

PREA Facility Audit Report: Final

Name of Facility: Adult Residential and Work Release Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/14/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Elaine Brideschge	Date of Signature: 05/14/2026

AUDITOR INFORMATION	
Auditor name:	Brideschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	05/04/2026
End Date of On-Site Audit:	05/05/2026

FACILITY INFORMATION	
Facility name:	Adult Residential and Work Release Facility
Facility physical address:	623 East Elm Street, Wichita, Kansas - 67214
Facility mailing address:	700 S. Hydraulic, Wichita, Kansas - 67211

Primary Contact

Name:	Haylea Grier
Email Address:	haylea.grier@sedgwick.gov
Telephone Number:	316-660-1649

Facility Director	
Name:	Steve Stonehouse
Email Address:	steven.stonehouse@sedgwick.gov
Telephone Number:	316-660-9753

Facility PREA Compliance Manager	
Name:	Sasha Teel
Email Address:	sasha.teel@sedgwick.gov
Telephone Number:	316-660-7088

Facility Health Service Administrator On-Site	
Name:	Phylicia Jones
Email Address:	Phylicia.Jones@sedgwick.gov
Telephone Number:	316-660-9545

Facility Characteristics	
Designed facility capacity:	178
Current population of facility:	95
Average daily population for the past 12 months:	84
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	18+
Facility security levels/resident custody levels:	Low to High Risk
Number of staff currently employed at the facility who may have contact with residents:	36
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	31
Number of volunteers who have contact with residents, currently authorized to enter the facility:	17

AGENCY INFORMATION	
Name of agency:	Sedgwick County Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	700 South Hydraulic, Wichita, Kansas - 67211
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Haylea Grier	Email Address:	Haylea.Grier@sedgwick.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

7

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.215 - Limits to cross-gender viewing and searches
- 115.216 - Residents with disabilities and residents who are limited English proficient
- 115.221 - Evidence protocol and forensic medical examinations
- 115.222 - Policies to ensure referrals of allegations for investigations
- 115.231 - Employee training
- 115.251 - Resident reporting

Number of standards met:

34

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-05-04
2. End date of the onsite portion of the audit:	2026-05-05

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	178
15. Average daily population for the past 12 months:	84
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	96
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	18
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>7</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>36</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>22</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	25
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor confirmed that resident interviews reflected appropriate geographic diversity, based on a review of data-collection worksheets, the pre-audit questionnaire, facility-provided rosters, and observations made during the audit, including discussions with facility leadership.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of the pre-audit questionnaire, data collection worksheets, facility rosters, and observations and discussions with facility leadership during the onsite audit, the auditor determined that this resident population was not present at the facility at time of the audit.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of the pre-audit questionnaire, data collection worksheets, facility rosters, and observations and discussions with facility leadership during the onsite audit, the auditor determined that this resident population was not present at the facility at time of the audit.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of the pre-audit questionnaire, data collection worksheets, facility rosters, and observations and discussions with facility leadership during the onsite audit, the auditor determined that this resident population was not present at the facility at time of the audit.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of the pre-audit questionnaire, data collection worksheets, facility rosters, and observations and discussions with facility leadership during the onsite audit, the auditor determined that this resident population was not present at the facility at time of the audit.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of the pre-audit questionnaire, data collection worksheets, facility rosters, and observations and discussions with facility leadership during the onsite audit, the auditor determined that this resident population was not present at the facility at time of the audit.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on a review of the pre-audit questionnaire, data collection worksheets, facility rosters, and observations and discussions with facility leadership during the onsite audit, the auditor determined that this resident population was not present at the facility at time of the audit.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>16</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	4
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	6
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	3	2	2	2
Total	3	2	2	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	2	0	0
Total	1	2	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

5

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Policy 1301.5A Investigation Flow Chart 4. Sedgwick County Department of Correction Organizational Chart 5. Sedgwick County Department of Correction Administrative Services Organizational Chart 6. Interview with PREA Coordinator

	<p>Findings:</p> <p>(a) The facility has not only established but fully operationalized a comprehensive written policy mandating zero tolerance for all forms of sexual abuse and sexual harassment. The policy goes beyond basic requirements by clearly outlining a proactive, facility-wide approach to prevention, detection, response, and elimination of such conduct. The policy is consistently enforced, routinely reinforced through training and practice, and readily accessible to employees, contractors, volunteers, and residents in multiple formats. The director assigns one staff at each of the agency's facilities to perform the duties of the PREA Compliance Manager (PCM).</p> <p>(b) The Director assigns a PREA Coordinator to oversee the development, implementation and monitoring of the department's plan to comply with the PREA standards in all facilities. The PREA Coordinator ensures PREA investigations are completed by specially trained supervisors. The PREA Coordinator completes an annual report for the director on data collections, investigation reviews, corrective action plans, and training plans to meet the federal standards. The PREA Coordinator ensures that key information about PREA is continuously available on the county website, posters, client handbooks and informational brochures throughout the department.</p> <p>Auditor Determination: Based on a comprehensive review of the facility's zero-tolerance policy, organizational structure, supporting documentation, and interviews with staff and the PREA Coordinator, the auditor determined the facility not only meets but exceeds the requirements of this standard. The PREA Coordinator demonstrates exceptional authority, engagement, and oversight, and the facility's zero-tolerance approach is deeply embedded in daily operations. The facility exceeds the standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212 Contracting with Other Entities for the Confinement of Residents</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interview with the Agency Contract Administrator <p>Findings:</p>

	<p>(a) (b) (c) The facility does not contract for the housing of residents.</p> <p>Auditor Determination: Based on a review Pre-Audit Questionnaire and interview, this standard is not applicable, therefore, the facility meets the standard.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.213 Supervision and Monitoring</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Policy 6.302 Staffing Plan and Schedules 4. 2025 Staffing Plan Review 5. Site Review: Supervision Practices 6. Interviews with the Administrator and PREA Coordinator <p>Findings:</p> <p>(a) The facility has developed, documented, and implemented a staffing plan that provides adequate staffing levels and video monitoring to protect residents from sexual abuse. In developing the plan, the facility considered the physical layout, resident population, prevalence of prior incidents, and other relevant operational factors. During the site review the auditor compared the written staffing plan against the observations made and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, the facility is staffed according to the plan, as it is written.</p> <p>(b) The facility states that there were not any deviations from the staffing plan.</p> <p>(c) Staffing plans are reviewed at least annually, and updates are documented. Reviews are conducted collaboratively to ensure continued PREA compliance.</p> <p>Auditor Determination: Based on a review of the staffing plan, annual reviews and deviation documentation, as well as staff interviews, the auditor determined that the facility maintains adequate supervision and monitoring practices consistent with PREA requirements. The facility demonstrates a structured and well-documented approach to staffing,</p>

	including consideration of all required factors and ongoing evaluation of effectiveness. The facility meets the standard.
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.215 Limits to Cross-Gender Viewing and Searches</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Cross Gender Pat Search Video Training 4. Cross Gender Pat Search Training Curriculum 5. Site Review: Cross-Gender Searches; Cross-Gender Viewing 6. Interviews with random staff, random residents, including female residents. There were no transgender/intersex residents at time of audit. <p>Findings:</p> <p>(a) The facility strictly prohibits cross-gender strip searches and visual body cavity searches except in exigent circumstances or when performed by medical practitioners, with clear safeguards in place. During the site review and informal conversations with staff and residents, no cross-gender searches were observed or acknowledged.</p> <p>(b) Cross-gender pat-down searches of female residents are prohibited except in exigent circumstances, and the facility ensures this requirement does not limit access to programs or services. During the site review, the auditor did not observe any cross-gender pat-down searches.</p> <p>(c) All applicable searches are thoroughly documented, ensuring transparency and accountability.</p> <p>(d) The facility has implemented strong privacy protections that allow residents to shower, use the restroom, and change clothing without cross-gender viewing, except in limited circumstances. During the site review, the auditor observed private areas where residents can shower, change clothes and use the toilet. Opposite-gender staff announce their presence, reinforcing respect for resident privacy.</p>

	<p>(e)-(f) These provisions are not applicable to the facility's operations.</p> <p>Auditor Determination: Based on a review of policy, training materials, documentation, and interviews with staff and residents, the auditor determined the facility exceeds the requirements of this standard. The facility demonstrates a strong commitment to resident privacy, with consistent implementation of safeguards and clear staff understanding of requirements. The facility exceeds the standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>115.216 Residents with Disabilities and Residents Who Are Limited English Proficient</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. PREA Flyer in Spanish 4. PREA Pamphlet in Spanish 5. Interpreter Services Agreements <ol style="list-style-type: none"> a. Monica C Salmeron Foreign Language Interpreter Services b. Interlingual Interpreter Services c. Pan Americal Benefit Services d. Idea Language Services e. Advantage INC f. Globo Language Solutions 6. Site review: Interpretation Services 7. Interviews with the Director, random staff and residents with a disability. <p>Findings:</p> <p>(a) The facility ensures all residents receive PREA-related information in accessible formats and provides accommodations that fully support equal access. This includes the use of qualified interpreters, assistive devices, UBI-DUO - Communication device for the hearing impaired. The system removes communication barriers and allows clients to hold a conversation in real-time. The department currently has an Ubi-Duo</p>

	<p>device available for all facilities but located at the Juvenile Detention Facility (JDF) and Juvenile Field Services (JFS), and accessible materials, demonstrating a proactive and inclusive approach.</p> <p>(b) Residents with limited English proficiency are provided meaningful access to PREA information and services through qualified interpreters who are able to communicate effectively using appropriate terminology.</p> <p>(c) The facility avoids reliance on resident interpreters except in rare, emergency situations, maintaining the integrity and confidentiality of communications.</p> <p>Auditor Determination: Based on a review of policies, contracts, materials, and interviews with staff and residents, the auditor determined the facility exceeds the requirements of this standard. The facility demonstrates a strong commitment to accessibility and equity, ensuring all residents can fully engage in PREA-related processes. The facility exceeds the standard.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.217 Hiring and Promotion Decisions</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Five Pre-Hire Disclosures of Prior Sexual Misconduct 4. Background Checks for New Hires 5. Background Checks for Volunteers/Contractors 6. Background Checks for Staff Over 5 years of Service 7. Interview with HR staff <p>Findings:</p> <p>(a) The facility does not hire, promote, or contract with any individual who has engaged in sexual abuse in a confinement setting, has been convicted of non-consensual sexual activity, or has been civilly or administratively adjudicated for such conduct.</p>

	<p>(b) The facility considers prior incidents of sexual harassment when making hiring, promotion, and contracting decisions.</p> <p>(c) The facility conducts criminal background checks prior to hiring and makes best efforts to contact prior institutional employers regarding substantiated misconduct or resignations during investigations.</p> <p>(d) Criminal background checks are completed for all contractors prior to contact with residents.</p> <p>(e) The facility conducts periodic background checks at least every five years or utilizes systems that capture updated criminal history information.</p> <p>(f) Applicants and employees are required to disclose prior sexual misconduct, and this requirement is reinforced throughout hiring and employment processes.</p> <p>(g) Material omissions or false information related to misconduct are grounds for termination.</p> <p>(h) When permitted by law, the facility provides information on substantiated allegations to requesting institutional employers.</p> <p>Auditor Determination: Based on a review of hiring records, background check documentation, policy, and staff interviews, the auditor determined that the facility has implemented appropriate screening and hiring practices consistent with PREA requirements. The facility demonstrates due diligence in vetting employees and contractors and maintains ongoing processes to ensure continued compliance. The facility meets the standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218 Upgrades to Facilities and Technologies</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 4. Interviews with Director and Administrator <p>Findings:</p>

	<p>(a) The facility considers the impact on resident safety and PREA compliance when designing, acquiring, expanding, or modifying facilities. According to the Pre-Audit Questionnaire the facility added a new dorm for females.</p> <p>(b) When installing or upgrading monitoring technologies, the facility evaluates how such enhancements improve supervision, increase safety, and reduce the risk of sexual abuse. According to the Pre-Audit Questionnaire the facility updated and added video monitoring.</p> <p>Auditor Determination: Based on a review of facility planning documentation and interviews with staff, the auditor determined that the facility incorporates PREA considerations into decisions regarding physical plant changes and monitoring technologies. These efforts support enhanced supervision and resident safety. The facility meets the standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.221 Evidence Protocol and Forensic Medical Examinations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abus, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Mou Between Sedgwick County Department of Correction and Sedgewick County Sheriff's Office 4. MOU Between Sedgwick County Department of Correction and Wichita Area Sexual Assault Center and Ascension via Christi Hospitals 5. PREA Protocol Checklist 6. Interviews with random staff and the PREA Coordinator. There were no residents who reported sexual abuse at time of audit. <p>Findings:</p> <p>(a) The facility has established a MOU with Sedgwick County Sheriff's Office that has a detailed and well-established evidence protocol that maximizes the collection and preservation of usable evidence for both administrative and criminal investigations. The purpose of this community partnership agreement is to serve as a collaborative agreement between Sedgwick County Department of Correction (SCDOC) and the</p>

	<p>Sheriff to provide investigative services and collaborate with Ascension Via Christi at St Joseph Hospital for forensic services for evidence protocol and forensic medical examinations, and access to victim advocacy.</p> <p>(b) Protocols are developmentally appropriate and aligned with nationally recognized forensic standards.</p> <p>(c) The facility has entered into a MOU with Wichita Area Sexual Assault Center (WASACs) and Ascension via Christi Hospitals that ensures timely access to forensic medical examinations at no cost, utilizing qualified professionals such as SAFEs or SANEs. WASAC provides advocacy services to accompany and support the victim through the forensic medical examination process and investigatory interviews. Advocates provide support crisis intervention information and referrals upon request from the Department of Corrections. Respond to calls from SCDOC residents received on the WASACs rape crisis hotline. Provide follow-up services and crisis intervention contacts to victims of sexual assault at SCDOC.</p> <p>(d) Victim advocacy services are provided by Wichita Area Sexual Assault Center.</p> <p>(e) Victims are routinely offered the presence of an advocate or support person during examinations and interviews.</p> <p>(f) When investigations are conducted externally, the facility actively requests adherence to PREA requirements.</p> <p>(g) All entities responsible for investigations are expected to follow PREA standards.</p> <p>(h) Advocacy providers meet all screening and training requirements, ensuring quality support services.</p> <p>Auditor Determination: Based on review of evidence protocols, forensic examination procedures, advocacy arrangements, outside service agreements, and staff interviews, the auditor determined the facility exceeds the requirements of this standard. The evidence demonstrates a well-coordinated, victim-centered response that goes beyond basic compliance by ensuring timely access to forensic care, strong collaboration with external providers, and consistent availability of advocacy services. The facility's practices reflect a high level of commitment to both investigative integrity and comprehensive victim support and exceeds standards.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.222 Policies to Ensure Referrals of Allegations for Investigations

Evidence Analyzed:

1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention
2. Pre-Audit Questionnaire
3. Mou Between Sedgwick County Department of Correction and Sedgewick County Sheriff's Office
4. Agency Website
5. Interviews with Director and investigative staff

Findings:

(a) The facility ensures that all allegations of sexual abuse and sexual harassment are promptly referred for a complete administrative or criminal investigation, as appropriate. This process is consistently implemented and reflects a strong commitment to accountability and thorough review of all allegations. The auditor reviewed 5 Investigations. four Resident on Resident Sexual Harassment Cases with 3 unsubstantiated and 1 unfounded. One Staff on Resident Sexual Abuse Case that was unfounded.

(b) The facility maintains a comprehensive written policy requiring that all allegations be referred to an agency with the legal authority to conduct criminal investigations unless clearly administrative in nature. The referral policy is publicly accessible on the agency website and demonstrates transparency. All referrals are consistently documented, tracked, and reviewed in accordance with established procedures.

(c) When investigations are conducted by Sedgwick County Sheriff's Office, the facility clearly defines and publishes the roles and responsibilities of both the facility and the investigating authority, ensuring coordination and clarity throughout the investigative process.

(d) The auditor is not required to audit this provision.

(e) The auditor is not required to audit this provision.

Auditor Determination:

Based on review of evidence protocols, forensic examination procedures, advocacy arrangements, outside service agreements, and staff interviews, the auditor determined the facility exceeds the requirements of this standard. The evidence demonstrates a well-coordinated, victim-centered response that goes beyond basic compliance by ensuring timely access to forensic care, strong collaboration with external providers, and consistent availability of advocacy services. The facility's practices reflect a high level of commitment to both investigative integrity and comprehensive victim support.

115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.231 Employee Training</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. PREA Training for New Employees Curriculum 4. PREA Training at the Academy Curriculum 5. PREA Annual Training Curriculum 6. PREA Undue Familiarity Training Curriculum 7. Motivational Interviewing Training Curriculum 8. Rapport to Risk Training Curriculum 9. PREA Training Quiz 10. PREA Skills Cards 11. Staff PREA Training Attendance Records 12. Interviews with random staff <p>Findings:</p> <p>(a) The facility provides comprehensive and detailed PREA training to all employees who have contact with residents. Training exceeds minimum requirements by thoroughly addressing prevention, detection, reporting, and response responsibilities; resident rights; protections against retaliation; and the dynamics of sexual abuse and sexual harassment in juvenile settings. Staff demonstrate a strong understanding of how to recognize and respond to abuse, maintain professional boundaries, and comply with mandatory reporting requirements.</p> <p>(b) Training is appropriately tailored to the gender of the residents housed at the facility. Staff reassigned between facility types receive additional, targeted PREA training prior to assuming new duties, ensuring preparedness and compliance.</p> <p>(c) The facility ensures all employees received PREA training within required timeframes and provides consistent refresher training every two years, with supplemental updates in alternate years. This ongoing approach reinforces</p>

	<p>knowledge and keeps staff informed of policy and practice updates. Staff interviewed stated that they receive PREA refresher training on a monthly basis.</p> <p>(d) The facility maintains thorough documentation of employee training and verifies understanding through acknowledgment forms or electronic tracking systems.</p> <p>Auditor Determination: Based on a review of training curriculum, records, employee acknowledgments, and staff interviews, the auditor determined the facility exceeds the requirements of this standard. Training is comprehensive, well-documented, and consistently reinforced, with staff demonstrating a strong working knowledge of PREA responsibilities. Refresher training is provided on a monthly basis to staff. The facility exceeds the standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.232 Volunteer and Contractor Training</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. PREA Training Video for Volunteers/Contractors 4. PREA Training Quiz 5. PREA Training Acknowledgement Form 6. Volunteer PREA Training Records 7. Contractor PREA Training Records 8. Interviews with 10 contractors/volunteers <p>Findings:</p> <p>(a) All volunteers and contractors who have contact with residents are trained on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.</p> <p>(b) The level and type of training provided is based on the services they provide and the level of contact they have with residents. All volunteers and contractors are</p>

	<p>informed of the facility's zero-tolerance policy and the methods available for reporting sexual abuse and sexual harassment.</p> <p>(c) The facility maintains documentation confirming that volunteers and contractors understand the PREA training they received.</p> <p>Auditor Determination: Based on a review of training materials, acknowledgment forms, and applicable records, the auditor determined that the facility ensures volunteers and contractors receive PREA-related training consistent with their roles and level of resident contact. Documentation confirms that required information is provided and understood. The facility meets the standard.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.233 Resident Education</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Resident Handbook 4. 34 PREA Education Acknowledgement Forms 5. Resident PREA Training Video 6. Site Review: Intake PREA Information; Interpretation Services; Signage 7. Interviews with random residents and intake staff <p>Findings:</p> <p>(a) During intake, residents receive information explaining the facility's zero-tolerance policy, how to report incidents or suspicions of sexual abuse and sexual harassment, their right to be free from sexual abuse, sexual harassment, and retaliation, and the facility's policies and procedures for responding to such allegations. During the site review, staff explained the process of providing PREA Information to residents at time of intake. Interpretation Services are provided by either bilingual staff or external on-demand interpretation services. The Resident handbook states:</p>

The Prison Rape Elimination Act (PREA) is a federal law signed on September 4, 2003. PREA applies to all federal and state prisons, jails, police lock-ups, private facilities and community correctional settings which includes adult and juvenile facilities. It is the Center's priority and responsibility to keep our clients safe from sexual abuse, harassment and assault. Any PREA allegation shall be taken seriously and shall be addressed immediately. Staff are mandatory reporters, and will call law enforcement, Department of Children and Families (DCF), Kansas Department of Health and Environment (KDHE) to report the allegation. Clients in our Center are asked to report any allegations or concerns immediately to any staff, on duty supervisor, Corrections Coordinator, Adult Residential Program Administrator or PREA Compliance Manager (PCM). If clients do not feel comfortable talking to a staff member, there are other ways to report concerns. Clients can tell their ISO, contact the PREA Coordinator, file a grievance, or call Kansas Abuse Hotline at 1-800-922-5300. Clients have the right to report without fear of retaliation from staff or other clients. If a client feels that they have been the subject of retaliation as result of a report made, immediately report that to the Corrections Coordinator or Adult Residential Program Administrator. PREA means there is zero-tolerance regarding sexual abuse and sexual harassment whether that is client-on-client or staff-on-client.

(b) Residents transferred from another facility receive PREA education upon arrival to ensure continued awareness of their rights and reporting options.

(c) Resident education is provided in formats accessible to individuals who are limited English proficient, deaf, visually impaired, otherwise disabled, or who have limited reading skills.

(d) The facility documents resident participation in PREA education sessions.

(e) Key PREA information remains continuously and readily available through posters, resident handbooks, and other written materials located in housing units and common areas. During the site review, the auditor observed posted and printed signage throughout the facility.

Auditor Determination:

Based on a review of intake materials, educational documents, acknowledgment forms, posted information, and resident interviews, the auditor determined that the facility provides residents with the required PREA education at intake and throughout their stay. The information is accessible, appropriately documented, and consistently available to residents. The facility meets the standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.234 Specialized Training: Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Conducting Internal Investigations Training Curriculum 4. The National Institute of Correction Training Module on Investigating Sexual Abuse in a Confinement Setting 5. Investigators Training Records 6. Interviews with investigative staff <p>Findings:</p> <p>(a) Investigators responsible for conducting sexual abuse investigations at the facility receive specialized training specific to investigations in confinement settings.</p> <p>(b) This specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or criminal prosecution referral.</p> <p>(c) The facility maintains documentation verifying completion of specialized investigative training.</p> <p>(d) State or Department of Justice investigative entities responsible for sexual abuse investigations in confinement settings ensure their investigators receive the same or equivalent specialized training.</p> <p>Auditor Determination: Based on a review of training records, course materials, and interviews with investigative staff, the auditor determined that investigators receive the specialized PREA training required to conduct sexual abuse investigations in confinement settings. Documentation supports compliance, and staff demonstrated an understanding of the investigative requirements under this standard. The facility meets the standard.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.235 Specialized Training: Medical and Mental Health Care</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Volunteer/Contractor PREA Training Video 4. Medical Training Records 5. Interviews with medical and mental health staff (all contracted staff) <p>Findings:</p> <p>(a) All full-time and part-time medical and mental health practitioners are considered contractors who continually work in the facility receive specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>(b) Medical staff are not responsible for conducting forensic examinations.</p> <p>(c) The facility maintains documentation showing that medical and mental health practitioners have completed the required specialized training.</p> <p>(d) Medical and mental health practitioners also receive the applicable PREA training provided to employees, contractors, or volunteers, consistent with their role at the facility.</p> <p>Auditor Determination: Based on a review of training documentation, policy, and interviews with medical and mental health staff, the auditor determined that practitioners who work regularly in the facility receive the specialized training required by this standard. The facility also ensures that practitioners complete the applicable PREA training associated with their employment or service role. The facility meets the standard.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.241 Screening for Risk of Victimization and Abusiveness

Evidence Analyzed:

1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention
2. Pre-Audit Questionnaire
3. 1.301.9b Housing Classification Screening Form
4. Lists of Client Initial Screenings and 30-Day Follow-up Screenings
5. Site Review: Intake PREA Risk Screening; Record Storage
6. Interviews with staff responsible for risk screening, random residents and the PREA Coordinator

Findings:

- (a) All residents are assessed upon intake and transfer for their risk of being sexually abused or sexually abusive. During the site review, staff demonstrated the process they undertake when administering the risk screening to residents.
- (b) Intake screening is generally completed within 72 hours of arrival.
- (c) The facility uses an objective screening instrument to promote consistency and support informed classification and housing decisions.
- (d) The screening process considers all relevant factors, including age, physical stature, developmental disabilities, mental illness, offense history, whether the resident is a first-time offender, prior victimization, physical disabilities, and the resident's own perception of vulnerability.
- (e) Residents are reassessed within 30 days of intake based on any additional, relevant information that may affect their risk level, including referrals, resident requests, incidents of sexual abuse, or other relevant data.
- (f) A follow-up screening is completed within 30 days to account for new or emerging information.
- (g) Reassessments also occur when warranted by incidents, requests, referrals, or other significant changes.
- (h) Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions regarding prior victimization, sexual orientation, gender identity, mental illness, or prior abusive conduct.
- (i) The facility implements controls to protect sensitive screening information and limits access to staff with a need to know in order to support safety and security decisions. During the site review, the auditor observed that records were kept in a secure location with restricted access.

Auditor Determination:

	<p>Based on a review of screening tools, classification records, policy, and staff interviews, the auditor determined that the facility conducts timely and objective screenings for risk of victimization and abusiveness and completes reassessments as required. The facility also protects the confidentiality of screening information and does not impose discipline for refusal to answer sensitive questions. The facility meets the standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.242 Use of Screening Information</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interviews with PREA Coordinator, staff responsible for risk screening and gay/lesbian residents. There were no transgender/intersex residents at time of audit. <p>Findings:</p> <p>(a) Screening information is used to inform housing, bed, work, education, and program assignments with the goal of separating residents at high risk of sexual victimization from those at high risk of sexual abusiveness.</p> <p>(b) Individualized placement and program decisions are made with the intent to ensure the safety of each resident.</p> <p>(c)-(f) These provisions are not applicable to the compliance determination.</p> <p>Auditor Determination: Based on a review of screening practices, classification decisions, and policy, the auditor determined that the facility uses screening information appropriately to guide individualized housing and program decisions that support resident safety. The applicable provisions of this standard have been implemented. The facility meets the standard.</p>

115.251	Resident reporting
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.251 Resident Reporting

Evidence Analyzed:

1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention
2. Pre-Audit Questionnaire
3. MOU Between Sedgwick County Department of Correction and Wichita Area Sexual Assault Center and Ascension via Christi Hospitals
4. Agency Website
5. Staff PREA Training
6. Resident Handbook
7. Site Review: Signage; Internal and External Reporting; Sending and Receiving Mail; Record Storage; Staff Reporting
8. Interviews with random staff and residents, and the PREA Coordinator

Findings:

(a) Residents are provided with multiple internal methods to privately report sexual abuse, sexual harassment, retaliation, and staff neglect or misconduct that may have contributed to an incident. The MOU with WASACs rape crisis Center provides advocacy services to accompany and support the victim through the forensic medical examination process and investigatory interviews. Advocates provide support crisis intervention information and referrals upon request from the Department of Corrections. Respond to calls from SCDOC residents received on the WASACs rape crisis hotline. Provide follow-up services and crisis intervention contacts to victims of sexual assault at SCDOC. The residents may call Kansas Protection Report Center 1-800-922-5330 to report sexual abuse. The facility exceeds basic requirements by ensuring reporting options are clearly communicated, readily accessible, and consistently reinforced through orientation materials, posted notices, and staff support. During the site review, the auditor observed and tested internal reporting methods. The facility allows residents to mail correspondence via USPS. Record Storage is secured with limited access.

(b) Residents are provided with at least one method to report sexual abuse or sexual harassment to a public or private entity or office outside the facility that can receive and immediately forward reports to facility officials, while also allowing residents to remain anonymous upon request. This external reporting option strengthens resident access to confidential and independent reporting channels. During the site review, the auditor observed and tested external reporting methods. The facility allows residents to mail correspondence via USPS. Record Storage is

	<p>secured with limited access.</p> <p>(c) Staff accept reports made verbally, in writing, anonymously, and by third parties, and verbal reports are promptly documented in accordance with facility policy. Staff demonstrated a clear understanding that every report must be taken seriously and forwarded without delay. The agency website provides a method for 3rd party reporting: Sedgwick County Department of Corrections PREA Coordinator: 316-660-1649 or DOC_PREA@sedgwick.gov.</p> <p>(d) Staff are also provided with a method to privately report sexual abuse and sexual harassment involving residents, further supporting accountability and timely intervention. During the site review, the auditor observed and tested staff private reporting methods.</p> <p>Auditor Determination: Based on a review of policy, reporting materials, posted notices, and interviews with staff and residents, the auditor determined the facility exceeds the requirements of this standard. The facility provides multiple well-established avenues for internal, external, anonymous, and third-party reporting, and both residents and staff demonstrated a clear understanding of available reporting options. The facility exceeds the standard.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.252 Exhaustion of Administrative Remedies</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Policy 2.423 Client Grievances 4. 2.423.1 Grievance Instructions Form 5. Client Grievance Form 6. Two Client Grievances for Sexual Misconduct 7. Agency Website 8. Site Review: Signage; Third Party Reporting

9. There were no residents who reported sexual abuse at time of audit.

Findings:

(a) A grievance can be filed at any time regarding an allegation of sexual abuse, sexual harassment, or neglect, regardless of when the incident was alleged to have occurred. Clients are not required to file a formal grievance in regard to allegations of abuse, neglect, or harassment. Grievances alleging sexual abuse, sexual harassment or neglect shall not be filed with or referred to the staff member who is the subject of the complaint. If the issue is related to PREA, clients may use 3rd party assistance to file grievances. If a client declines to have 3rd party assistance in filing a grievance alleging sexual abuse, sexual harassment, or neglect, the ISO or supervisor shall document the client's decision to decline.

(b) Residents are permitted to submit grievances alleging sexual abuse at any time, and the facility does not require informal resolution before a formal grievance may be filed.

(c) Residents are not required to submit a grievance to a staff member who is the subject of the complaint.

(d) The facility issues final decisions on grievances involving sexual abuse within 90 days unless an extension is necessary. Extensions of up to 70 additional days are permitted when documented in writing, and lack of a response within the required timeframe constitutes a denial.

(e) Third parties, including fellow residents, staff members, family members, attorneys, and advocates, may assist residents in filing grievances or may file on their behalf. When a third party submits a grievance, the facility documents the resident's consent when required. Third party reporting information is posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys as well as any areas frequented by persons confined in the facility. Third party reporting method was tested by the auditor.

(f) Emergency grievances alleging a substantial risk of imminent sexual abuse are addressed promptly, with an initial response provided within 48 hours and a final decision within 5 days, including documentation of actions taken to reduce the risk.

(g) The facility disciplines residents for filing grievances related to sexual abuse only when the grievance is determined to have been made in bad faith.

Auditor Determination:

Based on a review of grievance policy, resident handbook materials, and interviews with staff and residents, the auditor determined that the facility's grievance procedures for sexual abuse allegations comply with PREA requirements. The process allows timely access to grievance procedures, includes appropriate third-party and emergency grievance provisions, and protects residents from discipline for good-faith reporting. The facility meets the standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253 Resident Access to Outside Confidential Support Services</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. PREA Flyer 4. PREA Brochure 5. Client Handbook 6. MOU Between Sedgwick County Department of Correction and Wichita Area Sexual Assault Center and Ascension via Christi Hospitals 7. Site Review: Signage; Outside Emotional Support Services; Sending and Receiving Mail 8. Interviews with random residents. There were no residents who reported sexual abuse at time of audit. <p>Findings:</p> <p>(a) Residents are provided access to outside victim advocates for emotional support services through mailing addresses, telephone numbers, and toll-free hotline numbers where available. The facility enables communication with these providers in as confidential a manner as possible, demonstrating a strong commitment to victim support. During the site review, the auditor observed posted and printed signage throughout the facility. Signage included audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The auditor reviewed the information provided on signage and determined it is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. The auditor successfully tested access to outside emotional support services.</p> <p>(b) Before residents' access outside support services, the facility informs them of the extent to which communications may be monitored and the extent to which mandatory reporting laws may apply. This ensures residents understand both the availability and limits of confidentiality.</p> <p>(c) The facility maintains memoranda of understanding or documented efforts to</p>

	<p>secure agreements with community service providers capable of providing confidential emotional support related to sexual abuse.</p> <p>Auditor Determination: Based on a review of resource materials, agreements, and interviews, the auditor determined the facility meets the requirements of this standard. The facility demonstrates a strong commitment to ensuring residents have meaningful access to outside support services and are informed of confidentiality limitations in a clear and consistent manner. The facility meets the standard.</p>
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 Third-Party Reporting</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. PREA Flyer 4. PREA Brochure 5. Client Handbook 6. Agency Website 7. Site Review: Signage; Third Party Reporting <p>Findings:</p> <p>(a) The facility has established a method to receive third-party reports of sexual abuse and sexual harassment. Information describing how to make a third-party report is publicly available, allowing family members, staff, community members, and others to report on behalf of residents. During the site review the auditor observed posted third party reporting signage throughout the facility. The auditor reviewed the information provided on signage and determined that it is readable and accessible, and consistent. The auditor was able to test the method for third party reporting.</p> <p>Auditor Determination: Based on a review of public reporting information, policy, and interviews, the auditor determined that the facility provides a publicly accessible method for third parties to report allegations of sexual abuse and sexual harassment. The facility meets the</p>

	standard.
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261 Staff and Agency Reporting Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Site Review: Staff Reporting; Record Storage 4. Interviews with the Administrator, PREA Coordinator, medical and mental health staff, and random staff <p>Findings:</p> <p>(a) All staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff for reporting; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation, including incidents that occurred at another facility. A staff member walked the auditor through the process of being able to privately report an allegation of sexual abuse or sexual harassment of a resident. The reporting method is available and on demand to all staff.</p> <p>(b) Apart from reporting to designated supervisors and officials, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than those who need the information to make treatment, investigation, and informed management or security decisions, consistent with policy. Sexual abuse reports are secured in a locked area with limited access.</p> <p>(c) Medical and mental health practitioners are required to report allegations and suspicions of sexual abuse and to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.</p> <p>(d) Allegations involving residents under the age of 18 or vulnerable adults are reported to the designated State or local services agency in accordance with mandatory reporting laws.</p> <p>(e) All allegations, including third-party and anonymous reports, are promptly reported to the facility’s designated investigators.</p>

	<p>Auditor Determination: Based on a review of policy, training materials, reporting procedures, and interviews with staff, medical personnel, and mental health practitioners, the auditor determined that the facility has implemented clear reporting requirements consistent with PREA standards. Staff demonstrated an understanding of immediate reporting obligations, confidentiality limits, and referral requirements. The facility meets the standard.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262 Agency Protection Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interviews with the Director, Administrator and random staff <p>Findings:</p> <p>A) When staff learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility requires immediate action to protect that resident. Protective steps are taken without delay to reduce the risk and ensure resident safety.</p> <p>Auditor Determination:</p> <p>Based on a review of protection procedures, PAQ information, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence shows that staff clearly understand their obligation to act immediately when a resident is at substantial risk of imminent sexual abuse and that protective action is treated as an urgent safety matter. Although no such cases occurred during the audit period, policy review and staff interviews reflected strong preparedness, prompt-response expectations, and a proactive commitment to resident safety that meets compliance.</p>

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

	<p>115.263 Reporting to Other Confinement Facilities</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interviews with the Director and Administrator <p>Findings:</p> <p>(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility head, or designee, notifies the head of the facility or the appropriate office of the agency where the alleged abuse occurred. According to the information in the Pre-Audit Questionnaire there were 0 reported cases.</p> <p>(b) Notification is made as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>(c) The facility documents that the required notification was made.</p> <p>(d) The facility or agency receiving such notification ensures that the allegation is investigated in accordance with PREA standards.</p> <p>Auditor Determination: Based on a review of policy and documentation related to inter-facility notifications, the auditor determined that the facility has procedures in place to report allegations of abuse occurring at other confinement facilities within the required timeframe and to document those notifications. The facility meets the standard.</p>
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115.264	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.264 Staff First Responder Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. PREA Training for New Employees Curriculum 4. PREA Training at the Academy Curriculum

	<p>5. PREA Annual Training Curriculum</p> <p>6. PREA Undue Familiarity Training Curriculum</p> <p>7. Motivational Interviewing Training Curriculum</p> <p>8. Rapport to Risk Training Curriculum</p> <p>9. PREA Training Quiz</p> <p>10. PREA Skills Cards</p> <p>11. PREA Protocol Checklist</p> <p>12. Interviews with security and non-security staff first responders and random staff. There were no residents who reported sexual abuse at time of the audit.</p> <p>Findings:</p> <p>(a) When informed of an allegation that a resident was sexually abused, the first responding security staff member separates the alleged victim and abuser, preserves and protects any crime scene, instructs the alleged victim not to take any actions that could destroy physical evidence when the abuse occurred within a time period that still allows for the collection of physical evidence, and ensures that the alleged abuser does not take any actions that could destroy physical evidence.</p> <p>(b) When the first responder is not a security staff member, that responder advises the alleged victim not to take any actions that could destroy physical evidence and immediately notifies security staff.</p> <p>Auditor Determination: Based on a review of policy, training materials, and staff interviews, the auditor determined that staff understand and implement first responder responsibilities consistent with PREA requirements. The facility has established procedures to preserve evidence and ensure an immediate, coordinated response to allegations of sexual abuse. The facility meets the standard.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265 Coordinated Response</p> <p>Evidence Analyzed:</p> <p>1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention</p>

	<p>2. Pre-Audit Questionnaire</p> <p>3. Policy 1.300 Internal Investigations</p> <p>4. Interviews with the Administrator</p> <p>Findings:</p> <p>(a) The facility has developed and implemented a written institutional plan that coordinates actions taken in response to incidents of sexual abuse among first responders, investigators, medical and mental health practitioners, and facility leadership. The Coordinated Plan is outlined in Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention.</p> <p>Auditor Determination: Based on a review of the facility’s coordinated response plan and interviews with staff, the auditor determined that the facility has established a clear written plan to guide the response to sexual abuse allegations and to coordinate the roles of all involved parties. The facility meets the standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266 Preservation of Ability to Protect Residents from Contact with Abusers</p> <p>Evidence Analyzed:</p> <p>1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention</p> <p>2. Pre-Audit Questionnaire</p> <p>Findings:</p> <p>(a) The agency does not have a collective bargaining agreement, or other agreement limits the facility’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or disciplinary process.</p> <p>(b) The auditor is not required to audit this provision.</p> <p>Auditor Determination: The facility meets the standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.267 Agency Protection Against Retaliation</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interviews with the Director, Administrator, and the designated staff charged with monitoring retaliation. There were no residents who reported sexual abuse at the time of the audit. <p>Findings:</p> <p>(a) The facility maintains written policies to protect residents and staff from retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Specific staff members or departments are designated to monitor for retaliation. The facility has had no reported cases in the last 12 months.</p> <p>(b) The facility employs multiple protection measures, such as housing changes, transfers, program changes, removal of alleged abusers from contact with victims, and the provision of emotional support services for residents or staff who fear retaliation.</p> <p>(c) For at least 90 days following a report, the facility monitors the conduct and treatment of residents and staff who reported abuse or cooperated with investigations for signs of retaliation and takes appropriate corrective action when needed. Monitoring continues beyond 90 days if concerns remain.</p> <p>(d) Monitoring for residents includes periodic status checks.</p> <p>(e) If any individual cooperating with an investigation expresses fear of retaliation, the facility takes appropriate protective measures.</p> <p>(f) The Auditor is not required to audit this provision.</p> <p>Auditor Determination: Based on a review of policy, retaliation monitoring procedures, and interviews with staff, the auditor determined that the facility has established systems to protect residents and staff from retaliation and to monitor for signs of retaliation following a report or cooperation with an investigation. The facility's practices are consistent with the requirements of this standard. The facility meets the standard.</p>

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.271 Criminal and Administrative Agency Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Policy 1.300 Internal Investigations 4. All investigations included the following documentation: <ol style="list-style-type: none"> a. Sexual Abuse Review Board (SARB) Incident Review b. PREA Investigation Checklist c. PREA Protocol Form d. Incident Report e. Investigation Report f. Grievance Complaint Form g. Screenings h. Memo-Investigator Assignment i. Memo-Notification Outcomes 5. Site Review: Record Storage 6. Interviews with investigative staff, Administrator and the PREA Coordinator. There were no residents who reported sexual abuse at the time of audit. <p>Findings:</p> <p>(a) Sedgwick County Department of Corrections investigates all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are investigated promptly, thoroughly, and objectively. If the allegation contains certain criminal allegations, it will be reported to outside authorities as soon as basic facts are obtained. Any allegations that appear to be criminal are referred to law enforcement for criminal investigation.</p> <p>(b) Investigators assigned to sexual abuse cases have received the specialized training required by §115.234.</p> <p>(c) Investigators gather and preserve direct and circumstantial evidence, including physical, DNA, and electronic evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports involving the alleged abuser.</p>

- (d) When the quality of an administrative investigation could be affected by a compelled interview, the facility consults with prosecutors before conducting the interview.
- (e) Credibility assessments are based on the individual facts and circumstances of each case and are not determined by whether the individual is a resident or staff member. Residents who allege sexual abuse are not required to submit to polygraph examinations or other truth-telling devices as a condition for proceeding with an investigation.
- (f) Administrative investigations include a determination as to whether staff actions or failures to act contributed to the abuse and are documented in written reports that summarize the evidence, credibility assessments, facts, and findings. Investigation reports/files are maintained in a secure location under lock and key. Electronic documentation is password protected with limited access.
- (g) Criminal investigations are documented in written reports that include a thorough description of physical, testimonial, and documentary evidence, with attachments where appropriate.
- (h) Substantiated allegations of conduct that appear criminal are referred for prosecution.
- (i) Written investigative reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
- (j) Investigations continue even if the alleged victim or alleged abuser leaves the facility or is no longer employed by the agency.
- (k) The Auditor is not required to audit this provision.
- (l) When outside agencies conduct investigations, the facility cooperates fully and remains informed of investigative progress.

Auditor Determination:

Based on a review of investigative procedures, investigation files, training records, referral practices, and interviews with investigators and facility leadership, the auditor determined the facility meets the requirements of this standard. The evidence confirms that allegations are investigated promptly, thoroughly, and objectively by trained investigators and that investigative files contain the required documentation, evidence review, and findings. The facility demonstrated a strong commitment to investigative integrity through proper evidence preservation, credibility assessment, detailed documentation, and coordination with prosecutorial authorities when appropriate. These practices reflect a highly accountable investigative process. The facility meets compliance.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.272 Evidentiary Standard for Administrative Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interview with investigative staff <p>Findings:</p> <p>(a) The policy defines a substantiated allegation as an allegation that was investigated and determined to have occurred based on a preponderance of evidence. The agency applies no evidentiary standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.</p> <p>Auditor Determination: Based on a review of policy, investigative documentation, and interviews with investigative staff, the auditor determined that the agency applies the correct evidentiary standard in administrative investigations involving allegations of sexual abuse and sexual harassment. The agency's practice is consistent with PREA requirements and supports fair, objective, and compliant investigative outcomes. The facility meets the standard.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273 Reporting to Residents</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Two Completed Investigations 4. Interviews with the Administrator and investigative staff. There were no residents

	<p>who reported sexual abuse at the time of audit.</p> <p>Findings:</p> <p>(a) Following the completion of an investigation into a resident’s allegation of sexual abuse at the facility, If the resident is still at the facility the resident is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>(b) When an investigation is conducted by an outside entity, the agency requests the relevant investigative findings and uses that information to notify the resident of the outcome.</p> <p>(c) Following a resident’s allegation that a staff member committed sexual abuse against the resident, the resident is informed, unless the allegation has been determined to be unfounded, whenever the staff member is no longer assigned to the resident’s unit, is no longer employed at the facility, or when the agency learns that the staff member has been indicted or convicted on a charge related to the allegation.</p> <p>(d) Following a resident’s allegation that another resident committed sexual abuse, the alleged victim is informed whenever the agency learns that the alleged abuser has been indicted on a charge related to the allegation or has been convicted on a charge related to the allegation.</p> <p>(e) The facility documents all notifications to residents, as well as all efforts made to notify residents of investigative outcomes and related case developments.</p> <p>(f) The auditor is not required to audit this provision.</p> <p>Auditor Determination: Based on a review of notification procedures, documentation, and investigative records, the auditor determined that the facility provides residents with timely notification of investigative outcomes and other required status changes in accordance with PREA requirements. Documentation supports that notifications and efforts to notify are consistently recorded. The facility meets the standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.276 Disciplinary Sanctions for Staff
	Evidence Analyzed:
	1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and

	<p>Intervention</p> <p>2. Pre-Audit Questionnaire</p> <p>Findings:</p> <p>(a) Staff are subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. According to the information in the Pre-Audit Questionnaire no staff have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) Termination is the presumptive disciplinary sanction for any staff member found to have engaged in sexual abuse.</p> <p>(c) For violations of agency sexual abuse or sexual harassment policies other than actually engaging in sexual abuse, disciplinary sanctions are proportionate to the nature and circumstances of the conduct, the staff member’s disciplinary history, and sanctions imposed for comparable offenses by similarly situated staff.</p> <p>(d) 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 unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Auditor Determination: Based on a review of policy and disciplinary procedures, the auditor determined that the facility has established appropriate disciplinary standards for staff who violate sexual abuse and sexual harassment policies. The facility’s procedures support accountability, proportionate discipline, and referral to outside authorities when required. The facility meets the standard.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.277 Corrective Action for Contractors and Volunteers</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interview with the Administrator <p>Findings:</p>

	<p>(a) Any contractor or volunteer who is found to have engaged in sexual abuse is prohibited from contact with residents and is reported to law enforcement, unless the conduct is clearly not criminal, and to relevant licensing bodies, when applicable. According to the information in the Pre-Audit Questionnaire no volunteer/contractors have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) The facility takes appropriate remedial measures in response to other violations of sexual abuse or sexual harassment policies by contractors or volunteers and considers whether continued or future contact with residents is appropriate.</p> <p>Auditor Determination: Based on a review of policy, contractor and volunteer procedures, and interviews with staff, the auditor determined that the facility has established appropriate corrective action measures for contractors and volunteers who violate sexual abuse or sexual harassment policies. The facility's response procedures are consistent with PREA requirements and support resident safety. The facility meets the standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.278 Disciplinary Sanctions for Residents</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. MOU Between Sedgwick County Department of Correction and Wichita Area Sexual Assault Center and Ascension via Christi Hospitals 4. Interviews with Administrator and medical and mental health staff <p>Findings:</p> <p>(a) Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal conviction where applicable, that the resident engaged in resident-on-resident sexual abuse. According to the information in the Pre-Audit Questionnaire no residents have been disciplined for sexual misconduct in the last 12 months.</p> <p>(b) Disciplinary sanctions are proportionate to the nature and circumstances of the abuse, the resident's disciplinary history, and sanctions imposed for comparable conduct by similarly situated residents.</p>

	<p>(c) The disciplinary process considers whether a resident’s mental illness or mental disability contributed to the behavior when determining the appropriate sanction.</p> <p>(d) When therapeutic or rehabilitative interventions are available and appropriate, the facility considers whether participation in such interventions should be required as a condition of access to programming or other benefits.</p> <p>(e) Residents are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to the contact.</p> <p>(f) Reports of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred are not treated as false reporting or lying, even when the investigation does not establish sufficient evidence to substantiate the allegation.</p> <p>(g) The facility prohibits all sexual activity between residents and may discipline residents for consensual sexual conduct in accordance with facility rules; however, consensual sexual activity is not classified as sexual abuse when the conduct is determined not to be coercive.</p> <p>Auditor Determination: Based on a review of disciplinary policy, resident rules, and supporting documentation, the auditor determined that the facility’s disciplinary process for residents is consistent with PREA requirements. Sanctions are imposed only following the required findings, are proportionate, and take into account mental health and disability factors when appropriate. The facility also protects residents from discipline for good-faith reporting. The facility meets the standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.282 Access to Emergency Medical and Mental Health Services</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Interviews with medical and security and non-security staff first responders. There were no residents who reported sexual abuse at the time of the audit. <p>Findings:</p> <p>(a) Resident victims of sexual abuse receive timely and unimpeded access to</p>

emergency medical treatment and crisis intervention services, with the nature and scope of services determined by medical and mental health practitioners according to their professional judgment. According to the facility policy, "The PCM shall be responsible for coordinating victimization services available to all clients who claim to be the victim of sexual abuse or sexual harassment. Victimization services and forensic medical examinations shall be provided to every victim without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident."

(b) When qualified medical practitioners are not immediately available, security staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical personnel.

(c) Resident victims of sexual abuse are offered timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care and when medically appropriate. The facility provides the following service:

1. Assessment of the victim's acute medical needs.
2. Inform the victim of their rights under relevant Federal or State law.
3. Provide a means for a forensic medical exam and advise the victim.
4. Offer the presence of a victim advocate or qualified staff member to be present during the exam and during the investigative interview process.
5. Offer timely information about and access to emergency contraception and sexually transmitted infections prophylaxis.
6. Provide access to community sexual assault programs and crisis intervention counseling.
7. Provide for any accommodations the victim may need, including all lawful pregnancy-related medical services.

(d) Treatment services are provided without financial cost to the victim and regardless of whether the victim identifies the abuser or cooperates with any investigation arising from the incident.

Auditor Determination:

Based on a review of policy, medical response procedures, and interviews with staff, the auditor determined that the facility provides timely access to emergency medical and mental health services for resident victims of sexual abuse. The facility's response practices are consistent with PREA requirements and ensure that the care needed is provided without delay or cost to the victim. The facility meets the standard.

115.283

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Evidence Analyzed:

1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention
2. Pre-Audit Questionnaire
3. Interviews with medical staff. There were no residents who reported sexual abuse at the time of the audit.

Findings:

- (a) The facility offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any confinement setting. If screening indicates that a client has experienced prior sexual victimization or ever perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the client is offered treatment.
- (b) Evaluation and treatment services include follow-up care, treatment planning, and referrals for continued care when a resident transfers to another facility, is released from custody, or otherwise leaves the facility's care.
- (c) Medical and mental health services are provided in a manner consistent with the community level of care.
- (d) Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.
- (e) If pregnancy results from conduct described in paragraph (d), the resident receives timely and comprehensive information about lawful pregnancy-related medical services.
- (f) Victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.
- (g) Treatment services are provided without financial cost to the victim and without requiring the victim to cooperate with any investigation arising from the incident.
- (h) The facility attempts to conduct a mental health evaluation of all known resident-on-resident sexual abusers within 60 days of learning of the abuse history and offers treatment when deemed clinically appropriate.

Auditor Determination:

Based on a review of policy, treatment procedures, and interviews with medical and mental health staff, the auditor determined that the facility provides appropriate ongoing medical and mental health care for sexual abuse victims and responds

	<p>appropriately to known resident-on-resident abusers. Services include evaluation, follow-up care, referrals, and clinically appropriate treatment, all in accordance with PREA requirements. The facility meets the standard.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.286 Sexual Abuse Incident Reviews</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Sexual Abuse Review Board (SARB) Incident Reviews 4. Interviews with Administrator, PREA Coordinator, and incident review team members <p>Findings:</p> <p>(a) The facility conducted a sexual abuse incident review at the conclusion of every sexual abuse investigation, including investigations resulting in a finding that the allegation was unsubstantiated, unless the allegation was determined to be unfounded.</p> <p>(b) Incident reviews are completed within 30 days of the conclusion of the investigation.</p> <p>(c) The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, as appropriate.</p> <p>(d) The review team considered whether the incident or allegation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident suggests a need for additional training or supervision; whether the physical plant contributed to the incident; whether staffing levels or patterns may have contributed; and whether monitoring technology should be deployed or enhanced to improve safety. The team prepares a written report of its findings and recommendations and forwards the report to the Facility Head and PREA Compliance Manager.</p> <p>(e) The facility implements the recommendations for improvement or documents the reasons for not doing so.</p>

	<p>Auditor Determination: Based on a review of incident review documentation, policy, and interviews with staff, the auditor determined that the facility conducts sexual abuse incident reviews in accordance with PREA requirements. The review process is timely, multidisciplinary, and focused on identifying corrective actions that improve prevention, detection, and response efforts. The facility meets the standard.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.287 Data Collection</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Agency Website 4. PREA Annual Reports from 2018-2025 <p>Findings:</p> <p>(a) The agency collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using standardized instruments and definitions.</p> <p>(b) Incident-based sexual abuse data are aggregated at least annually. The auditor reviewed the facility website and all PREA annual reports were published.</p> <p>(c) The data collected include, at a minimum, the information necessary to answer all questions from the most recent version of the Department of Justice Survey of Sexual Violence.</p> <p>(d) The agency maintains, reviews, and collects data from incident reports, investigative files, and sexual abuse incident reviews.</p> <p>(e) The agency does not contract for the confinement of its residents.</p> <p>(f) DOJ has not requested agency data.</p> <p>Auditor Determination: Based on a review of data collection procedures, reporting practices, and supporting documentation, the auditor determined that the agency collects, aggregates, and maintains sexual abuse data in a manner consistent with PREA requirements. The</p>

	agency's data collection practices support accurate reporting, trend analysis, and compliance with federal reporting obligations. The facility meets the standard.
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.288 Data Review for Corrective Action</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Agency Website 4. PREA Annual Reports from 2018-2025 5. Interviews with the Administrator and PREA Coordinator <p>Findings:</p> <p>(a) The agency reviews aggregated sexual abuse data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This review includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as for the agency as a whole.</p> <p>(b) Annual reports compare current year data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing and reducing sexual abuse.</p> <p>(c) The annual reports are approved by the agency head and made readily available to the public through the agency website or other appropriate means if no website exists.</p> <p>(d) When information is redacted from a report for publication, the redaction is limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility, and the nature of the material redacted is indicated. Reports posted to the agency website have been redacted.</p> <p>Auditor Determination: Based on a review of annual reports, agency procedures, and publicly available information, the auditor determined that the agency reviews aggregated data for corrective action in accordance with PREA requirements. The agency uses this</p>

	<p>information to identify trends, evaluate progress, and implement corrective measures, while ensuring that public reporting requirements are met. The facility meets the standard.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.289 Data Storage, Publication, and Destruction</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Policy 1.301 Prison Rape Elimination Act (PREA) Sexual Abuse, Prevention and Intervention 2. Pre-Audit Questionnaire 3. Agency Website 4. Interview with the PREA Coordinator <p>Findings:</p> <p>(a) Data collected pursuant to §115.287 are securely retained by the agency.</p> <p>(b) Aggregated sexual abuse data are made readily available to the public at least annually. The auditor reviewed the PREA data reports located on the agency website.</p> <p>(c) Prior to publication, the agency removes all personal identifiers to ensure confidentiality. A review of the department website confirmed that the required sexual abuse data are publicly available and do not include personally identifiable information.</p> <p>(d) Sexual abuse data are retained for at least ten years after the date of initial collection, unless Federal, State, or local law requires otherwise. The auditor reviewed the historical PREA data reports located on the agency website.</p> <p>Auditor Determination: Based on a review of data retention practices, public reporting, and the department website, the auditor determined that the agency securely stores sexual abuse data, publishes aggregated information as required, and removes personal identifiers prior to public release. The agency also retains data for the required period. The facility meets the standard.</p>

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.401 Frequency and Scope of Audits</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Website 2. Site Review 3. Issue Log 4. PAQ (pre audit questionnaire) 5. Notice of Audit (NOA) <p>Findings:</p> <p>A) During the prior three-year period, the agency has ensured that each facility it operates are audited at least once. This was verified by a review of Final Audit Report's found on the agency website.</p> <p>B) This is the first year of the current audit cycle. In review of the agency website, the agency has ensured that at least one-third of each facility type operated by the agency, or contracted, were audited during the first year of the current audit cycle.</p> <p>H) The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor completed a full site review.</p> <p>I) The auditor received copies of all relevant documents requested, including electronically stored information.</p> <p>M) The auditor conducted interviews with residents in a private setting.</p> <p>N) The auditor observed Notice of Audit (NOA) signage displayed in all housing units, and other areas throughout the facility. The NOA was provided to the facility by the auditor at least six weeks in advance and posted in English and Spanish. The NOA included the posting date, and the facility provided via a time stamped email photos of each posting.</p> <p>Auditor Determination:</p> <p>Based on a review of the Agency's website, pre-audit questionnaire, issue log, Notice of Audit, and observations made while onsite, the auditor determined the facility meets the requirements of this standard.</p>

115.403	Audit contents and findings
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Auditor Overall Determination: Meets Standard

Auditor Discussion

115.403 Audit Contents and Findings

Evidence Analyzed:

1. Agency Website

Findings:

A) The auditor verified that the agency has published on its website all Final PREA Audit Reports completed during the past three years proceeding with this audit for all facilities it operates.

Auditor Determination:

Based on a review of the Agency's website, the auditor determined the facility meets the requirements of this standard.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

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

	interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

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

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

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	Resident education	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	Use of screening information	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252	Exhaustion of administrative remedies	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	Disciplinary sanctions for staff	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile	yes

	facility?	
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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