures that have been enforced	☐ Yes ☐ No
§115.378 - Interventions and disciplinary sanctions for residents		
115.378 (a) - 1	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. • Upload/select policy on resident disciplinary sanctions	☐ Yes ☐ No
115.378 (a) - 2	Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No
115.378 (a) - 3	In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility:	
115.378 (a) -	In the past 12 months, the number of criminal findings of	

4	guilt for resident-on-resident sexual abuse that have occurred at the facility:	
115.378 (b) - 1	In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No
115.378 (b) - 2	In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No
115.378 (b) - 3	In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. • If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No
115.378 (b) - 4	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse:	
115.378 (b) - 5	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large	

	muscle exercise, and/or legally required educational programming, or special education services:	
115.378 (b) - 6	In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities:	
115.378 (d) - 1	The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If "NO," skip to 115.378 (e)-1.	☐ Yes ☐ No
115.378 (d) - 2	If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.	☐ Yes ☐ No
115.378 (d) - 3	Access to general programming or education is not conditional on participation in such interventions.	☐ Yes ☐ No
115.378 (e) - 1	The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. • Upload/select sample of records of disciplinary actions against residents for sexual conduct with staff	☐ Yes ☐ No

	If applicable, also select policy on resident disciplinary sanctions and indicate relevant page/section	
115.378 (f) - 1	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. If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No
115.378 (g) - 1	The agency prohibits all sexual activity between residents. If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No
115.378 (g) - 2	If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Check N/A if the agency does not prohibit all sexual activity between residents. If applicable, select policy on resident disciplinary sanctions and indicate relevant page/section	☐ Yes ☐ No ☐ NA
MEDICAL AND MENTAL CARE		
§115.381 - Medical and mental health screenings; history of sexual abuse		
115.381 (a) - 1	All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. If "No", skip to 115.381(b).	☐ Yes ☐ No

	• Upload/select policy on medical and mental health treatment of residents	
115.381 (a) - 2	If YES, the follow-up meeting was offered within 14 days of the intake screening.	☐ Yes ☐ No
115.381 (a) - 3	In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner:	
115.381 (a) - 4	Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. • Upload/select sample medical/mental health secondary materials	☐ Yes ☐ No
115.381 (b) - 1	All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. • If applicable, select policy on medical and mental health treatment of residents and indicate relevant page/section	☐ Yes ☐ No
115.381 (b) - 2	If YES, the follow-up meeting was offered within 14 days of the intake screening.	☐ Yes ☐ No
115.381 (b) - 3	In the past 12 months, the percent of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner:	

115.381 (b) - 4	Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. • Upload/select sample of mental health secondary materials	☐ Yes ☐ No
115.381 (c) - 1	Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. If "Yes", skip to 115.381(d). • Upload/select sample of resident confinement records/other records available to custody staff or non-health personnel • If applicable, also select policy on medical/mental health treatment of residents and indicate relevant page/section	☐ Yes ☐ No
115.381 (c) - 2	If NO, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.	☐ Yes ☐ No
115.381 (d) - 1	Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. • Upload/select consent documentation/logs obtained from residents over age 18 • If applicable, also select policy on medical/mental	☐ Yes ☐ No

	health treatment of residents and indicate relevant page/section	
§115.382 - Access to emergency medical and mental health services		
115.382 (a) - 1	Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.	☐ Yes ☐ No
115.382 (a) - 2	The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.	☐ Yes ☐ No
115.382 (a) - 3	Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the standard, but may be helpful to review during the audit.) • Upload/select sample medical/mental health secondary forms/logs regarding residents' access to services	☐ Yes ☐ No
115.382 (c) - 1	Resident 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.	☐ Yes ☐ No
115.382 (d) -	Treatment services are provided to every victim without	☐ Yes ☐ No

1	financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. • Upload/select policy on medical/mental health treatment for sexual abuse	
§115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers		
115.383 (a) - 1	The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. • Upload/select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers	☐ Yes ☐ No
115.383 (d) - 1	Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Check N/A if an all male facility. • If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	☐ Yes ☐ No ☐ NA
115.383 (e) - 1	If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check N/A if an all male facility. • If applicable, select policy on ongoing medical/mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	☐ Yes ☐ No ☐ NA
115.383 (f) - 1	Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.	☐ Yes ☐ No

	If applicable, select policy on ongoing medical/ mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	
115.383 (g) - 1	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. If applicable, select policy on ongoing medical/ mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	☐ Yes ☐ No
115.383 (h) - 1	The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. If applicable, select policy on ongoing medical/ mental health treatment for sexual abuse victims and abusers and indicate relevant page/section	☐ Yes ☐ No
DATA COLLECTION AND REVIEW		
§115.386 - Sexual abuse incident reviews		
115.386 (a) - 1	The facility 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. - Upload/select: - policy on conducting sexual abuse incident reviews - documentation of sexual abuse incident reviews - sample documentation of completed	☐ Yes ☐ No

	criminal or administrative investigations of sexual abuse (if incident review documents contained therein)	
115.386 (a) - 2	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents:	
115.386 (b) - 1	The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. • If applicable, select documentation of sexual abuse incident reviews and sample documentation of completed criminal or administrative (if incident review documents contained therein) and indicate relevant page(s)/section(s)	☐ Yes ☐ No
115.386 (b) - 2	In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents:	
115.386 (c) - 1	The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. • If applicable, select policy on sexual abuse incident reviews and indicate relevant page/section	☐ Yes ☐ No
115.386 (d) - 1	The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs	☐ Yes ☐ No

	(d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. • Upload/select reports of findings from sexual abuse incident reviews • If applicable, select documentation of sexual abuse incident reviews and indicate relevant page/section	
115.386 (e) - 1	The facility implements the recommendations for improvement or documents its reasons for not doing so. • Upload/select documentation supporting implementation of recommendations or documentation of reasons for not implementing recommendations	☐ Yes ☐ No
§115.387 - Data collection		
115.387 (a) - 1	The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. • Upload/select: ◦ policy on sexual abuse data collection ◦ set of definitions ◦ data collection instrument	☐ Yes ☐ No
115.387 (b) - 1	The agency aggregates the incident-based sexual abuse data at least annually.	☐ Yes ☐ No
115.387 (c) - 1	The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.	☐ Yes ☐ No

	If applicable, select policy on sexual abuse data collection and data collection instrument and indicate relevant page(s)/section(s)	
115.387 (d) - 1	The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. If applicable, select policy on sexual abuse data collection and indicate relevant page/section	☐ Yes ☐ No
115.387 (e) - 1	The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. (Check N/A if agency does not contract for the confinement of its residents and skip to 115.387 (f).) If applicable, select policy on sexual abuse data collection and indicate relevant page/section	☐ Yes ☐ No ☐ NA
115.387 (e) - 2	The data from private facilities complies with SSV reporting regarding content.	☐ Yes ☐ No
115.387 (f) - 1	The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Check N/A if DOJ has not requested agency data.	☐ Yes ☐ No ☐ NA
§115.388 - Data review for corrective action		
115.388 (a) - 1	The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas;	☐ Yes ☐ No

	• Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. • Upload/select: ◦ documentation of corrective action plans ◦ annual report of findings from data reviews/corrective actions	
115.388 (b) - 1	The annual report includes a comparison of the current year's data and corrective actions with those from prior years. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	☐ Yes ☐ No
115.388 (b) - 2	The annual report provides an assessment of the agency's progress in addressing sexual abuse. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	☐ Yes ☐ No
115.388 (c) - 1	The agency makes its annual report readily available to the public at least annually through its website. If "yes," skip to 115.388(c)-3. • Provide link to website where annual report is available	☐ Yes ☐ No
115.388 (c) - 2	If NO, the agency makes it available through other means.	☐ Yes ☐ No
115.388 (c) - 3	The annual reports are approved by the agency head.	☐ Yes ☐ No

115.388 (d) - 1	When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	☐ Yes ☐ No
115.388 (d) - 2	The agency indicates the nature of material redacted. • If applicable, select annual report of findings from data reviews/corrective actions and indicate relevant page/section	☐ Yes ☐ No
§115.389 - Data storage, publication, and destruction		
115.389 (a) - 1	The agency ensures that incident-based and aggregate data are securely retained. • Upload/select policy on data storage	☐ Yes ☐ No
115.389 (b) - 1	Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. • Upload/select policy on data availability	☐ Yes ☐ No
115.389 (b) - 2	If NO, the agency makes it available through other means.	☐ Yes ☐ No
115.389 (c) - 1	Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.	☐ Yes ☐ No

115.389 (d) - 1	The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. • If federal, state, or local law requires otherwise, upload/select a copy of the applicable law	☐ Yes ☐ No