

PREA Facility Audit Report: Final

Name of Facility: Pathways Renewed Residential Facility

Facility Type: Community Confinement

Date Interim Report Submitted: 12/07/2022

Date Final Report Submitted: 03/14/2023

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: Patrick J. Zirpoli	Date of Signature: 03/14/2023

AUDITOR INFORMATION	
Auditor name:	Zirpoli, Patrick
Email:	pzirpoli@ptd.net
Start Date of On-Site Audit:	11/08/2022
End Date of On-Site Audit:	11/09/2022

FACILITY INFORMATION	
Facility name:	Pathways Renewed Residential Facility
Facility physical address:	P.O. Box 949, Kings Park , New York - 11754
Facility mailing address:	PO Box 949, Kings Park , New York - 11754

Primary Contact	
Name:	Dr. Sylvia A. Diaz
Email Address:	doctordiaz@yahoo.com
Telephone Number:	6318307975

Facility Director	
Name:	Dr. Sylvia A. Diaz
Email Address:	doctordiaz@yahoo.com
Telephone Number:	6318307975

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

Facility Characteristics	
Designed facility capacity:	15
Current population of facility:	13
Average daily population for the past 12 months:	11
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-80
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the facility who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	3

AGENCY INFORMATION	
Name of agency:	Pathways Renewed, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	P.O. Box 949, King's Park , New York - 11754
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Warren Horakh	Email Address:	whorakh1966@gmail.com

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:

4	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training • 115.232 - Volunteer and contractor training • 115.233 - Resident education
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Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-11-08
2. End date of the onsite portion of the audit:	2022-11-09

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:	<p>The agency has attempted to obtain an MOU for victim advocacy with ECLI who provides victim advocacy. She was informed that no agreement is necessary; they will provide the services if requested. Under New York State Law if a victim is brought to the hospital for a SANE examination, the examination and victim advocacy is automatically provided. This was further confirmed with ECLI staff. The staff at ECLI knew of no issues at the facility. An internet search was also conducted no negative information about the agency was found.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	15
15. Average daily population for the past 12 months:	11
16. Number of inmate/resident/detainee housing units:	5

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">10</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">1</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p style="text-align: center;">0</p>

<p>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>At the time of the audit the facility was housing 10 residents, only two were identified as being in a targeted category.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	3
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	NA

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process.</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</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>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<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>
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<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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>
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<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who 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>Nine of the ten residents at the facility were interviewed, one resident refused to participate in the interview process. Only two were identified as being in a targeted category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>NA</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>3</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" 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>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility has only three staff members, all three were interviewed during the audit.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	2
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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)

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

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

	<input type="checkbox"/> Other
81. 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:	3
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 checked="" type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	NA

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.

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

Pathways Renewed Inc. is located at 95 Abinet Court Selden, NY 11784. The immediate area surrounding the facility is residential. The facility is located within a house that was originally constructed as a single family residence.

The mission of Pathways Renewed Inc. is to provide a structured recovery-centered living environment to individuals who suffer from the disease of addiction and or have psychosocial factors that temporarily impede their ability to live independently.

This mission serves to not only demonstrate by example to the residents, but to educate the residents in a new way of being that supports a lifestyle that is work oriented and honest.

This stabilizing environment and the programmatic support systems in place will help residents to meet their responsibilities and become law abiding, self-supporting, productive citizens. The staff at Pathways Renewed Inc. has been successfully working with mandated populations for over 20 years and has a stellar history of managing residential services to parolee's and those seeking a safe, sober, and supportive environment in which to thrive.

The facility holds a contract with the State of New York to house residents for the NYS Department of Corrections and Community Supervision.

The facility is located on the first and second floors. Upon entering the visitor/resident enters the common areas, which consist of the living room, dining area, and kitchen. The first-floor houses two multi occupancy bedrooms, and a single occupancy bathroom. The bathroom has a single occupancy shower with a curtain, and a lockable door for privacy.

The second floor consists of three multi-occupancy bedrooms and a single occupancy bathroom. The bathroom has a single occupancy shower with a curtain, and a lockable door for privacy.

During my tour of the facility, I observed the

information on the Prison Rape Elimination Act, and reporting avenues located throughout the facility, all of this information is also available to the inmates in their issued intake paperwork.

I found that staff, as well as residents moves throughout the facility frequently, this movement of staff and residents deters any violation of the PREA policy, and more importantly provides an overall safe environment for both residents and staff.

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.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes
- No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

All documentation was reviewed for all residents currently at the facility.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

95. 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	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility has only had one investigation during the auditing period. This investigation is still ongoing and being investigated by the Office of Special Investigations New York State Department of Corrections and Community Supervision, as both an administrative and criminal investigation.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)

<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
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Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <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 abuse investigation files) </p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <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 abuse investigation files) </p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility has only had one investigation during the auditing period. This investigation is still ongoing and being investigated by the Office of Special Investigations New York State Department of Corrections and Community Supervision, as both an administrative and criminal investigation.</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 staff-on-inmate sexual harassment investigation files)</p>

113. 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)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility has only had one investigation during the auditing period. This investigation is still ongoing and being investigated by the Office of Special Investigations New York State Department of Corrections and Community Supervision, as both an administrative and criminal investigation.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Organizational Chart</p> <p>Subsection (a) The agency has developed a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment, this policy also outlines the agencies approach to preventing, detecting, and responding to such conduct. This policy is the PREA Policy Pathways Renewed Inc. This policy has been in effect since the implementation of PREA in the agency. The policy addresses all aspects of the Prison Rape Elimination Act Standards for Community Confinement. The policy further defines all prohibited acts, the definitions listed in the glossary of terms are consistent with the definitions in the PREA Standards. I reviewed the policy during the pre-audit phase, during the onsite audit phase I ensured the aspects of the policy were in place daily. This was confirmed through questioning staff, volunteers, and residents.</p> <p>Subsection (b) The agency has designated a PREA Coordinator. During the interview, he related that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. I found the Agency PREA Coordinator to be well versed in the PREA Standards and their daily application in the agency. The position of PREA Coordinator reports directly to the President of the agency. During his questioning he related that he has enough time to implement the standards at the facility and oversee the daily application of PREA.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Subsection (a)(b)(c) The agency does not contract for the housing of their residents with any other entity. The agency has a contract with the New York Department of Corrections and Community Supervision to house their residents.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 416 619 450">Pre-Audit Questionnaire</p> <p data-bbox="280 490 783 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 564 571 598">Staffing Plan Review</p> <p data-bbox="280 701 1477 943">Subsection (a) Policy addresses supervision and monitoring of the residents at the facilities. The policy directs the facility to develop, document, and make its best efforts to comply on a regular basis with the staffing plan. The policy provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents from sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring the agency takes into consideration the following:</p> <ol data-bbox="280 981 1442 1346" style="list-style-type: none"> 1) the physical size and layout of the facility; 2) number and type of offenders assigned to the facility; 3) video monitoring to protect offenders against sexual abuse; 4) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 5) any other factors. <p data-bbox="280 1384 1445 1496">The auditor reviewed the staffing plan and policy and confirmed that these factors are taken into consideration during the development of the staffing plan. This was further confirmed during interviews.</p> <p data-bbox="280 1536 1426 1648">Subsection (b) The staffing plan has not been deviated from during the auditing period. The Director confirmed he would document any deviations to the staffing plan.</p> <p data-bbox="280 1688 1445 2018">Subsection (c) An annual review of the staffing patterns at the facility takes place, and if needed the staffing plan would be updated. The Staffing Plan was reviewed on January 4, 2022. The policy indicates that on an annual basis, the facility is assessing, determining, and documenting whether adjustments are needed to staffing plans, monitoring technologies, and other available resources. I further confirmed the assessment during the interviews with staff. I confirmed with the PREA Coordinator that staffing at the facility is also addressed in the contract with the New York Department of Corrections and Community Supervision.</p> <p data-bbox="280 2058 1477 2092">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic</p>

	<p>evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>
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115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 647 376">Documentation reviewed:</p> <p data-bbox="280 416 619 452">Pre-Audit Questionnaire</p> <p data-bbox="280 488 785 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 627 1471 869">Subsection (a): Policy prohibits cross-gender strip searches or any strip search. During the past 12 months, the facility has not conducted a cross-gender strip or cross-gender visual body cavity searches or strip search of any nature. I further confirmed during staff questioning that they have never conducted a search of this nature or have any knowledge of a search being conducted. I further confirmed the procedure with the PREA Coordinator during his interview.</p> <p data-bbox="280 909 938 945">Subsection (b): The facility houses only males.</p> <p data-bbox="280 981 1461 1137">Subsection (c): As per policy all pat searches are prohibited. I confirmed with staff that they have not conducted a search under these circumstances at the facility, it was further confirmed with the residents who all related that they have never been searched at the facility by the staff.</p> <p data-bbox="280 1178 1471 1550">Subsection (d): Policy states that residents shall be able to shower, perform bodily functions, and change clothing without a 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 or security round. This limitation not only applies to in-person viewing, but also all forms of remote viewing as well. The policy also states that staff of the opposite gender shall announce their presence when entering a resident housing area. All bathrooms in the facility are single occupancy and have doors for privacy and curtains for the showers. All resident rooms have doors for privacy and can be closed at anytime for privacy.</p> <p data-bbox="280 1585 1461 1742">During questioning, staff, and resident confirmed whenever a staff member of the opposite sex enters the housing unit floor, an announcement is made prior to entry onto the floor, and the staff will state loudly, "female on the floor". I heard the announcements being made while conducting the audit.</p> <p data-bbox="280 1783 1461 1899">The facility has cameras in the common areas of the facility, the monitors were reviewed, the cameras did not show any areas where a resident would be in a state of undress.</p> <p data-bbox="280 1939 1471 2056">Subsection (e): Policy prohibits searches or physical examinations of transgender or intersex inmates for the sole purpose of determining the resident's genital status. I confirmed through interviews if the genital status is unknown, it would be</p>

determined during conversations with the resident. It should be noted that most of the residents are coming into the facility from another correctional setting through the New York State Corrections and Community Supervision. The staff confirmed they normally receive notice of the resident's arrival date, and all pertinent information pertaining to the resident. The genital status would be known prior to the resident's arrival. The staff confirmed they are not allowed to search or physically examine any resident to determine genital status. A search of this nature has not taken place at the facility.

Subsection (f): The facility does not conduct any searches of the resident's person. This was confirmed during the resident and staff questioning.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a) Policy dictates that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agencies efforts to prevent, detect and respond to sexual abuse and sexual harassment. Written materials shall be delivered in alternative formats or delivered through alternative methods that accommodate a resident’s disability. These include translated materials. The Director indicated that he evaluates the ability of the facility to accommodate disabled residents according to services available, and the ability of the resident to access all areas of the facility. During intake staff questioning, I confirmed that they would read the material to residents if needed, and utilize the services provided by the agency to ensure the resident understands the PREA information and reporting avenues. This was further confirmed with the resident who was blind, he related that multiple staff read him the PREA material since he has been here, this included upon arrival.</p> <p>Subsection (b): Policy outlines the steps the agency takes to ensure meaningful access to all aspects of the agencies efforts to prevent, detect, and respond to sexual abuse and sexual harassment to individuals who are limited English proficient. This includes written materials and interpretation services either through an outside contractor or approved staff. The facility provided copies of the Spanish PREA notices; these were also viewed at the facility during the facility tour. The residents confirmed that the notices had been posted in both English and Spanish since their arrival at the facility. The facility would utilize CyraCom for interpretation services. I confirmed the facility has an active account with CyraCom by reviewing the documentation provided.</p> <p>Subsection (c) Policy prohibits the use of residents to interpret, read, or provide other types of assistance except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety, the performance of the first responder duties or the investigation of the resident’s allegations. All staff stated they would not allow a resident to interpret for another resident in reporting sexual abuse or sexual harassment, and they felt that they could not control the information once another resident knew about alleged sexual abuse or sexual harassment. They indicated they would utilize the translation services outlined in the policy or contact the PREA Coordinator for further guidance.</p>

During the past 12 months, the facility has not relied on residents to provide interpretation services for any PREA related matter. This was confirmed during the questioning of staff.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 414 619 448">Pre-Audit Questionnaire</p> <p data-bbox="280 488 783 521">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 629 1414 701">Subsection (a)(f) Policy dictates that the agency will not hire or promote anyone who:</p> <ul data-bbox="280 741 1477 1182" style="list-style-type: none"> <li data-bbox="280 741 1477 981">• 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 to include state facilities for persons who are mentally ill, disabled or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential cares; <li data-bbox="280 1021 1477 1182">• has been convicted or civilly or administratively adjudicated for 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; and/or <p data-bbox="280 1223 1430 1384">Background investigations are conducted for all candidates for positions in the agency. The background investigations are also conducted by the New York State Corrections and Community Supervision. All candidates are asked the following questions:</p> <ul data-bbox="280 1424 1477 1977" style="list-style-type: none"> <li data-bbox="280 1424 1477 1664">• Have you ever been employed in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997) to include state facilities for persons who are mentally ill, disabled or intellectually disabled, or chronically ill or handicapped; residential care or treatment facilities for juveniles; and facilities that provide skilled nursing, intermediate or long-term care, or custodial or residential care? <li data-bbox="280 1704 1477 1776">• Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? <li data-bbox="280 1816 1477 1977">• Have you had substantiated against you, allegations of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you ever resigned during a pending investigation of an allegation of sexual abuse of a confined individual? <p data-bbox="280 2013 1477 2085">Subsection (b) According to policy and procedures, in addition to incidents of sexual abuse, the agency also considers any incidents of sexual harassment in determining</p>

whether to hire or promote anyone.

Subsection (c) The background check includes driving record, licensing, military records, criminal justice documentation, and drug related convictions. Additionally, contact is made with current and prior employers.

Subsection (d) No contractors have been hired at the facility during the past twelve months. According to policy every person, volunteer, or contractor, who provides recurring on-site services and has individual/group contact with residents at the facility, are not allowed contact with residents until they have completed a background check.

Subsection (e) Criminal History checks are being conducted on the staff every five years. This is conducted by the agency through an outside vendor. All staff are further confirmed through the New York State Corrections and Community Supervision.

Subsection (g) Applicants for employment are required to affirm and sign the application for employment, indicating the information contained in the application and any attachments contain no misrepresentation or falsification, omission or concealment of material fact and is true and complete to the best of the applicant's knowledge and belief. The applicant must also acknowledge that any material omission or false information is grounds for non-selection or discipline, or termination of employment.

Subsection (h) Staff interviewed stated that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee when the information is requested from an institutional employer for whom the employee has applied to work.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Camera placement</p> <p>Subsection (a)(b) The agency has not made substantial modifications to the facility. They have not installed additional cameras or technology in the facility. The PREA Coordinator confirmed if the agency made modifications or updated cameras or technology, they would consider the effect of the camera placement or modifications to ensure the agency could protect residents from sexual abuse. He further confirmed that any PREA incident would be reviewed at the Administration level, and they are always taking into consideration possible technology changes that can better prevent incidents from occurring.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 647 376">Documentation reviewed:</p> <p data-bbox="280 416 619 452">Pre-Audit Questionnaire</p> <p data-bbox="280 488 783 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 627 1477 1124">Subsection (a)(b) The agency is not responsible for the administrative or criminal investigations of sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level; the facility would immediately notify the Office of Special Investigations New York State Department of Corrections and Community Supervision. The investigation would be conducted by the investigators in the Office of Special Investigations New York State Department of Corrections and Community Supervision, and/or the New York State Police. If an incident required, an emergency response the Suffolk County Police Department would respond. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification. I further confirmed through interviews that the agency does not conduct any investigation. The facility does not house anyone under the age of 18.</p> <p data-bbox="280 1160 1477 1612">Subsection (c) Policy dictates that an alleged sexual abuse victim is provided access to a forensic medical examination, the policy further describes the procedure to obtain the services of a hospital to provide these examinations. The facility would utilize Stony Brook University Hospital to provide these services. The Sexual Assault Nurse Examiner at the hospital will conduct a sexual assault examination. These services are provided at no cost to the victim under New York State Law. The Survivors Bill of Rights was passed in December 2018 by New York State. The bill provides every patient the right for law enforcement investigation, medical care, victims services, advocacy services, and District Attorney’s services. I contacted a supervisor at Stony Brook University Hospital and verified that the services would be provided and are at no cost to the victim.</p> <p data-bbox="280 1648 1477 2065">Subsection (d)(e) Policy directs the PREA Coordinator to coordinate victim services related to sexual abuse. The facility would utilize Empowerment Collaborative of Long Island (ECLI)to provide these services. A qualified victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals if needed. The PREA Coordinator stated that a victim would be provided the information for these services and can contact them at any time. The residents at the facility can leave the facility and have private cellular telephones, as well as a nonrecorded telephone that can be used by any resident in the facility. This telephone was checked and found to be in working order.</p>

I contacted ECLI and verified they provide the services, they further informed me that due to confidentiality, if these services were provided, they could not provide me that information. The posters for ECLI were placed in the facility with all the PREA signage. Pamphlets were also available to the residents.

Subsection (f) (g) The Office of Special Investigations New York State Department of Corrections and Community Supervision, and/or the New York State Police investigates the criminal incidents that occur at the facility.

Subsection (h) The agency does not utilize staff members for victim advocacy; this was confirmed with the PREA Coordinator.

The agency has attempted to obtain an MOU for victim advocacy with ECLI who provides victim advocacy. She was informed that no agreement is necessary; they will provide the services if requested. Under New York State Law if a victim is brought to the hospital for a SANE examination, the examination and victim advocacy is automatically provided. This was further confirmed with ECLI staff.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.222	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a)(b)(c) When a resident is involved in an incident the New York State Corrections and Community Supervision would immediately be notified and they would make the decision on the investigation process. The investigation would be conducted by the investigators in the Office of Special Investigations New York State Department of Corrections and Community Supervision, and/or the New York State Police. If an incident required, an emergency response the Suffolk County Police Department would respond. The policy outlines the responsibilities of the agency and all parties involved in the investigative process. I confirmed the policy is available through the agency website. During the interview with the PREA Coordinator I confirmed that the referral to the investigating agency would be documented.</p> <p>Subsection (d) The agency has policies in place that govern the interaction with the investigating agency. The New York State Department of Corrections and Community Supervision also have policies that outline the investigative process. These processes are published on the New York State Department of Corrections website.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>PREA Refresher training</p> <p>PREA Training Video</p> <p>Staff Verifications</p> <p>Subsection (a)(b)(c)(d) Policy outlines the agencies employee training. The policy states that every employee who may have contact with residents shall be trained on his/ her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Training shall be tailored to the gender of the residents. The employees receive yearly training, the subjects include:</p> <ol style="list-style-type: none"> (1) the zero-tolerance policy against sexual abuse and sexual harassment within the Department; (2) how staff are to fulfill their responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures as defined in this policy; (3) inmates’ right to be free from sexual abuse and sexual harassment; (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) the dynamics of sexual abuse and sexual harassment in confinement; (6) the common reactions of sexual abuse and sexual harassment victims; (7) how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with inmates, including Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) or gender-nonconforming inmates; and (10) how to comply with relevant laws of related to mandatory reporting of

sexual abuse to outside authorities.

This training is provided on a yearly basis to the employees. The training is tailored to the gender of the residents at the facility. All staff members acknowledge that they have received and understand the training. I confirmed through interviews with the staff at the facility that they have received the training as outlined above, and all staff was able to explain the training and policy. The training materials utilized were reviewed. The agency is providing yearly training which exceeds the provisions of the standard. It should be noted that the facility has only three employees who have contact with residents.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>PREA Refresher training</p> <p>PREA Training Video</p> <p>Staff Verifications</p> <p>Subsection (a)(b)(c) Policy outlines the agencies volunteer and contractor training. The policy states that every volunteer and contractor who may have contact with residents shall be trained on his/ her responsibilities related to sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Training shall be tailored to the gender of the residents. The volunteer and contractor receive training, the subjects include:</p> <ol style="list-style-type: none"> (1) the zero-tolerance policy against sexual abuse and sexual harassment; (2) how staff are to fulfill their responsibilities under the facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures as defined in this policy; (3) inmates’ right to be free from sexual abuse and sexual harassment; (4) the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) the dynamics of sexual abuse and sexual harassment in confinement; (6) the common reactions of sexual abuse and sexual harassment victims; (7) how to detect and respond to signs of threatened and actual sexual abuse; (8) how to avoid inappropriate relationships with inmates; (9) how to communicate effectively and professionally with inmates, including Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) or gender-nonconforming inmates; and (10) how to comply with relevant laws of related to mandatory reporting of sexual abuse to outside authorities.

The training provided to the volunteers and contractors is the same level of training provided to the employees at the facility. The PREA Coordinator related that the volunteers provide support services to the residents and do the intake paperwork which includes the screening and education for the residents. Since they interact with the residents on this level the facility decided to provide the full employee training to the volunteers. During the audit I interviewed three volunteers, they all confirmed receiving the training and were able to provide the topics discussed. They further confirmed that they signed off on a roster after completing the training. This practice far exceeds the requirements of the standard.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.233	Resident education
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 647 376">Documentation reviewed:</p> <p data-bbox="280 416 619 452">Pre-Audit Questionnaire</p> <p data-bbox="280 488 785 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 560 619 595">PREA Refresher training</p> <p data-bbox="280 631 564 667">PREA Training Video</p> <p data-bbox="280 703 481 739">PREA Signage</p> <p data-bbox="280 775 839 810">Zero Tolerance Acknowledgment Forms</p> <p data-bbox="280 913 1477 1702">(a)(b)(c)(d)(e) During the intake process, residents receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and information on agency policies and procedures for responding to such incidents. The Facility staff confirmed that the residents receive the New York State Department of Corrections and Community Supervision pamphlet on The Prevention of Sexual Abuse, which is provided by a staff member at intake. The staff go over PREA with the resident when they conduct the screening. The resident will confirm receipt by signing the Zero Tolerance Acknowledgment Forms. They further confirmed if a resident is limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills, the information will be provided as outlined in standard 115.216. This education would be provided on an individual basis by a staff member. The facility also provides further education utilizing a PREA Video. All residents view the video and can ask questions. This was confirmed with the nine residents questioned. One of the residents identified as blind, he related that the staff read him the PREA information when he first arrived, and other staff checked with him to ensure he had the education.</p> <p data-bbox="280 1738 1458 1859">During the facility tour, I confirmed the key information is readily available to the residents through posters located throughout the facility. These posters are in both English and Spanish.</p> <p data-bbox="280 1895 1465 2016">The agency is not only providing the information to the residents but also providing an in-person overview with a video which far exceeds the requirements of the standard.</p> <p data-bbox="280 2051 1477 2087">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic</p>

	<p>evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a)(b)(c) The agency is not responsible for the administrative or criminal investigations of sexual abuse and sexual harassment incidents. These investigations are initially responded to at the facility level; the facility would immediately notify the Office of Special Investigations New York State Department of Corrections and Community Supervision. The investigation would be conducted by the investigators in the Office of Special Investigations New York State Department of Corrections and Community Supervision, and/or the New York State Police. If an incident required, an emergency response the Suffolk County Police Department would respond. These investigators are sworn law enforcement officers and are highly trained in evidence collection and identification.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection(a)(b)(c)(d) The agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facility.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 414 619 448">Pre-Audit Questionnaire</p> <p data-bbox="280 488 783 521">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 562 804 595">PREA Risk Screen Forms (completed)</p> <p data-bbox="280 698 1474 943">Subsection (a)(b)(c)(d)(e)(f) The policy outlines the procedure to conduct screenings within 72 hours for all residents that enter the facility. The agency utilizes the Prison Rape Elimination Act Risk Screening Form- Male Facility, which is an objective screening instrument developed to identify residents that are at high-risk for victimization or abusiveness. The Prison Rape Elimination Act Risk Screening Form- Male Facility considers at a minimum:</p> <ul data-bbox="280 981 1461 1742" style="list-style-type: none"> • whether the resident has a mental, physical, or developmental disability; • the age of the resident; • the physical build of the resident; • whether the resident has previously been incarcerated; • whether the resident’s criminal history is exclusively nonviolent; • whether the resident has prior convictions for sex offenses against a child or an adult; • whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; • whether the resident has previously experienced sexual victimization; • the resident’s own perception of vulnerability; and • whether the resident is detained solely for civil immigration purposes. <p data-bbox="280 1780 1474 2063">The screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, to assist assessing residents. The screening at the facility is conducted by specific staff. During the interviews they stated that they would see the resident either upon arrival or the next day if they come in after they are gone. The normal process is to bring the resident to an office and conduct the screening with them in private.</p>

Subsection (f) During the audit it was found that the second assessment was not being conducted between 20 and 30 days. A corrective action plan was put into place, the facility has rescreened all the current residents, and are following the policy. During the interview with the PREA Coordinator I verified that all second assessments were taking place, the facility has also submitted the assessments for all residents who were assessed during the corrective action period.

Subsection (g) The staff stated that a resident would be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. They further confirmed that they had not assessed a resident under any of these conditions in the past 12 months.

Subsection (h) The policy prohibits disciplining any resident for refusing to answer, or for not disclosing complete information in response to questions asked during the screening. The PREA Coordinator confirmed they had not disciplined anyone for not answering the questions on the screenings.

Subsection (i) The agency has implemented controls on the completed Prison Rape Elimination Act Risk Screening Form- Male Facility. The Prison Rape Elimination Act Risk Screening Form- Male Facility is stored in a secure office. I confirmed with the staff at the facility that general staff do not have access to the information.

During the resident interviews I confirmed they were screened during the intake process.

I reviewed the completed screenings for all the residents. All files reviewed indicated that the residents had been screened within 72 hrs.

During the staff interviews I confirmed that they meet everyone almost daily. During these meetings they conduct a status check on the resident which includes any issues and overall safety.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.242	Use of screening information
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 647 376">Documentation reviewed:</p> <p data-bbox="280 416 619 452">Pre-Audit Questionnaire</p> <p data-bbox="280 488 783 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 560 804 595">PREA Risk Screen Forms (completed)</p> <p data-bbox="280 698 1465 981">Subsection (a)(b) The Policy outlines the procedure to utilize the information received from the PREA Risk Screen Forms to inform housing, bed placement, work, education, and program assignments with the goal of keeping separate those inmates at high risk for being sexually victimized from those at high risk of being sexually abusive. During the interviews with the staff, they stated that these decisions are made on an individualized basis. They could assign the residents to rooms that are closer to the staff to ensure the resident is monitored closely.</p> <p data-bbox="280 1021 1477 1429">Subsections (c)(d)(e)(f) The policy states that the agency considers on a case-by-case basis whether a placement would ensure the health and safety of all impacted residents and whether the placement or accommodation could potentially present management or security problems when housing a transgender or intersex resident in an area that is consistent with the residents gender identity and in making other privacy, housing, and programming assignments. The PREA Coordinator related that the transgender or intersex resident's own views with respect to his or her own safety would be given serious consideration. He also confirmed that residents are given the opportunity to shower alone, all bathrooms are single occupancy. This was confirmed during the facility tour.</p> <p data-bbox="280 1469 1406 1671">During interviews I confirmed the procedures outlined above. As per policy, the agency does not place transgender or intersex residents in dedicated facilities, units, or wings solely based on such identification or status, unless such a placement is in connection with a consent decree, legal settlement, or legal judgment for the purposes of protecting such residents.</p> <p data-bbox="280 1711 1414 1823">During the PREA Coordinator interview, I confirmed the agency is not under any legal action or consent decrees. I confirmed that the facility can safely house transgender or intersex residents.</p> <p data-bbox="280 1863 1477 2110">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.251	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 647 376">Documentation reviewed:</p> <p data-bbox="280 416 619 452">Pre-Audit Questionnaire</p> <p data-bbox="280 488 785 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 560 488 595">Public Website</p> <p data-bbox="280 631 528 667">Posters in Facility</p> <p data-bbox="280 775 1469 972">Subsection (a) and (b) The agency policy outlines multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents, including:</p> <ol data-bbox="280 1012 1126 1187" style="list-style-type: none"> <li data-bbox="280 1012 852 1048">1. Reporting to any staff member <li data-bbox="280 1084 944 1120">2. Reporting by mail to an outside party <li data-bbox="280 1155 1126 1191">3. Reporting to the to the Office of Inspector General <p data-bbox="280 1227 1477 1303">The policy further states that reports may be made verbally, in writing, anonymously, or from a third party. Staff will promptly document any verbal reports.</p> <p data-bbox="280 1339 1469 1626">The agency also informs residents that they may report abuse or harassment to the Suffolk County Police Department, to any Department of Corrections and Community Supervision official, to the Office of Special Investigations, or to any other public or private entities that are not part of the agency and that are able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.</p> <p data-bbox="280 1662 1469 1823">The reporting information is also posted throughout the facility. During the staff and resident interviews, I confirmed that they are familiar with the reporting avenues and understood how to report. They further understood that the reports could be made anonymously and through a third party.</p> <p data-bbox="280 1859 1477 2020">It should be noted that all residents have access to a no recorded telephone in the facility, as well as personal cellular telephones. The residents have access to these 24 hrs. a day 7 days a week. During the audit the telephone was checked and found to be functional and could call the number for the external reporting source.</p> <p data-bbox="280 2056 1374 2092">Subsection (c): Policy requires all staff to accept and document reports made</p>

verbally, in writing, anonymously, and from uninvolved parties. The procedure further requires staff to promptly forward the information to the facilities director. All reports are immediately documented and retained. The staff understood the requirements under the policy, and all stated that they would notify the facility director.

Subsection (d): Staff are trained during the PREA Training and the update training, that they have the option to privately report an allegation of sexual abuse, sexual harassment, or retaliation by contacting the PREA Coordinator, Program Director, or may report abuse or harassment to the Human Resources Department.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>The agency does not have administrative procedures to address resident grievances regarding sexual abuse. It should be noted that sexual abuse in New York State is a criminal act and subject to a criminal investigation, and legally cannot be handled by a grievance system. If a grievance was filed for sexual abuse, it would immediately be removed from the grievance system and reported to the Office of Special Investigations New York State Department of Corrections and Community Supervision, and/or the New York State Police. If an incident required, an emergency response the Suffolk County Police Department would respond.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a)(b) PREA Policy Pathways Renewed Inc. outlines the facility’s obligation to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. The staff would ensure that residents are offered and provided with access to outside victim advocates for emotional support services related to sexual abuse, they will inform residents prior to giving them access 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. During his interview, the PREA Coordinator stated that the contact information for ECLI is posted in the facility. The residents can utilize their personal cellular telephones, the house telephone, which is not recorded, and they can also leave during the day to see an advocate at ECLI. There are no restrictions on when the residents can contact ECLI. I confirmed with a supervisor at ECLI that they operate 24 hrs. a day 7 days a week.</p> <p>Subsection (c) The agency has attempted to obtain an MOU for victim advocacy with ECLI who provide victim advocacy. I contacted ECLI and was informed that no agreement is necessary; they will provide the services if requested. Under New York State Law if a victim is brought to the hospital for a SANE examination, the examination and victim advocacy is automatically provided. They also related that their services are offered to the residents at the facility free of charge.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Agency website</p> <p>New York State Corrections and Community Supervision website</p> <p>Subsection (a) The agency has established third-party reporting methods in policy; these methods allow residents to report for other residents and outside individuals to report. The agency and the New York State Corrections and Community Supervision websites further instruct third parties on how to report. This was confirmed by viewing the agencies website as well as reviewing the posted information at the facility. This information is located at the main entrance of the facility and can be viewed upon entry into the facility. The information is clear and concise and provides the third-party reporting information for any third party individual.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 416 619 450">Pre-Audit Questionnaire</p> <p data-bbox="280 490 783 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 629 1453 954">Subsection (a) Policy requires that all staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in this facility; any retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The appropriate staff must file a report as required by facility procedures. All interviewed staff understood the responding duties, and all stated that they would immediately contact the PREA Coordinator and report the incident.</p> <p data-bbox="280 994 1477 1234">Subsection (b) All interviewed staff understood that apart from reporting to designated supervisors or agency officials, staff shall not reveal 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. The interviewed staff confirmed that they would not divulge the information to anyone unless they needed to know about the incident.</p> <p data-bbox="280 1274 1378 1308">Subsection (c) The facility does not have any medical nor mental health staff.</p> <p data-bbox="280 1348 1453 1420">Subsection (d) The facility does not house nor have contact with anyone under the age of 18.</p> <p data-bbox="280 1460 1469 1785">Subsection (e) I confirmed through interviews that when learning of an allegation of sexual abuse, sexual harassment, including third party and anonymous reports, the PREA Coordinator or designee is required to notify the New York State Corrections and Community Supervision for action and investigation. If staff are unsure whether an allegation being made is related to sexual abuse or sexual harassment, the information is still forwarded to New York State Corrections and Community Supervision for review. During interviews I confirmed that all allegations of sexual abuse and sexual harassment would be forwarded for investigation.</p> <p data-bbox="280 1825 1477 2065">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a) Policy dictates that when staff become aware that a resident is subject to substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the resident. First responders are also required to take preliminary steps to protect the alleged victim and possible evidence.</p> <p>During the facility interviews I confirmed with the staff that they would immediately take the resident to a safe area away from the other residents. The PREA Coordinator confirmed that they can make housing changes if the situation dictates and discharge any resident from the program who is a possible threat to other residents.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a)(b)(c)(d) Policy states that upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the PREA Coordinator shall be notified and then alert a DOCCS Reentry Manager. DOCCS officials will be responsible for alerting the facility where the alleged abuse or harassment occurred and ensuring that the allegation is investigated in accordance with DOCCS standards. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The program shall document that it has provided such notification to a DOCCS official.</p> <p>During staff interviews, it was confirmed that the above procedures would be followed. The PREA Coordinator confirmed that if they received a report under these circumstances, they would follow the policy and immediately report the incident for investigation.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a)(b) The policy states that upon learning of an allegation that a resident was sexually abused, the first NYSDOCCS staff member to respond to the report shall be required to:</p> <ul style="list-style-type: none"> · Separate the alleged victim and abuser; · Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; · If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and · If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. <p>If the first staff responder is not a NYSDOCCS staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify NYSDOCCS staff.</p> <p>During the interviews, all staff indicated that they would make the residents safety their priority and follow the policy.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed: Pre-Audit Questionnaire PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a) The facility responding plan which is outlined in policy was reviewed during the pre-audit. The plan includes first responder duties, PREA Coordinator responsibilities, investigators, local law enforcement, and community providers. The PREA Coordinator stated that he or a designated staff would immediately notify the DOCCS Reentry Manager and in an emergency the Suffolk County Police Department. The plan coordinates the efforts of the community providers who would provide a sane examination and victim advocacy.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>I confirmed during interviews that the agency has not entered into any collective bargaining agreement. The Administration confirmed they can remove an alleged abuser from having contact with an alleged victim during the investigation process.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 414 619 448">Pre-Audit Questionnaire</p> <p data-bbox="280 488 783 521">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 562 807 595">Retaliation Monitoring Form Resident</p> <p data-bbox="280 636 751 669">Retaliation Monitoring Form Staff</p> <p data-bbox="280 772 1449 891">Subsection (a)(b)(c)(d)(e)(f) The policy outlines the agency's duties in protecting residents and staff against retaliation for reporting an incident or cooperating with an investigation of sexual abuse or sexual harassment. The policy states that:</p> <p data-bbox="280 927 1465 1126">Pathways Renewed Inc, will identify, secure and protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="280 1164 1433 1366">Pathways Renewed Inc will 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.</p> <p data-bbox="280 1404 1469 1774">For at least 90 days following a report of sexual abuse, Pathways Renewed Inc, will monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items Pathways Renewed Inc will monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Pathways Renewed Inc will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="280 1812 1442 1845">In the case of residents, such monitoring shall also include periodic status checks.</p> <p data-bbox="280 1883 1437 2002">If any other individual who cooperates with an investigation expresses a fear of retaliation, Pathways Renewed Inc, will take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="280 2040 1369 2074">Pathways Renewed Inc, obligation to monitor will terminate if the NYSDOCCS</p>

Contract Oversight Specialist determines that the allegation is unfounded.

The PEA Coordinator indicated that they would utilize either the Retaliation Monitoring Form Resident or Retaliation Monitoring Form Staff, whichever is appropriate. The Facility has not had any incidents during the auditing period where monitoring needed to take place. The PREA Coordinator understood his responsibilities under the policy.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a) Policy dictates that every report, complaint, or allegation of sexual abuse and sexual harassment, including uninvolved parties and anonymous reports, shall be investigated promptly, thoroughly, and objectively. During the staff interviews, I confirmed that all allegations are reported and investigated. The allegations are reported to the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police. These investigators are highly trained in evidence collection and identification. During the staff interviews, I confirmed that anonymous and third-party reports are investigated in the same thorough manner.</p> <p>Subsection (b)(c) The agency uses investigators who have received specialized training in sexual abuse investigations when an incident of sexual abuse is alleged. The interviewed investigator from the Office of Special Investigations, confirmed they receive the PREA training, as well as the investigator's training as outlined in standard 115.234. They further confirmed that as per policy they would gather and preserve direct and circumstantial evidence such as DNA and electronic monitoring data, interview alleged victims, suspected abusers, and witnesses, and review prior complaints of sexual harassment and report of sexual abuse involving the suspected abuser.</p> <p>Subsection (d) Policy states that if the evidence appears to support a criminal prosecution, compelled interviews will be conducted. These interviews would be conducted by the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police.</p> <p>Subsection (e) The policy confirms that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. The policy further stated that the agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition of proceeding with the investigation.</p> <p>Subsection (f) Policy requires investigators to try to determine whether staff actions or failures to act contributed to the abuse. At the conclusion of the investigation, an Investigative Summary is completed and includes a description of the allegation, a detailed description of the reviewed video or other electronic monitoring data which articulates how the allegation was supported or not supported, and a conclusion</p>

that articulates how the victim's allegation was determined to be credible or not credible and how the evidence supports this determination. This includes descriptions of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings are included. The Investigative Summary includes statements of the victim, witnesses, and abuser, video evidence, and police reports, if available, and how the evidence supports the findings.

Subsection (g) The Criminal Investigations are documented in a report which includes a thorough description of the physical, testimonial, legal documents, and copies of all documentary evidence where feasible. These reports are created by the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police.

Subsection (h) Allegations of sexual abuse are referred to the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police. who will then refer the investigation to the prosecutor.

Subsection (i) Policy indicates that the investigating agency will securely maintain PREA investigation files, including criminal and administrative agency investigative reports for as long as the alleged abuser is incarcerated or employed plus five additional years.

Subsection (j) Policy states that if the alleged abuser or victim departs from employment or control of the facility or agency, the investigation will not be terminated. Interviews confirmed if an alleged abuser submits resignation from employment, the investigation will continue. If the victim leaves the facility, the investigator will make every effort to interview the alleged victim prior to departure or will make efforts to contact the alleged victim wherever the victim is.

Subsection (l) When an allegation is investigated by the Office of Special Investigations New York State Department of Corrections and Community Supervision, and the New York State Police the agency will maintain regular contact with the criminal investigator for updates and progress, to request a copy of the investigative information to be included in the agency investigative file, and request notification of the outcome of the investigation to notify the alleged victim.

These practices were confirmed through interviews with the Office of Special Investigations investigator and the PREA Coordinator. The facility has had only one reported allegation during the auditing period, this investigation is still ongoing.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Agency policy states that no standard higher than a preponderance of the evidence shall be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated. During the interview with the Office of Special Investigations New York State Department of Corrections and Community Supervision investigator I confirmed they use this standard. This was further confirmed during the review of the policies.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 416 619 450">Pre-Audit Questionnaire</p> <p data-bbox="280 490 783 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 564 692 598">Notification to Resident Form</p> <p data-bbox="280 701 1469 860">Subsection (a) New York State Corrections and Community Supervision policy states that following an investigation of a resident’s allegation of sexual abuse or sexual harassment the agency will notify the resident whether the allegation is found to be substantiated, unsubstantiated, or unfounded. This notification will be in writing.</p> <p data-bbox="280 900 1453 1059">Subsection (b) If a law enforcement agency conducts the investigation, the agency will request the relevant information from the investigating agency in order to inform the resident of the outcome of the criminal investigation. This information will be provided by the New York State Corrections and Community Supervision.</p> <p data-bbox="280 1099 1465 1214">Subsection (c) Following a resident’s allegation that a staff committed sexual abuse against a resident, the agency is responsible for informing the resident when the following occurs:</p> <ul data-bbox="280 1252 1453 1585" style="list-style-type: none"> a) The staff member is no longer posted within the resident’s unit; b) The staff member is no longer employed at the facility; c) The agency learns the staff member has been criminally charged related to sexual abuse or sexual harassment within the facility; or d) The agency learns that the staff member has been convicted on a charge related to sexual abuse or sexual harassment within the facility. <p data-bbox="280 1626 1465 1695">This information will be provided by the New York State Corrections and Community Supervision.</p> <p data-bbox="280 1736 1469 1939">Subsection (d) Following a resident’s allegation of sexual abuse by another resident, the New York State Corrections and Community Supervision will inform the victim when the facility learns the alleged abuser has been criminally charged related to the sexual abuse within the facility or when the agency learns that the abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="280 1980 1481 2094">Subsection (e) The New York State Corrections and Community Supervision uses a standard format. The residents sign the notification as a receipt indicating they were notified of the outcome of the investigation.</p>

Subsection (f) The obligation to report the results of the investigation to the alleged victim terminates if the alleged resident victim is released from custody.

During interviews I confirmed that the notifications would be made through the New York State Corrections and Community Supervision and documented as per policy. If this was not done the agency would utilize the Notification to Resident form to notify the resident of the investigation outcome.

No incidents of sexual abuse or sexual harassment have been alleged or investigated at the facility during the past 12 months where a notification to a resident was made.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.276	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a)(b)(c)(d) The policy states that:</p> <ol style="list-style-type: none"> 1. Staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies. 2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 3. Disciplinary sanctions for violations of the agency’s sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be 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. 4. All terminations for violations of sexual abuse and sexual harassment policies, or resignations by staff who would have otherwise been terminated, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. <p>The facility has not had a staff member subject to disciplinary action for sexual abuse or sexual harassment. This was confirmed during interviews.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a)(b) Policy states that:</p> <ol style="list-style-type: none"> 1. Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from entry to the facility or program and shall be reported to law enforcement (unless the activity was clearly not criminal) and to any relevant licensing bodies. 2. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any violation of sexual abuse or sexual harassment policies by a contractor or volunteer. <p>I confirmed during interviews that the facility has not had a contractor or volunteer reported to law enforcement or relevant licensing bodies for allegations of sexual abuse. The staff confirmed that if a contractor, or volunteer was alleged to have engaged in sexual abuse or sexual harassment of residents, they would not be allowed to enter the facility nor have contact with residents.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 414 619 448">Pre-Audit Questionnaire</p> <p data-bbox="280 488 783 521">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 629 975 663">Subsection (a)(b)(c)(d)(e)(f)(g) Policy states that:</p> <ol data-bbox="280 703 1485 1917" style="list-style-type: none"> <li data-bbox="280 703 1485 857">1. Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative and/or criminal finding that the resident engaged in resident-on-resident sexual abuse or resident-on-resident sexual harassment. <li data-bbox="280 898 1485 1014">2. Sanctions shall be 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. <li data-bbox="280 1055 1485 1171">3. The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. <li data-bbox="280 1211 1485 1413">4. The program may refer the resident to various levels of counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and shall consider whether to require the offending resident to participate in such interventions as a condition of continued access to programming, residence, or other benefits. <li data-bbox="280 1453 1485 1525">5. The program may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. <li data-bbox="280 1565 1485 1720">6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. <li data-bbox="280 1760 1485 1917">7. The program prohibits all consensual sexual activity between residents and will discipline residents for such activity. However, according to PREA, Pathways Renewed may not deem such activity to constitute sexual abuse if it determines that the activity was not coerced. <p data-bbox="280 1957 1485 2074">The facility has not disciplined any resident for sexual abuse or sexual harassment within the past 12 months. The discipline process was confirmed through staff interviews.</p>

<p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Subsection (a) Policy dictates that alleged victims of sexual abuse shall 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. The policy further requires staff to ensure the alleged sexual abuse victim is provided access to a forensic medical examination and mental health evaluation. The staff indicated that they would notify law enforcement via 911 if the alleged victim requires emergency medical treatment and ensures the alleged victim is provided access to a forensic medical examination. All health care is provided to community correctional center residents in the community. The victim would be transported to Stony Brook University Hospital for treatment. I contacted a supervisor at Stony Brook University Hospital and verified that the services would be provided and are at no cost to the victim.</p> <p>Subsection (b) Policy directs staff first responders to take preliminary steps to protect the alleged victim if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made. The facility utilizes Stony Brook University Hospital for forensic examinations; the Supervisor at the hospital indicated that a Sexual Assault Nurse Examiner is always available. She further confirmed that the hospital would contact ECLI to ensure a victim advocate was available to the victim.</p> <p>Subsection (c) Policy dictates that all alleged victims of sexual abuse are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. The supervisor at Stony Brook University Hospital confirmed that this is provided to all victims of sexual assault.</p> <p>Subsection (d) The Survivors Bill of Rights was passed in December 2018 by New York State. The bill provides every patient the right for law enforcement investigation, medical care, victims services, advocacy services, and District Attorney’s services. The State also does not require a victim of sexual assault to cooperate with law enforcement or prosecution for the examination to be paid for. The supervisor at Stony Brook University Hospital confirmed that victims of sexual assault receive services without cost to the victim. They also confirmed that victims are not required to cooperate with an investigation to receive an examination and</p>

treatment.

During staff interviews I confirmed that the services would be offered as per the policy. No examinations have taken place during the auditing period.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.283	<p data-bbox="277 107 1469 197">Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="277 232 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="277 309 580 347">Auditor Discussion</p> <p data-bbox="277 385 647 423">Documentation reviewed:</p> <p data-bbox="277 459 619 497">Pre-Audit Questionnaire</p> <p data-bbox="277 533 783 571">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="277 674 1453 875">Subsection (a) Policy requires the facility to offer medical and mental health evaluation and if appropriate, treatment to all residents who have allegedly been victimized by sexual abuse in any prison jail, lock up, or juvenile facility. In Community Corrections Centers, residents receive medical and mental health care in the community. Residents are notified of services available in the community.</p> <p data-bbox="277 911 1474 1113">Subsection (b) Ongoing medical and mental health treatment is available for residents who have been allegedly victimized by sexual abuse. This includes appropriate follow-up services, treatment plans, and as necessary referrals for continued care following the residents transfer to another facility or released. These services are also provided in the community.</p> <p data-bbox="277 1149 1453 1267">Subsection (c) Policy states that the facility is required to provide alleged victims with medical and mental health services consistent with the community level of care. These services would be provided to residents through community providers.</p> <p data-bbox="277 1303 1064 1341">Subsection (d) and (e) The facility is an all-male facility.</p> <p data-bbox="277 1377 1415 1496">Subsection (f) Policy dictates that all alleged victims of sexual abuse are offered testing for sexually transmitted infections. This was further confirmed with the supervisor Stony Brook University Hospital.</p> <p data-bbox="277 1532 1477 1733">Subsection (g) The Survivors Bill of Rights dictates treatment services are provided to alleged victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Victims are provided services at no cost and are not required to file a report or consent to the rape kit being tested.</p> <p data-bbox="277 1769 1481 1888">Subsection (h) The policy requires an attempt to provide a mental health evaluation to be conducted on abusers within 60 days of learning of the abuse history and offer treatment when deemed appropriate.</p> <p data-bbox="277 1924 1415 2042">During staff interviews I confirmed that the services would be offered as per the policy, they stated they would utilize ECLI for the follow up victim advocacy and counseling if needed. I confirmed with ECLI that they provide these services.</p> <p data-bbox="277 2078 1477 2116">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic</p>
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	<p>evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>
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115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 416 619 450">Pre-Audit Questionnaire</p> <p data-bbox="280 490 783 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 564 584 598">Incident Review Form</p> <p data-bbox="280 701 1473 902">Subsection (a)(b) Policy dictates that at the conclusion of every sexual abuse investigation, whether substantiated or unsubstantiated, the facility will conduct a Sexual Abuse Incident Review. This review should take place within 30 working days of notice the investigation was deemed satisfactory. During the auditing period no allegations of sexual abuse or sexual harassment have occurred at the facility.</p> <p data-bbox="280 943 1473 1055">Subsection (c) Policy dictates the review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="280 1095 1059 1128">Subsection (d) Policy states that the review team shall:</p> <ul style="list-style-type: none"> <li data-bbox="280 1169 1406 1247">a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; <li data-bbox="280 1288 1414 1400">b) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, or by other group dynamics at the facility; <li data-bbox="280 1440 1437 1518">c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; <li data-bbox="280 1559 1442 1592">d) Assess the adequacy of staffing levels in the area during different shifts; <li data-bbox="280 1632 1461 1711">e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and <li data-bbox="280 1751 1417 1863">f) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs 4.a-4.e of this section and any recommendations for improvement. <p data-bbox="280 1904 1074 1937">The review is documented on the Incident Review Form.</p> <p data-bbox="280 1977 1453 2056">Subsection (e) Policy states that the facility shall implement the recommendations for improvement or shall document reasons for not doing so.</p>

Subsection (f) The Department of Justice has not requested the data from the agency.

The interviewed staff understood their obligations under the policy. No reviews have taken place during the auditing period.

Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.

115.287	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 647 376">Documentation reviewed:</p> <p data-bbox="280 416 619 452">Pre-Audit Questionnaire</p> <p data-bbox="280 488 785 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 627 1484 743">Subsection (a) Policy directs the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under the direct control of the agency, using a standardized instrument and set of definitions.</p> <p data-bbox="280 784 1423 945">Subsection (b) Policy dictates that the agency is responsible for reviewing data collected and to aggregate the data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</p> <p data-bbox="280 981 1452 1223">Subsection (c) The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The information included in the Survey would be included in the PREA reports submitted by the investigator. The facility has not had any PREA related investigations where the data has been collected.</p> <p data-bbox="280 1258 1461 1420">Subsection (d) Policy indicates that all data be maintained, reviewed, and collected as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. All data is stored electronically.</p> <p data-bbox="280 1456 1398 1491">Subsection (e) The agency does not contract for the housing of their residents.</p> <p data-bbox="280 1527 1382 1608">Subsection (f) The Department of Justice has not requested the data from the agency.</p> <p data-bbox="280 1644 1471 1850">The facility has not had any incidents where data would need to be collected. All data from the facility would be included in the New York State Corrections and Community Supervision annual PREA report since all residents are confined through them and all investigations are conducted through the New York State Corrections and Community Supervision. The facility also creates its own data report.</p> <p data-bbox="280 1886 1481 2092">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information</p>

	received during the interviews.
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115.288	Data review for corrective action
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 647 374">Documentation reviewed:</p> <p data-bbox="280 416 619 450">Pre-Audit Questionnaire</p> <p data-bbox="280 490 783 524">PREA Policy Pathways Renewed Inc.</p> <p data-bbox="280 564 453 598">Data Report</p> <p data-bbox="280 701 1453 815">Subsection (a) The agency is responsible for reviewing data collected and annually aggregating the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training by:</p> <ul data-bbox="280 855 1442 1072" style="list-style-type: none"> <li data-bbox="280 855 775 889">• identifying problem areas <li data-bbox="280 929 1038 963">• taking corrective action on an ongoing basis <li data-bbox="280 1003 1442 1072">• preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. <p data-bbox="280 1113 1477 1227">The staff confirmed that incident-based data would be collected and used to identify a trend and areas of concern to address specific problems or address issues through training. An annual report would be prepared and include corrective action.</p> <p data-bbox="280 1267 1378 1382">Subsection (b) As per policy, the annual report includes comparison data and corrective actions for the current year with those from previous years, and an assessment of the agencies progress in addressing sexual abuse.</p> <p data-bbox="280 1422 1430 1491">Subsection (c) As per policy the agency’s report shall be approved by Pathways Renewed Inc, head and made readily available to the public through the website.</p> <p data-bbox="280 1532 1481 1691">Subsection (D) Policy states that specific identifying information shall be redacted so that no individual is identifiable. The agency may also redact specific material from the reports when publication would present a clear and specific danger to a facility but must indicate the nature of the material redacted</p> <p data-bbox="280 1731 1469 1935">The facility has not had any incidents where data would need to be collected. All data from the facility would be included in the New York State Corrections and Community Supervision annual PREA report since all residents are confined through them and all investigations are conducted through the New York State Corrections and Community Supervision. The facility also creates its own data report.</p> <p data-bbox="280 1975 1477 2089">Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This</p>

	assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews
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115.289	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>PREA Policy Pathways Renewed Inc.</p> <p>Data Report Subsection (a) Policy requires PREA data collected to be securely retained by the agency and the New York State Corrections and Community Supervision.</p> <p>Subsection (b) (c) The policy indicates that the agency shall make all aggregated sexual abuse data information available to the public. Specific identifying information collected for reporting purposes shall be redacted so no individual is identifiable or if publication would present a clear and specific danger to the facility. The nature of the redaction must be indicated. The staff confirmed that incident-based data would be collected and compiled in an annual report.</p> <p>Subsection (d) As per policy collected PREA data is retained for a period of no less than ten years after the date of the initial collection unless federal, state, or local law requires otherwise.</p> <p>The facility has not had any incidents where data would need to be collected. All data from the facility would be included in the New York State Corrections and Community Supervision annual PREA report since all residents are confined through them and all investigations are conducted through the New York State Corrections and Community Supervision. The facility also creates its own data report.</p> <p>Upon completion of the Pre-Audit and Onsite Audit phases, I conducted a systematic evidence review of the information obtained during the audit process. I utilized the Compliance Tool as a guide to ensure that all aspects of the standard were met. This assurance was made by a triangulation of the policies and documentation reviewed, my personal observations during the onsite audit, and through the information received during the interviews.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Subsection (a)(b) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency has ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. This was verified by reviewing the audit reports. This is the only facility the agency operates that conducts a PREA Audit.</p> <p>Subsection (h) During the audit process I had access to all areas of the audited facilities.</p> <p>Subsection (i) I received copies of all relevant documents associated with the audit process.</p> <p>Subsection (m) During the onsite audit I conducted private interviews with residents.</p> <p>Subsection (n) Residents and Staff were permitted to send me confidential information or correspondence.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Subsection (f) All final audit reports are available to the public on the agency website.

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 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.)	na
	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 staffing patterns?	yes
	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.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
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, 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 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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	no

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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 interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

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 contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

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.)	na
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.)	na
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 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.)	na

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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
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 services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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).	na
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 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

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 (c)	Resident education	
	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)).	na

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)).	na
	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)).	na
	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)).	na
	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)).	na
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).)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na

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.)	na
	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.)	na
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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

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	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
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 third parties?	yes
	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.	yes

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.)	na
	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.)	na
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.)	na
	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.)	na
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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 exempt from this standard.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
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.)	na

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 actions that could destroy physical evidence, and then notify security staff?	yes
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 of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

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).)	na
	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).)	na
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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
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 (b)	Disciplinary sanctions for staff	
	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 facility?	yes
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.)	na
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.)	na
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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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 and security of a facility?	yes
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