

# PREA Facility Audit Report: Final

**Name of Facility:** Southeast Missouri Behavioral Health Aquinas Campus

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 03/09/2023

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"/>
<b>Auditor Full Name as Signed:</b> Bryan Pearson	<b>Date of Signature:</b> 03/09/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Pearson, Bryan
<b>Email:</b>	bryan@pearsongroupllc.com
<b>Start Date of On-Site Audit:</b>	01/17/2023
<b>End Date of On-Site Audit:</b>	01/18/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Southeast Missouri Behavioral Health Aquinas Campus
<b>Facility physical address:</b>	5536 Missouri 32 , Farmington , Missouri - 63640
<b>Facility mailing address:</b>	PO Drawer 459, Farmington, Missouri - 63640

<b>Primary Contact</b>	
<b>Name:</b>	Jeffrey A. Burgert
<b>Email Address:</b>	jburgert@semobh.org
<b>Telephone Number:</b>	573-915-2631

<b>Facility Director</b>	
<b>Name:</b>	Jennifer Pecorella
<b>Email Address:</b>	jpecorella@semobh.org
<b>Telephone Number:</b>	573-218-2012

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	104
<b>Current population of facility:</b>	82
<b>Average daily population for the past 12 months:</b>	69
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	20-80
<b>Facility security levels/resident custody levels:</b>	Residential
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	65
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	4
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Southeast Missouri Behavioral Health
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	5536 Missouri 32, Farmington , Missouri - 63640
<b>Mailing Address:</b>	PO Drawer 459, Farmington, Missouri - 63640
<b>Telephone number:</b>	5737565749

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Cathy Schroer
<b>Email Address:</b>	cschroer@semobh.org
<b>Telephone Number:</b>	573-756-5749

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Jeffrey Burgert	<b>Email Address:</b>	jburgert@semobh.org

<b>SUMMARY OF AUDIT FINDINGS</b>	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
1	<ul style="list-style-type: none"> <li>• 115.231 - Employee training</li> </ul>
<b>Number of standards met:</b>	
40	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-17
2. End date of the onsite portion of the audit:	2023-01-18

### 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>SMBH provided a letter from Southeast Missouri Family Violence Center that states SMFVC will provide services to any victim of sexual violence in their area. This auditor contacted Southeast Missouri Family Violence Center to confirm they would provide victim services for residents at SMBH, however they have not been contacted in the last year. They indicated SEMOFVC would also provide services if a resident went to the Parkland Hospital for a forensic examination.</p>

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	104
15. Average daily population for the past 12 months:	69
16. Number of inmate/resident/detainee housing units:	2

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></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><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p style="text-align: center;">74</p>
<p><b>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:</b></p>	<p style="text-align: center;">0</p>
<p><b>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:</b></p>	<p style="text-align: center;">0</p>
<p><b>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:</b></p>	<p style="text-align: center;">0</p>
<p><b>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:</b></p>	<p style="text-align: center;">0</p>

<b>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:</b>	0
<b>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:</b>	2
<b>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:</b>	1
<b>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:</b>	0
<b>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:</b>	7
<b>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:</b>	0

<p><b>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):</b></p>	<p>The facility was only tracking transgender residents. The staff that conduct risk screening had to review the assessments for the current population to determine who identified as LGB or were gender non-conforming, prior victim, disabled. This provided a list for interviews from the process that this information comes from. The one resident that identified as transgender was not available for interview during the onsite audit due to being on a temporary leave to the hospital.</p>
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**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

<p><b>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:</b></p>	<p>65</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>SMBH does not utilize volunteers and does not have contract staff assigned to the facility.</p>

# INTERVIEWS

## Inmate/Resident/Detainee Interviews

### Random Inmate/Resident/Detainee Interviews

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
<b>If "Other," describe:</b>	The selection of residents was random based on housing, gender and who was at the facility as most residents are at work. SMBH has both male and female residents. Given that male and female residents utilize the dining facility simultaneously, there was an intentional oversampling of interviews for female residents. Nearly all female residents were interviewed.
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The selection of residents for interview was mostly based on availability (not at work), gender and housing unit. however, the sample was equally represented with half being black residents and half being white residents.

<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	8
<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>	
<b>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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>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).</b></p>	<p>I believe this information was accurate based on the small size of the population, no residents disclosed being disabled during interviews and none were observed during the tour.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>I believe this information was accurate based on the small size of the population and no residents disclosed having a cognitive or functional disability during interviews.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>I believe this information was accurate based on the small size of the population and no residents disclosed being blind or having low vision during interviews.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>I believe this information was accurate based on the small size of the population and no residents disclosed being deaf or hard of hearing during interviews.</p>
<p><b>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:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>I believe this information was accurate based on the small size of the population and no residents presented as limited English proficient during interviews.</p>
<p><b>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:</b></p>	<p>2</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>I believe this information was accurate based on the residents that reported sexual abuse in the case files not being on the resident list provided on the first day of the onsite audit and no residents disclosed reporting sexual abuse while at SMBH during interviews.</p>
<p><b>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:</b></p>	<p>7</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>SMBH does not have segregation.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
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## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>
<p><b>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):</b></p>	<p>SMBH has a small number of staff on each shift. This impacted the selection of staff for random interviews based on if they were at the facility. The facility did a great job of relieving staff to make them available for interviews.</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.

<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>7</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p>

**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

	<input checked="" type="checkbox"/> Intake staff  <input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>The standard for unannounced rounds by intermediate supervisors does not apply to community confinement facilities.</p> <p>Due to the small number of staff at SMBH, many some staff were interviewed for more than one specialized interview category.</p> <p>SMBH does not have volunteers, contract staff, medical staff or mental health staff.</p>

# 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.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:</b></p>	<p>No text provided.</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>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).</b></p>	<p>No text provided.</p>

## 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 of the resident documents (education, assessment) were provided from a random selection from the resident list prior to the onsite audit. All of the documents for standard 115.217, 115.215, 115.231 were provided for all of the random staff interviewed. Documentation of rounds was provided for dates randomly selected by this auditor.

## 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
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	0	0	1

**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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

# Sexual Abuse and Sexual Harassment Investigation Outcomes

## Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	1	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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

## Staff-on-inmate sexual abuse investigation files

<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

## Sexual Harassment Investigation Files Selected for Review

<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	There were no reports of sexual harassment during the review period.
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

## Inmate-on-inmate sexual harassment investigation files

<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<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 harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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 harassment investigation files)

## Staff-on-inmate sexual harassment investigation files

<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)

<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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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<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	There were 3 investigation files provide for review that were not an incident of sexual abuse or sexual harassment based on the definitions in the PREA standards.
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<b>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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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### Non-certified Support Staff

<b>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.</b>	<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.

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 6 contains the following zero-tolerance statement “Southeast Missouri Behavioral Health mandates zero tolerance toward all forms of sexual abuse and sexual harassment. Sexual abuse of an offender and sexual harassment of an offender are prohibited.” The policy provides details to the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>All staff and residents interviewed could describe what zero tolerance of sexual abuse and sexual harassment means. Posters could be seen throughout the facility that supported the zero tolerance policy. SMBH has a clear zero tolerance policy along with procedures to detect, prevent and respond to sexual abuse and sexual harassment. All residents made statements during interviews that indicated the staff at SMBH take PREA seriously and would be responsive to reports.</p> <p>b) SMBH #70-074 PREA policy pg. 6 states “The Director of Community Reentry Services serves as the PREA Coordinator for the agency and develops, implements, and oversees agency efforts to comply with the PREA standards.”</p> <p>Page 12 of the organizational chart provided shows the PREA Coordinator reports to the Farmington Director, who reports to the Agency Director. The Facility Director reports to the PREA Coordinator. Based on the organization chart and observations during the onsite audit, it is clear the PREA Coordinator is at the executive level in the agency. The PREA Coordinator reported during his interview that he has the time and authority to ensure the facility is in compliance with the PREA standards.</p>

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	SMBH #70-074 PREA policy pg. 6 states “Southeast Missouri Behavioral Health does not contract with other agencies for the confinement of residents.” SMBH has a contract with the Federal Bureau of Prisons to provide beds as the contracted facility. Southeast Missouri Behavioral Health does not contract for the confinement of its residents.

<b>115.213</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1452 501">a) SMBH #70-074 PREA policy pg. 6 states “In the process of creating and revising a staffing plan to provide for adequate levels of staffing and video monitoring to protect offenders against sexual abuse, the agency ensures that the following factors are taken into consideration:</p> <ul style="list-style-type: none"> <li data-bbox="280 537 892 573">(a) The physical layout of each facility;</li> <li data-bbox="280 609 1003 645">(b) The composition of the offender population;</li> <li data-bbox="280 680 1422 757">(c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse”</li> </ul> <p data-bbox="280 869 1436 1106">The SMBH website contains the following information: “Southeast Missouri Behavioral Health operates a Residential Re-Entry Center under contract with the Federal Bureau of Prisons. The individuals are placed in the Residential Re-Entry Center just prior to release from prison. This gives the individual a structured, supportive environment where he/she can meet the goals of the program before release.</p> <p data-bbox="280 1146 1350 1223">The goals of the Residential Re-Entry Center are to assist residents with the following:</p> <ul style="list-style-type: none"> <li data-bbox="280 1263 676 1299">Obtain gainful employment.</li> <li data-bbox="280 1303 700 1339">Secure a residence if needed.</li> <li data-bbox="280 1344 663 1379">Re-establishing family ties.</li> <li data-bbox="280 1384 836 1420">Continuing a clean and sober lifestyle.”</li> </ul> <p data-bbox="280 1429 1473 1796">As reported on the PAQ, the facility is designed for 104 resident capacity, had a population of 74 on the first day of the onsite audit and has averaged 69 residents over the past 12 months. The population consists of both male and female residents with an average stay of 87 days. There are two housing units. B building contains both male and female housing areas along with the administration area. A building (The Inn) houses all male residents. There are 65 staff employed at SMBH consisting of 17 Community Reentry Technicians, 4 Case Managers, 5 Electronic Monitoring Specialists, 2 Grounds Security Specialists, 3 House Supervisors, 4 Program Specialists, 5 Transporters, and several Administrative staff.</p> <p data-bbox="280 1836 1465 2074">The tour of the facility was conducted after a brief meeting with the Acting Agency Head, PREA Coordinator and Facility Director. During the tour this auditor observed staff present in both housing units. Rounds are made every 15 to 30 minutes by staff using a Guard One pipe to touch sensors placed in resident rooms, hallways, bathrooms, and other locations inside and outside of the buildings. The Guard One system documents the rounds and guides staff through every area of the facility.</p>

The facility provided reports of rounds for the Guard One for random dates this auditor selected. The records document checks for Guard One buttons placed in every resident room as well as perimeter checks.

All residents reported during interviews seeing staff making regular rounds in their living area and other areas of the facility. The facility also utilizes an extensive video monitoring system. Cameras were observed in all areas of the facility that residents may go but not in restrooms and resident rooms. Every potential blind spot was covered by a camera. None of the cameras provided a view of a resident in areas where they may be in a state of undress.

Given SMBH houses both male and female residents and 2 incidents of consensual sexual contact had occurred during the review period, this auditor asked all random staff and residents in interviews if they felt safe and if having male and female residents in the dining hall, was going well. All reported they were safe and had no problems with using the dining hall together. The dining hall is the only place male and female residents were ever together. Some residents commented that they were transitioning back to the community at SMBH and having both genders in the same facility was part of that transition.

A Personnel Resources Plan and a Technical Proposal for Staffing provided as the staffing plan for SMBH. The Technical Proposal for Staffing listed all positions by title and the number of FTES existing and proposed. The staffing plan is also dictated by the contract with the BOP as reported in interviews with the Facility Director and Agency Head. The staffing is reviewed each week at AQ Management Meetings as part of the overall meeting. Some random samples of minutes from those meetings were provided and reviewed.

Overall, this auditor found the staffing, video monitoring, Guard One and physical layout of the facility to be acceptable and meet the standard. There were no incidents of sexual abuse during the review period.

b) SMBH #70-074 PREA policy pg. 6 states "The agency makes its best efforts to comply with the staffing and video monitoring plan and, in circumstances where it is not complied with, shall document and justify all deviations."

During interviews with the Agency Head, PREA Coordinator and Facility Director this auditor was informed overtime or schedule adjustments are used to cover posts for staff absences. The PAQ reports that there have been deviations from the staffing plan. Deviations would be when a post is closed due to staff absences, staff shortage or reassignment due to an emergency. Based on information from interviews, it didn't appear that there had been instances where a post was closed for these reasons. Staff were either paid overtime or asked to adjust their schedule to provide coverage. If there were deviations, they would be documented on a shift report.

c) SMBH #70-074 PREA policy pg. 7 states "At least once every year, the agency conducts an assessment to determine whether adjustments are needed to the staffing plan and the deployment of video monitoring systems and other

technologies.”

Meetings are held weekly that include discussions about staff vacancies, coverage, possible needs for additional positions, video monitoring and Guard One placement.

The PREA Coordinator is involved in these meetings and has provided meeting minutes for weeks that were randomly selected by this auditor for review. The minutes show staffing is discussed under Human Resources and monitoring technology is reviewed under Electronic Monitoring/Guard One. However, there was no documented review of the staffing plan on an annual basis. The facility completed a documented review of the Personnel Resources Plan and Technical Proposal for Staffing that considered the physical plant, composition of the resident population, the number and placement of supervisory staff, prevalence of PREA incidents, and video monitoring needs.

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 584">a) SMBH #70-074 PREA policy pg. 7 states “The agency does not conduct cross-gender strip searches (meaning a search that requires a person to remove or arrange clothing so as to permit a visual inspection of their breasts, buttocks, or genitalia) or cross-gender visual body cavity searches (meaning a search of the anal or genital opening).” SMBH policy 70-024 Strip Searches states “Southeast Missouri Behavioral Health staff are not authorized to conduct strip searches at any time.”</p> <p data-bbox="280 622 1437 734">All staff reported during interviews that strip searches are not allowed to be conducted. Residents stated in interviews they did not have to go through a strip search at SMBH as it was not allowed.</p> <p data-bbox="280 777 1477 976">b) SMBH #70-074 PREA policy pg. 7 states “The agency permits cross gender pat down procedures in accordance with Pat Search Procedure No. 70-022. SEMO BH prohibits male staff from pat searching female residents except in exigent circumstances.” SMBH #70-022 policy pg. 1 paragraph b. states “Pat down searches are to be conducted by a staff member of the same sex as the client.”</p> <p data-bbox="280 1014 1469 1214">During resident interviews, this auditor asked all residents if they had been subjected to cross gender pat searches. Neither male or female residents reported being pat searched by opposite gender staff. Security staff were asked if they have conducted any cross gender pat searches of a resident. All responses confirmed that no cross gender pat searches had been conducted.</p> <p data-bbox="280 1254 1442 1330">c) SMBH #70-074 PREA policy pg. 7 states “The agency documents all cross-gender pat-down searches of offenders.”</p> <p data-bbox="280 1368 1477 1444">The facility reported zero cross gender pat searches on the PAQ, therefore there was none documented during the review period.</p> <p data-bbox="280 1482 1453 1727">d) SMBH #70-074 PREA policy pg. 7 states “The facility enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. Staff members of the opposite gender shall announce their presence when entering an offender housing unit (i.e. female staff members entering The Inn).”</p> <p data-bbox="280 1765 1477 2089">During the tour of the facility, staff were observed making opposite gender announcements while entering the housing units, resident rooms and bathrooms. Residents were asked if they hear staff make opposite gender announcements during interviews. All residents said they hear announcements and staff knock on doors before entering their rooms or bathrooms. All reported they could change clothes, use the bathroom and shower without staff of the opposite gender seeing them in a state of undress. All random staff interviewed, both male and female, knew they were required to knock and make an announcements prior to entering an</p>

opposite gender housing unit, resident room or bathroom.

e) SMBH #70-074 PREA policy pg. 7 states “No staff member shall conduct a search of a transgender or intersex offender solely for the purpose of determining genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, 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.”

All random staff interviewed verified they were not allowed to conduct strip searches and would not search a transgender resident to determine their genital status. The facility reported one transgender resident at the time of the onsite audit, however the resident went to the hospital prior to the auditor arriving and was not released from the hospital until after the onsite audit was over. This auditor could not interview the transgender resident as a result.

f) SMBH #70-074 PREA policy pg. 7-8 states “The agency trains Community Reentry Services and Community Reentry Technician staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

All staff required to search residents reported in interviews that they had received training in cross gender pat searches and searches of transgender residents. The search training records for these staff was requested for review. All staff had completed training for cross gender searches and searches of transgender residents.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a-b) SMBH #70-074 PREA policy pg. 8 states “The agency takes appropriate steps to ensure that offenders with disabilities have an equal opportunity to benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include - when necessary to ensure effective communication with offenders who are deaf or hard of hearing - providing access to interpreters who can interpret effectively, accurately, and impartially. In addition, written materials are provided in formats and through methods that ensure effective communication with offenders with disabilities. The agency takes reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who have limited English proficiency, including providing interpreters who can interpret effectively, accurately, and impartially.”</p> <p>The PREA Coordinator and Agency Head stated there were no residents with disabilities or LEP present at the time of the onsite audit. None of the residents interviewed reported having a disability or were found to be LEP.</p> <p>SMBH provided a contract for interpretive services from Propio Language Services that provides phone interpretation, video interpretation to include sign language and document translation services. The contract was signed in June of 2021 and has a term of 3 years.</p> <p>Staff that provide PREA education and risk assessment were interviewed and said they would use the Propio service for residents that are LEP or deaf to aid in providing the PREA education and conduct the risk assessment interview. The information is provided in one on one meetings with residents. Staff ask the resident if they have any special needs that would require accommodation. During the tour of the facility this auditor observed PREA information posters in Spanish.</p> <p>Staff were asked during interviews how they would communicate with a resident that was LEP if they needed to make a report. Most were not aware of the interpretive service or knew there was a service but didn’t know how to utilize it. Staff not knowing about the existence of the service means they would not be able to provide an LEP resident access to services and does not meet the standard. The PREA Coordinator and Agency Head were informed this did not meet the standard and the correction would be to inform staff of the interpretive service and how to access it.</p> <p>Corrective Action Completed: The Agency Head sent an email to all SMBH staff informing them of the interpretive service and how to access it if needed. The access card for the interpretive service was attached to the email. The emails were provided to this auditor as documentation of the correction.</p>

c) SMBH #70-074 PREA policy pg. 8 states "The agency does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first-responder duties, or the investigation of an offender's allegations."

All staff knew not to use a bilingual resident to be an interpreter for a resident that could not speak English to make a report of sexual abuse because the information is confidential and could create retaliation by other residents.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 622">a) SMBH #70-074 PREA policy pg. 8 states “The agency does not hire or promote anyone who may have contact with offenders who—(a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined by 42 U.S.C. § 1997; or (b) Has been convicted of, or civilly or administratively adjudicated for, engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force, or coercion, or if the victim did not consent or was unable to consent.”</p> <p data-bbox="280 734 1481 1059">b-c) SMBH #70-074 PREA policy pg. 8 states “The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with offenders.” SMBH #70-074 PREA policy pg. 8-9 states “Before hiring new employees who may have contact with offenders, the agency: (a) Performs a criminal background records check; and (b) Consistent with Federal, State and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse.”</p> <p data-bbox="280 1102 1433 1214">Criminal background checks were reviewed for the 12 staff that were randomly selected for interviews. All background checks were completed prior to their hire date.</p> <p data-bbox="280 1256 1481 1664">SMBH uses a PREA Supplemental Form to ask applicants if they have worked for an institutional employer in the past. If they answer yes, the HR staff contact the former institutional employer and asks if the applicant had any substantiated allegations of sexual abuse or if the applicant resigned during an investigation of an allegation of sexual abuse. The form does not include sexual harassment in the questions, which is required to be considered under sub-standard (b). The PREA Coordinator added sexual harassment to the form for HR staff to ask about and consider for hiring and promotions. The HR Director was interviewed and stated she conducts a criminal background check through the BOP for all applicants and a PREA background check is completed on all applicants with prior corrections employment.</p> <p data-bbox="280 1706 1481 1774">d) SMBH does not have contract staff that provide services on a recurring basis and therefore has not completed any criminal background checks for contract staff.</p> <p data-bbox="280 1816 1481 1928">e) SMBH #70-074 PREA policy pg. 9 states “The agency conducts criminal background records checks on an annual basis for current employees who may have contact with offenders.”</p> <p data-bbox="280 1971 1481 2083">Many of the staff have been employed for less than 5 years. According to the Agency Head, all staff had a new criminal background check when the contract was renewed with the Bureau of Prisons in June of 2019. This was verified by review of</p>

criminal background checks for staff that had been employed longer than 3 years. Their CBG checks were dated June 1, 2019, the date of the contract renewal. It was pointed out the SMBH policy requires an annual criminal background check to be completed on current employees. The Agency Head stated the BOP conducts criminal background checks through the FBI on all employees every 5 years or when hired. It was recommended the policy be changed if the CBG checks were not going to be completed annually, but rather every 5 years or at contract renewal if less than every 5 years. This auditor found the practice meets the standard.

f) SMBH #70-074 PREA policy pg. 9 states "The agency asks all applicants and employees who may have direct contact with offenders about previous misconduct described in this section, in: (a) Written applications and/or interviews for hiring or promotion; and (b) Interviews or written self-evaluations conducted as part of reviews of current employees. The agency imposes on its current employees a continuing affirmative duty to disclose any of the misconduct described in this section."

The HR Director was interviewed and stated applicants are asked questions about the misconduct in sub-standard (a) prior to interviews on a form. She also stated all staff have a duty to report any misconduct after hire. SMBH uses a PREA Supplemental Form to ask applicants the required questions about previous misconduct in sub-standard (a). Upon review of the forms for 12 random staff this auditor found the form did not ask applicants if they had engaged in sexual abuse while working in a corrections facility. It only asked if they had been prosecuted or adjudicated for such misconduct. This was discussed with the Agency Head and PREA Coordinator. The form was revised with a question added that asks applicants if they have "engaged in sexual abuse/sexual harassment in a prison, jail, lockup, community corrections facility, juvenile facility, or other institution."

g) SMBH #70-074 PREA policy pg. 9 states "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

h) SMBH #70-074 PREA policy pg. 9 states "Unless prohibited by law, the agency provides 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."

The HR Director was interviewed and stated she would provide information regarding substantiated PREA incidents or if the employee resigned during the investigation if she receives a request from another institution employer. She would contact the PREA Coordinator to research his files.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 9 states “When designing or acquiring any new facility for the housing and programming of offenders, and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect offenders from sexual abuse.”</p> <p>During interviews, the Agency Head and Facility Director reported there have been no substantial modifications or expansion to the facility. This was also indicated on the PAQ. During the tour of the facility, this auditor did not see any areas that appeared to be new construction.</p> <p>b) SMBH #70-074 PREA policy pg. 9 states “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in a facility utilized for the housing and programming of offenders, the agency shall consider how such technology may enhance the agency’s ability to protect offenders from sexual abuse.”</p> <p>During the interview with the Agency Head, PREA Coordinator and Facility Director, all reported that any video camera upgrade or install would be done with improved monitoring and detection of sexual abuse to prevent incidents from occurring.</p> <p>A copy of a diagram for A building and B building was provided for the tour that had all camera locations identified.</p> <p>During the tour this auditor observed cameras in all hallways, dining hall, kitchen, dayrooms, recreation areas outside and other areas inside and outside of the buildings. The coverage was excellent for the type of population and physical layout of the facility.</p>

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 748">a-b) SMBH #70-074 PREA policy pg. 9 states “To the extent the agency is responsible for investigating allegations of sexual abuse, it shall follow a uniform evidence protocol which shall include the proper handling, storing and logging of all evidence on the Evidence/Property Chain of Custody Record form (OPS-3497) which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. All evidence will then be maintained in the administrative section of the agency. Allegations that appear to be criminal in nature will be referred to the St. Francois County Sheriff’s Department for investigation. All administrative investigations will be conducted by an agency staff member who has received PREA Specialized Investigator Training.”</p> <p data-bbox="280 790 1474 1070">During interviews with random staff, all staff were asked how they would protect evidence, both on the victim and at the scene. All responded with keeping the victim with them and telling the victim not to change clothes, brush teeth, drink, use the bathroom. All stated they would have the scene of the sexual abuse secured to keep all residents and staff out of the area. All staff could name one of the three staff designated as investigators at the facility. All staff knew the St. Francois County Sheriff’s Department would investigate criminal incidents.</p> <p data-bbox="280 1113 1474 1480">As reported on the PAQ, there are 3 staff at SMBH that are designated to do administrative investigations. The St. Francois County Sheriff’s office is also designated as the investigator of criminal cases of sexual abuse. During the interview with the PREA Coordinator it was discovered that there has not been a documented official communication by SMBH to the St. Francoise County Sheriff’s office about the evidence requirements of this standard as required by the FAQ from February 19, 2015. A memorandum was provided for review from the St. Francois County Sheriff stating SFCS would investigate “any and all allegations of sexual abuse and/or sexual harassment” forwarded to them from SMBH.</p> <p data-bbox="280 1523 1474 1720">Four case files were provided for review. All incidents were found to not be a PREA incident. In one case that later was identified as a consensual sex act between residents, The St, Francois County Sheriff’s Deputy that arrived to investigate followed proper evidence protocols by gathering clothing and questioning the victim about showering or changing clothes since the incident.</p> <p data-bbox="280 1762 1474 2000">CORRECTIVE ACTION REQUIRED: The facility must provide a written request to the St. Francois County Sheriff to follow the evidence requirements for this standard while conducting investigations of sexual abuse at SMBH. A letter was sent to the Sheriff on February 9, 2023 informing him of the evidence collection requirements of the standard. A copy of the letter and the email to the sheriff were provide to this auditor for review.</p> <p data-bbox="280 2042 738 2076"><b>Corrective Action Completed</b></p>

c) SMBH #70-074 PREA policy pg. 10 states “The agency offers all victims of sexual abuse access to forensic medical examinations, without financial cost to the victim, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), at Parkland Hospital, where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs for this purpose.”

A memorandum from Parkland Health Center Administrator to the PREA Coordinator at SMBH was provided that indicates the hospital would provide forensic exams to residents of SMBH at no cost. The letter was dated August of 2019. This auditor called the Parkland Hospital to verify if these services are still provided. I spoke to the Emergency Room Administrator. She verified they do have a forensic exam nurse and they would call a local victim advocate to provide VA services if requested by the victim.

d-e) SMBH #70-074 PREA policy pg. 10 states “The agency attempts to make available to the victim a victim advocate from SEMO Family Violence Council, a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. ”

A letter from SEMO Family Violence Council was provided that states SEMOFVC would provide victim advocate services to sexual assault victims at the hospital and to agencies in the 5 county area they service. This auditor called SEMOFVC and spoke to staff that verified they would provide these services to a resident victim at the Parkland Hospital and at SMBH.

f) SMBH #70-074 PREA policy pg. 10 states “SEMO BH has requested St. Francois County Sheriff’s Department to follow the standard as outlined above.”

Though policy stated SMBH would request the St. Francois County Sheriff’s investigators follow this standard, there was no documentation of that communication. This was corrected when the PREA Coordinator sent the Sheriff a letter asking that they follow this standard.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 748">a-c) SMBH #70-074 PREA policy pg. 10 states “The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. It is the agency’s policy 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. The agency shall publish this policy on its website at <a href="http://www.semobh.org">www.semobh.org</a> and make the policy available through other means. The agency shall document all such referrals. All criminal investigations will be forwarded to the St. Francois County Sheriff’s Department unless the allegation does not involve potentially criminal behavior.”</p> <p data-bbox="280 788 1477 1155">The Agency Head, Facility Director and PREA Coordinator were asked in interviews if all reports of sexual abuse and sexual harassment received an investigation. All described the same process for determining who will do the investigation. All reports are initially investigated by staff designated as the facility investigator to determine if it is a PREA incident and if a potential criminal violation occurred. If it is determined to be a possible criminal violation, they contact the St Francois County Sheriff’s Department to request a Deputy be sent to conduct the investigation. All other incidents are investigated by trained facility staff. These are administrative investigations that are not criminal incidents.</p> <p data-bbox="280 1196 1477 1518">Four investigation case files were provided for review. None of the incidents were determined to be a PREA incident of sexual abuse or sexual harassment. One incident was initially reported as sexual abuse by the victim. The St. Francoise County Sheriff’s Department was contacted as soon as the facility investigator had information that indicated a potential criminal offense had occurred. The investigation was conducted by SFCSD and determined to be consensual sex and a false report. The facility made a proper referral to an agency that has the authority to investigate incidents that appear to be criminal.</p> <p data-bbox="280 1559 1477 1845">CORRECTIVE ACTION REQUIRED: SMBH provided a memorandum from 2019 from the SFCSD indicating they would investigate allegations of sexual abuse at SMBH. However the FAQ from 2015 requires the agency to inform the external investigative agency of the evidence protocol requirements in this standard. This auditor asked the PREA Coordinator to notify the SFCSD of the evidence protocols. A letter was written and sent to the Sheriff via email after the onsite audit that notified the Sheriff’s office of the evidence protocols.</p> <p data-bbox="280 1886 687 1921">Corrective Action Completed</p> <p data-bbox="280 1962 1477 2074">The section of the policy that pertains to investigation referrals is posted on the Southeast Missouri Behavioral Health website at <a href="https://semobh.org/community-services/federal-program/">https://semobh.org/community-services/federal-program/</a>.</p>

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 11 states “The agency trains all employees who may have contact with offenders on:</p> <p>(a) Its zero-tolerance policy for sexual abuse, sexual harassment and retaliation;</p> <p>(b) How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment;</p> <p>(c) Offenders’ right to be free from sexual abuse and sexual harassment;</p> <p>(d) The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</p> <p>(e) The dynamics of sexual abuse and sexual harassment in confinement;</p> <p>(f) The common reactions of sexual abuse and sexual harassment victims;</p> <p>(g) How to detect and respond to signs of threatened and actual sexual abuse;</p> <p>(h) How to avoid inappropriate relationships with offenders;</p> <p>(i) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;</p> <p>(j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”</p> <p>SMBH uses Relias Training for training staff. Two Relias training modules were provided for review: PREA Dynamics of Sexual Abuse and PREA part 1 and Overview. A third training titled PREA covers the SMBH PREA policy and the staff PREA brochure. All of the required topics in (a) 1-10 are covered by completing all three trainings. The training records for all 12 random staff interviewed were provided to this auditor for review. The records documented that staff completed all three modules. During interviews, the staff could recall most of the 10 topics of the training.</p> <p>b) SMBH houses both male and female residents. The training is tailored to both genders as a result.</p> <p>c) SMBH #70-074 PREA policy pg. 11 states “All current employees receive this training, and the agency provides each employee with refresher training every two</p>

years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies."

Though the policy mirrors the standard's bi-annual requirement, the records review and interviews indicated the training is provided annually. Refresher information regarding PREA reports is provided through staff brochures and posters. This auditor finds the annual training provided by SMBH exceeds the standard requirement of bi-annual.

d) All training is completed via E-learning modules. Staff type their name at the end of the module for electronic signature to document they have completed and understand the training. A screenshot of the electronic signature page was provided for review.

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 11 states “The agency ensures that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.”</p> <p>The PREA Coordinator and Agency Head stated there are no contract staff or volunteers at SMBH. The PREA Coordinator stated during his interview the only contractors that come in the facility are there to fill vending machines or make a repair of equipment. They are there for a short time escorted by staff and have very limited contact with residents. They are all given a copy of the Employee PREA brochure to inform them of their responsibilities if they receive a report of sexual abuse or sexual harassment from a resident. A memorandum was provided by the Agency Head that states there are no contract staff or volunteers at SMBH.</p> <p>b) SMBH #70-074 PREA policy pg. 12 states “The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.”</p> <p>The contractors do not complete PREA training because they are there temporarily and always escorted by staff. They are all given a copy of the Employee PREA brochure to inform them of their responsibilities if they receive a report of sexual abuse or sexual harassment from a resident.</p> <p>c) SMBH #70-074 PREA policy pg. 12 states “The agency maintains documentation confirming that volunteers and contractors understand the training they have received.”</p>

<b>115.233</b>	<b>Resident education</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1398 499">a) SMBH #70-074 PREA policy pg. 12 states “During the intake process, offenders receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment.”</p> <p data-bbox="280 539 1469 736">A random sample of 20 resident PREA education completion documents were requested for review. Completion of the education was the same day as the resident’s arrival at SMBH. 18 residents were interviewed and reported that they received the PREA education at intake. The information included the zero-tolerance policy and how to report an incident.</p> <p data-bbox="280 777 1458 974">A Case Manager that provides PREA education to intake residents was interviewed. I had her describe the PREA education process. She stated that the information is provided to each resident in individual meetings with their Case Manager. She provides the resident the PREA pamphlet and resident handbook. The pamphlet covers the zero-tolerance and ways to report sexual abuse and sexual harassment.</p> <p data-bbox="280 1014 1430 1093">b) SMBH #70-074 PREA policy pg. 12 states “The agency provides refresher information whenever an offender is transferred to a different facility.”</p> <p data-bbox="280 1133 1441 1205">All residents that are received at SMBH Aquinas receive the same PREA education material and information.</p> <p data-bbox="280 1245 1418 1404">c) SMBH #70-074 PREA policy pg. 12 states “The agency provides offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.”</p> <p data-bbox="280 1444 1466 1809">A Case Manager that provides PREA education to intake residents was interviewed. She was asked how she determines if a resident is LEP or has a need for accommodations. She said she asks the residents if they have any special needs, such as learning disabilities or visual impairment, and provides accommodations. She may have to read the information for residents that cannot read or have visual impairment. If she determines they have a hearing impairment or are LEP, she can use the interpreter service to enable proper communication. The PREA Coordinator provided a contract with Propio Language Services that offers interpretation in several languages and sign language service.</p> <p data-bbox="280 1850 1310 1928">d) SMBH #70-074 PREA policy pg. 12 states “The agency maintains documentation of offender participation in these education sessions.”</p> <p data-bbox="280 1968 1469 2085">A random sample of 20 resident PREA education completion documents were requested for review. All 20 residents received PREA education either on the day of intake or within 3 days.</p>

e) SMBH #70-074 PREA policy pg. 12 states “In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.”

During the tour of the facility this auditor observed posters in resident living areas, dining hall and other areas that residents have access to. The information posters contain the zero-tolerance policy and methods for reporting. The residents are also given a brochure that has the zero-tolerance policy, what is a PREA incident, how to report an incident, and the resident’s right to be free from sexual violence.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a-c) SMBH #70-074 PREA policy pg. 12 states “In addition to the general training provided to all employees pursuant to 115.231, the agency shall ensure that, administrative investigations are conducted by SEMO BH staff who has received PREA Specialized Investigator Training. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.”</p> <p>There are 2 staff, the PREA Coordinator and Facility Director, that conduct administrative investigations for the facility reported on the PAQ. The training curriculum and training records for the two staff were provided to this auditor for review. There are two training curriculum for sexual assault investigations provided by Relias Training. The curriculum PREA Investigating Sexual Abuse in a Confinement Setting was reviewed and found to cover techniques for interviews, sexual abuse evidence collection, and the evidence and criteria to substantiate a case. The curriculum PREA Investigations – What Happens After an Allegation was reviewed and found to cover Miranda and Garrity warnings.</p> <p>The PREA Coordinator was interviewed for the investigator interview. He stated that he completes the specialized training through the Relias Training system annually. This was verified by a review of the Relias training transcripts for both designated staff.</p>

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	a) The Agency Head and PREA Coordinator were asked during their interviews if there were any medical staff at SMBH. Both stated there were no medical staff employed. All medical services are provided by offsite providers. The Agency Head provided a memorandum stating this information.

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 456">a) SMBH #70-074 PREA policy pg. 12 states “All offenders are assessed during an intake screening and upon transfer from another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders.”</p> <p data-bbox="280 499 1445 651">All residents were asked during interviews if they had been asked questions about their gender identity, sexual orientation, prior sexual abuse, and if they had any disabilities. Most remembered being asked these questions during the first day of intake.</p> <p data-bbox="280 694 1469 976">A Case Manager that completes the risk assessment was interviewed. She said risk assessments at intake are completed within 72 hours. She reported meeting with the residents individually in private to conduct the assessment interview where she asks residents questions about gender identity, sexual orientation, prior victimization and perpetration, disabilities, if they have a violent criminal history or sex offenses. She said she uses this information along with the resident’s record to complete the assessment.</p> <p data-bbox="280 1019 1401 1093">b) SMBH #70-074 PREA policy pg. 12 states “Intake screening takes place within 72 hours of arrival at the facility.”</p> <p data-bbox="280 1135 1469 1252">A Case Manager that completes the risk assessment was interviewed. She said risk assessments at intake are completed within 72 hours. All of the 20 risk assessments reviewed were completed within 72 hours.</p> <p data-bbox="280 1294 1469 1368">c) SMBH #70-074 PREA policy pg. 13 states “Assessments are conducted using an objective screening instrument called the Sexual Violence Assessment Tool.”</p> <p data-bbox="280 1411 1337 1485">The SVAT is in an electronic system called Carelogic and only accessible to authorized staff.</p> <p data-bbox="280 1527 1445 1644">d-e) SMBH #70-074 PREA policy pg. 13 states “The intake screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization:</p> <ul data-bbox="280 1686 1461 2063" style="list-style-type: none"> <li>(a) Whether the offender has a mental, physical, or developmental disability;</li> <li>(b) The age of the offender;</li> <li>(c) The physical build of the offender;</li> <li>(d) Whether the offender has previously been incarcerated;</li> <li>(e) Whether the offender’s criminal history is exclusively nonviolent;</li> <li>(f) Whether the offender has prior convictions for sex offenses against an adult</li> </ul>

or child;

(g) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

(h) Whether the offender has previously experienced sexual victimization;

(i) The offender's perception of his or her own vulnerability to sexual abuse or sexual harassment; and

(j) Whether the offender is detained solely for civil immigration purposes."

"The initial screening 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, in assessing offenders for risk of being sexually abusive."

A random sample of 20 residents was selected from the resident list for review of the Sexual Violence Assessment Tool. The SVAT was reviewed to ensure it was assessing for factors that covered the requirements of the sub-standard d) 1-9 and e). The SVAT assessed for Lesbian, Gay, Transgender, Intersex, and gender non-conforming but did not assess for bisexual under the sexual victimization potential. In addition, the sexual predation potential did not assess for prior convictions for violent offenses. These factors were also not mentioned in the PREA Assessment Guide that is provided to staff. As a result, the SVAT does not meet sub-standard d) and e).

**CORRECTIVE ACTION REQUIRED:** The agency will have to add bisexual and prior conviction for violent offenses to the assessment as a corrective action. The assessment should be used for intake assessments as soon as the change occurs and the new factors added to the PREA Assessment Guide that provides instructions to staff for completing the assessment.

On 2/27/23, the PREA Coordinator provided a revised Sexual Violence Assessment Tool with Bisexual added to the sexual victimization potential assessment and prior violent criminal history was added to the sexual predation potential assessment. The revised assessment was put into use and completed intake assessments for two new residents were provided to this auditor for review. The assessment now meets the standard.

#### **Corrective Action Completed**

f) SMBH #70-074 PREA policy pg. 13 states "Within 30 days of the offender's arrival to the facility, the facility reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening."

A Case Manager that completes the risk assessment was interviewed. She said reassessments are completed within 30 days of the resident's arrival date. She said she looks for changes in the responses to questions asked of residents or new information that would change an assessment. All 20 reassessments reviewed were

completed within 30 days of arrival.

Most of the residents interviewed recalled being asked questions about sexual orientation, gender identity, prior victimization and if they feel vulnerable a second time after their arrival.

g) SMBH #70-074 PREA policy pg. 13 states "An offender's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

The Case Manager that completes the assessments stated she would complete a reassessment for a substantiated incident, new identification of LGBTI, new report of prior victimization, or any other new information that might change the assessment scoring.

h) SMBH #70-074 PREA policy pg. 13 states "Offenders may not be disciplined for refusing to answer, or for not disclosing complete information related to, (4a), (4g), (4h) and (4i) above."

The Case Manager that conducts the risk screening said residents can refuse to answer questions asked to gather information for the screening. They would not be disciplined.

i) SMBH #70-074 PREA policy pg. 13 states "The agency has appropriate controls in place on the dissemination of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders. Documentation of the risk assessments is completed in the client's electronic health record in CareLogic. The electronic health record has controls to prevent staff access to records. There is also audit trail reporting from the electronic health record to indicate staff access of records they should not be accessing."

The Case Manager that completes assessments stated during her interview the Carelogic system is used for completing the assessments and only authorized staff have access to the system. She also said she would never share the information with staff unless there is a need to know.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 14 states “(1) The agency uses information from the Sexual Violence Assessment tool to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.”</p> <p>The PREA Coordinator was asked during his interview how the results of the PREA risk assessments are used to ensure residents are safe in their housing assignments. He said the facility uses a bed assignment board with potential victims highlighted in yellow and potential predators highlighted in red. The residents highlighted in red cannot be placed in a room with residents highlighted in yellow. I asked security staff through informal conversation if they knew about the color coding. They indicated the case managers do the bed moves. The Case Manager interviewed for screening said she places the residents based on the color codes for victim and predator. The PREA Coordinator provided a copy of the resident housing list with the color codes identified. No resident with a red code was placed in a room with a resident with a yellow code. The PREA Coordinator said the housing assignments are reviewed every week to ensure proper placement by PREA flags.</p> <p>b) SMBH #70-074 PREA policy pg. 14 states “(2) The agency makes individualized determinations about how to ensure the safety of each resident.”</p> <p>The Case Manager said the risk assessment results are used to place residents in housing assignments. Residents that are assessed as a potential victim are not placed in the same room as residents that are assessed as a potential predator. The residents participate in a work release program with jobs offsite and do not have programs or jobs at the facility.</p> <p>c) SMBH #70-074 PREA policy pg. 14 states “ (3) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether the placement would present management or security problems.”</p> <p>A transgender resident was at SMBH during the audit however was unavailable for interview due to being at the hospital during the onsite audit dates. The transgender resident identified as female during the risk assessment upon arrival at SMBH. The Case Manager asked the resident for her preferred housing choice. After consulting with the PREA Coordinator and Facility Director, the transgender resident was placed in the female housing area. This was verified by statements made by female residents during interviews as well as documentation provided by the facility showing her assigned room.</p>

Though the facility placed a transgender resident in housing based on her own views of safety, the facility had no official process to make the decision as described in the FAQ from 2016 for this standard. The decision was not documented as well.

**CORRECTIVE ACTION REQUIRED:** The agency needs to describe a review process in the policy that involves a team of staff from administration, classification and security and documents the views of the resident as well as what the decision is based on.

A revision of the policy was sent to this auditor on 3/2/23 that added the procedures for the review of a transgender resident after identification at the risk assessment.

The facility will ask the resident to provide a written statement of personal preference on housing and accommodations. A committee made up of the Facility Director, PREA Coordinator and Case Manager will review the resident's preference statement and the resident record to determine a placement that will ensure the resident's safety and would not present management or security problems. The decision will be documented in the resident's electronic record.

Corrective Action Completed

d) SMBH #70-074 PREA policy pg. 14 states "(4) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration."

A transgender resident requested placement in the female housing unit and was placed there shortly after arriving at the facility.

e) SMBH #70-074 PREA policy pg. 14 states "(5) Transgender and intersex residents shall be given the opportunity to shower separately from other residents."

A transgender resident was placed in a housing unit with a private bathroom in the room.

f) SMBH #70-074 PREA policy pg. 14 states "(6) The agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents. Case Management staff will be the only staff privy to this information and will make the applicable unit and room assignments. Behavioral Health Technician staff will be informed of the room assignments but will not be privy to the information necessitating the specific unit and room assignment."

Dedicated housing units for LGBTI residents were not observed during the tour or indicated in resident housing lists that were provided. A transgender resident was housed in the female housing unit as requested. Two gay residents said they did not think they were placed in their current housing location based on their sexual orientation.

<b>115.251</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 539">a) SMBH #70-074 PREA policy pg. 14 states “(1) The agency provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Offenders may report concerns:</p> <ul style="list-style-type: none"> <li data-bbox="280 577 520 613">i. Verbally</li> <li data-bbox="280 651 520 687">ii. In writing</li> <li data-bbox="280 725 576 761">iii. Anonymously</li> <li data-bbox="280 799 552 835">iv. Third Party”</li> </ul> <p data-bbox="280 943 1477 1350">SMBH was toured on the first day of the onsite audit. This auditor observed posters that provide information for residents to report allegations of sexual abuse or sexual harassment throughout the resident living areas and dining hall. These posters were placed in bulletin boards with a plexiglass cover to protect them from damage. They were easy to read and stood out from other materials on the bulletin boards. The poster informed residents to report sexual abuse incidents to any staff, the Chief Risk Management Officer by phone or the St. Francoise County Sheriff by phone. The resident brochure and handbook that were reviewed informed residents to report to any staff member either verbally, in writing, anonymously, or by third party.</p> <p data-bbox="280 1458 1465 1657">Eighteen residents were interviewed. All residents could provide a description of several ways to make a report of sexual abuse. Most had seen the information on the posters ore recalled it from the education they received when arriving at SMBH. Residents said they could put a written report in a complaint or a letter that they would drop in the complaint box or the pass box.</p> <p data-bbox="280 1771 1430 1971">Twelve random staff were asked how the residents could make a report of sexual abuse if needed. Most staff stated the resident could make a verbal report in private to any staff. They could also write to staff or file a complaint in writing. Staff were aware of phone numbers posted throughout the facility that residents could call as well.</p>

b) SMBH #70-074 PREA policy pg. 14 states “(2) The agency provides at least one way for offenders to report abuse, harassment, retaliation, and staff neglect to a public or private entity that is not part of the agency.”

External reports can be made to the St. Francois County Sheriff’s office by calling a number published on posters, resident brochures and in the resident handbook or by calling 911. Most of the eighteen residents interviewed knew they could call the Sheriff’ office as an external entity to make a report and remain anonymous as stated in the resident handbook. During the review period there had been no instances of reports directly to the SFCSD.

c) SMBH #70-074 PREA policy pg. 14 states “(3) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.”

Staff were asked during random interviews what they were required to do to document a report from a resident. All staff stated they were to report it to their immediate supervisor and document the report and what they did on a written incident report that would have to be turned in prior to leaving their shift.

d) Staff were asked how they could privately report information about sexual abuse i.e. staff sexual misconduct they may have information about. All staff said they could privately report directly to the facility investigator, facility director or agency director without other staff knowing. One method might be to email the report to that person. This puts it in writing and is private.

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1378 416">a) SMBH has a policy covering grievances and complaints, therefore this standard is applicable.</p> <p data-bbox="280 456 1481 654">b) SMBH #70-074 PREA policy pg. 15 states “(1) The agency does not impose a time limit on when an offender may submit a complaint regarding an allegation of sexual abuse. (2) The agency does not require an offender to use any informal complaint process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="280 694 1481 954">c) SMBH #70-074 PREA policy pg. 15 states “(3) The agency ensures that:  i. An offender who alleges sexual abuse may submit a complaint without submitting it to a staff member who is the subject of the complaint, and  ii. Such complaint is not referred to a staff member who is the subject of the complaint.”</p> <p data-bbox="280 994 1481 1447">d) SMBH #70-074 PREA policy pg. 15 states “(4) The agency issues a final decision on the merits of any portion of a complaint alleging sexual abuse within 90 days of the initial filing of the complaint. Computation of the 90-day time period shall not include time consumed by offenders in preparing any administrative appeal. (5) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the offender in writing of any such extension and provide a date by which a decision shall be made. (6) At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.”</p> <p data-bbox="280 1487 1481 1684">There was one grievance filed during the review period that alleged sexual abuse by staff for incidental touching of genitals during a pat search. The grievance was filed 5 days after the alleged incident. It was assigned for investigation in two days and the investigation concluded within four days as unfounded. The resident that filed the grievance was no longer at SMBH for interview at the start of the onsite audit.</p> <p data-bbox="280 1724 1481 2092">e) SMBH #70-074 PREA policy pg. 15 states “(7) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (8) 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. (9) If the resident declines to have the request</p>

processed on his or her behalf, the agency shall document the resident's decision."

No third party grievance reporting sexual abuse was filed during the review period as reported on the PAQ.

f) SMBH #70-074 PREA policy pg. 15-16 states "(10) The agency has procedures for the filing of an emergency complaint alleging that a resident is subject to a substantial risk of imminent sexual abuse. (11) After receiving an emergency complaint alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the complaint (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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency complaint."

No emergency grievance reporting sexual abuse was filed during the reporting period as reported on the PAQ.

g) SMBH #70-074 PREA policy pg. 16 states "(12) The agency may discipline an offender for filing a complaint related to alleged sexual abuse only where the agency demonstrates that the offender filed the complaint in bad faith."

There were no residents disciplined for filing a grievance in bad faith during the review period as reported on the PAQ.

During random interviews, residents demonstrated knowledge of the ability to report an incident of sexual abuse or sexual harassment by filing a grievance. They reported a grievance box or that the grievance could be handed to staff or placed in the pass box.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 16 states “(1) The facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. Residents will be provided the telephone number and address to Just Detention International and RAINN in their resident handbook and on posters displayed throughout the facility.”</p> <p>During the tour of the facility there was no resident phone system provided in the facility. Residents could use their own cellphones to make phone calls. Information from Just Detention International, RAINN and Southeast Missouri Family Violence Council was posted in bulletin boards throughout the facility. This information was also observed in the resident handbook. Residents can write to all three organizations. Residents can also call the hotline number for SEMOFVC. This auditor contacted SEMOFVC to confirm they would provide victim services for residents at SMBH, however they have not been contacted in the last year. They indicated SEMOFVC would also provide services if a resident went to the Parkland Hospital for a forensic examination.</p> <p>Most residents interviewed knew there might be a service for victims but could not name the organization. They were aware there was information on the bulletin boards and the resident handbook. This auditor recommended the Case Manager cover the victim services more thoroughly during the resident education.</p> <p>b) SMBH #70-074 PREA policy pg. 16 states “(2) SEMO BH does not record phone calls or sensor mail.”</p> <p>The residents at SMBH can use their own cell phones to contact a victim advocate if needed. Personal cell phones cannot be monitored.</p> <p>c) SMBH #70-074 PREA policy pg. 16 states “(3) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.”</p> <p>SMBH provided a letter from Southeast Missouri Family Violence Center that states SMFVC will provide services to any victim of sexual violence in their area. This auditor contacted SEMOFVC to confirm they would provide victim services for residents at SMBH, however they have not been contacted in the last year. They</p>

	indicated SEMOFVC would also provide services if a resident went to the Parkland Hospital for a forensic examination.
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<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SMBH #70-074 PREA policy pg. 16 states “The agency has a method to receive third-party reports of sexual abuse and sexual harassment either in person, by phone, in writing, and anonymously through the agency’s Administration Department and St. Francois County Sheriff’s Department Crime Tip Hotline and distributes publicly information on how to report sexual abuse and sexual harassment on behalf of an offender on the agency website.”</p> <p>This auditor reviewed the SMBH website and found third party reporting link to a PREA poster that provides information for reporting sexual abuse to the facility or St Francois County Sheriff Department at <a href="https://semobh.org/wp-content/uploads/2019/10/PREA-Poster.pdf">https://semobh.org/wp-content/uploads/2019/10/PREA-Poster.pdf</a>. This poster is also posted throughout the facility providing the information for residents to pass on to their families. Most residents stated during interviews that they could tell their family or friends to make a report for them by using this information or contacting the facility directly. This information is also provided in the resident PREA brochure.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1426 582">a) SMBH #70-074 PREA policy pg. 16 states “(1) Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, shall immediately report such incident or retaliation to their direct supervisor.”</p> <p data-bbox="280 622 1477 864">Twelve staff were selected for interviews. The staff were from security, administration or case management from all shifts. All staff were asked if they were required to report all suspicions, information and knowledge of sexual abuse, sexual harassment, staff neglect to report or retaliation. All staff stated they were required to report all information about a possible PREA incident to their immediate supervisor or facility investigators.</p> <p data-bbox="280 904 1477 1021">b) SMBH #70-074 PREA policy pg. 16 states “(2) Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except as specified by the agency policy.”</p> <p data-bbox="280 1061 1477 1178">All staff interviewed knew information from a report of sexual abuse or sexual harassment is confidential and should only be discussed with immediate supervisors or staff involved in the investigation.</p> <p data-bbox="280 1218 1150 1254">c) SMBH does not have medical and mental health staff.</p> <p data-bbox="280 1294 1477 1612">d) SMBH #70-074 PREA policy pg. 16-17 states “(3) If the alleged victim is considered a vulnerable adult under a State or local vulnerable persons statute (Vulnerable Person means any person in the custody, care, or control of the Department of Mental Health that is receiving services from an operated, funded, licensed, or certified program), the agency shall report the allegation to the Department of Mental Health under applicable mandatory reporting laws. Reporting will be done by the Director CRS coordinated through the Director of Community Corrections and CEO.”</p> <p data-bbox="280 1653 1477 1814">The PREA Coordinator and Facility Director said there are no residents under 18 and if a vulnerable adult made a report, they would contact the Department of Mental Health. Based on this auditor’s review of reports during the review period, there were no reports made by a vulnerable adult.</p> <p data-bbox="280 1854 1477 1971">e) SMBH #70-074 PREA policy pg. 17 states “(4) The agency shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.”</p> <p data-bbox="280 2011 1477 2083">The Facility Director was interviewed and asked if all allegations of sexual abuse and sexual harassment are referred to designated investigators. The Facility Director</p>

stated yes they are initially referred to designated facility investigators. If the incident may be a criminal law violation, the St Francois County Sheriff's Department is immediately contacted and asked to investigate.

This auditor reviewed information about incidents that occurred during the review period. One incident involved an investigation of a sexual abuse allegation that was referred to the St Francois Sheriff's Department for investigation once the facility investigator determined there may be a criminal violation.

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SMBH #70-074 PREA policy pg. 17 states “When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident.”</p> <p>During random staff interviews, all staff said if a resident was at risk of imminent sexual abuse, they would sperate the resident from the threat and keep the resident with them until they could make contact with their immediate supervisor.</p> <p>The Agency Head was asked how the agency can protect the alleged victim if there was a risk of imminent sexual abuse. She stated the agency would have the alleged perpetrator either transferred back to the BOP or to the St Francoise County Jail. If the alleged perpetrator is staff, she would place the staff on administrative leave until the investigation concludes.</p> <p>The Facility Director was asked how a resident reporting a risk of imminent sexual abuse can be protected. She stated they could consider housing changes, transfer of a resident perpetrator or removal of a staff if needed. If the victim could not be safe at SMBH, they would contact the BOP for transfer or possibly consider a move to home detention.</p> <p>The facility reported on the PAQ one incident of substantial risk of imminent sexual abuse. This incident was reviewed by this auditor and found the facility took steps to protect the victim by separating the victim from the alleged perpetrator and contacting the St Francois Sheriff’s Department. The alleged perpetrator was transferred to the jail.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a-c) SMBH #70-074 PREA policy pg. 17 states “(1) Upon the agency receiving an allegation that an offender was sexually abused while confined at another facility, the Director of Community Reentry Services shall notify the head of the facility or agency where the alleged abuse occurred. (2) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (3) The agency documents such notification.”</p> <p>The Agency Head was asked during her interview if a resident had reported being sexually abused at another facility during the review period. She stated no residents had reported to staff any incidents of sexual abuse at another facility. She stated if a resident told staff about an incident of sexual abuse that happened at another facility, she would provide that information to the facility head at that facility in a memorandum.</p> <p>d) SMBH #70-074 PREA policy pg. 17 states “(4) Upon the agency receiving an allegation that a former offender was sexually abused while at the Aquinas facility, the Director of CRS shall immediately initiate an investigation.”</p> <p>The Facility Director was asked during her interview if the facility had received any reports from former residents at another facility of a sexual abuse incident that occurred at SMBH. She stated that SMBH had not received this type of report during the review period. If a former resident made a report of sexual abuse that occurred at SMBH, SMBH investigators would conduct an investigation based on the information provided by the former resident. If the incident was a possible criminal violation, the facility would contact the St. Francois County Sheriff’s Department.</p>

<b>115.264</b>	<p><b>Staff first responder duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>a) SMBH #70-074 PREA policy pg. 17 states “(1) When a Community Reentry Services or Community Reentry Technician first-responder learns that an offender has been sexually abused, they shall take immediate action to protect the offender. This includes:</p> <ul style="list-style-type: none"> <li>(a) Separating the offender from the alleged perpetrator;</li> <li>(b) Preserving and protecting any crime scene until appropriate steps can be taken to collect evidence; and</li> <li>(c) If the abuse occurred within a time period that still allows for the collection of physical evidence, requesting that the alleged victim—and ensuring that the alleged abuser—not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</li> <li>(d) SEMO BH will contact Parkland Hospital to provide medical assistance for the victim and Horizon of Hope to provide mental health assistance for the victim.”</li> </ul> <p>b) SMBH #70-074 PREA policy pg. 17 states “(2) When the first staff responder is not a Community Reentry Services or Community Reentry Technician staff member, they shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify the Community Reentry Services or Behavioral Health Technician staff.”</p> <p>Security and non-security staff were asked during interviews how they would respond if a resident reported being sexually assaulted. All responses included immediately separating the victim to a safe area, instructing the victim not to eat, drink, smoke, brush teeth, change clothes, shower, or use the bathroom. If the staff had to secure a resident perpetrator, the same instructions would be given to protect potential evidence. All staff stated they would secure the scene of the sexual abuse to protect evidence from being contaminated.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The SMBH coordinated response plan is contained in pages 18-21 of the PREA policy #70-074. The plan provides the actions staff are to take in response to a report of imminent sexual abuse or harassment, a suspected or alleged incident of sexual abuse, prior to transport to a medical forensic exam, and following the exam. The plan provides responsibilities for first responders, facility investigator, and facility leadership. SMBH does not have medical or mental health staff. These services would be provided off site in the community.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Agency Head was asked during her interview if SMBH has any collective bargaining agreements. She stated that SMBH does not have collective bargaining agreements.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 622">a) SMBH #70-074 PREA policy pg. 21 states “(1) The agency’s policy is to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. (7) If a staff member has reported the harassment, the agency will monitor for at least 90 days following the report to ensure the staff member is not retaliated against. The monitoring will be documented in the staff member’s personnel file.”</p> <p data-bbox="280 665 1477 864">b) SMBH #70-074 PREA policy pg. 21 states “(2) The agency employs multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.”</p> <p data-bbox="280 907 1477 1227">c-e) SMBH #70-074 PREA policy pg. 22 states “(3) For at least 90 days following a report of sexual abuse, the agency Community Reentry Services staff monitors the conduct and treatment of offenders or staff who reported sexual abuse, and of offenders who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. (4) The agency continues such monitoring beyond 90 days if the initial monitoring indicates an ongoing need. Monitoring shall include:</p> <ul data-bbox="280 1270 1342 1518" style="list-style-type: none"> <li>(a) Periodic in-person conversations with offenders and/or staff;</li> <li>(b) Review of disciplinary incidents involving offenders;</li> <li>(c) Review of housing or program changes; and</li> <li>(d) Review of negative performance reviews or reassignments of staff.”</li> </ul> <p data-bbox="280 1628 1414 1704">f) SMBH #70-074 PREA policy pg. 22 states “(6) The agency’s obligation to monitor terminates if the agency determines that the allegation is unfounded.”</p> <p data-bbox="280 1742 1477 2063">Retaliation monitoring is conducted by Case Managers. An interview was conducted with one of the Case Managers responsible for retaliation monitoring. He said he meets with the victim for an initial meeting and then once every 30 days or more often if needed as he tells the resident he has an open door. The monitoring lasts for 90 days. The Case Manager said he looks for job changes, housing changes or incidents of intimidation as signs of retaliation after a PREA report. If he suspects retaliation is occurring, he will look into it and then inform the Facility Director. If there is retaliation he can give the victim a housing change, can ask staff to do</p>

increased room checks or remove the resident that is retaliating. If the retaliation is from staff, he said the staff may be reassigned to a different part of the facility to remove contact with the resident or the staff may be suspended. The monitoring is documented in the client's electronic health record or the staff member's personnel file.

The Agency Head was interviewed and asked how the facility protects residents from retaliation. She stated they separate residents to ensure the safety of the victim. The perpetrator is moved to a different building or removed from the facility by the SFCSD if it is a criminal case. She said all staff are trained to watch for retaliation. If retaliation is identified is is addressed immediately.

There were two incidents of sexual abuse reported during the review period. Both were determined to be unfounded for PREA prior to retaliation monitoring beginning. Therefore, there was no documentation of monitoring during the review period.

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 499">a) SMBH #70-074 PREA policy pg. 22 states “(1) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.”</p> <p data-bbox="280 539 1453 651">During an interview the facility investigator was asked how long it took to begin an investigation once a report was received from a resident. He stated the investigation would begin immediately.</p> <p data-bbox="280 694 1453 853">During the review period there was one report of sexual abuse to review. The investigation began immediately by facility investigators. The St Francois Sheriff’s Department was contacted immediately upon determining a possible criminal violation was being reported.</p> <p data-bbox="280 893 1465 1093">b) SMBH #70-074 PREA policy pg. 22 states “(2) Where sexual abuse is alleged, administrative investigations will be conducted by a staff member who has completed PREA Specialized Investigator Training. Allegations that appear to be criminal will be immediately referred to the St. Francois County Sheriff’s Department.”</p> <p data-bbox="280 1133 1453 1205">Documentation of completion of two training modules that meet standard 115.234 was provided for the two facility investigators.</p> <p data-bbox="280 1245 1469 1529">c) SMBH #70-074 PREA policy pg. 22 states “(3) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. If there is possibility of DNA evidence, the DNA evidence will be collected by the St. Francois County Sheriff’s Department.”</p> <p data-bbox="280 1570 1469 1809">During the review period the facility provided documentation of four incidents that were investigated for possible PREA violations. Two were discovered by checking resident cell phones and determined to not be PREA incidents. One was reported in a grievance. One was reported by a third party and then the victim. All four were reviewed and documented proper collection of electronic evidence, witness statements, victim and perpetrator interviews.</p> <p data-bbox="280 1850 1458 2049">d) During the interview with a designated facility investigator, he was asked if he conducts compelled interviews. He stated the facility investigators are not qualified to conduct criminal investigations or compelled interviews with perpetrators. If the case is a possible criminal violation, the St Francois Sheriff’s Department will conduct the criminal investigation and all compelled interviews.</p>

e) SMBH #70-074 PREA policy pg. 22-23 states “(4) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as offender or staff. The agency shall not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation.”

During an interview with a facility investigator, He was asked how the credibility of the victim, witnesses and perpetrator are determined. He stated all are determined on an individual basis. He also stated that a truth telling device would never be used for a victim interview.

f) SMBH #70-074 PREA policy pg. 23 states “(5) Administrative investigations:

(a) Include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(b) Are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(c) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.”

During an interview with a facility investigator, He was asked if administrative investigations are documented in written reports. He stated all administrative investigations are documented in a report that includes a description of evidence reviewed, interviews and the reasoning behind credibility assessments and the outcome.

Four administrative investigation reports were provided to this auditor for review. Three were determined to not be a PREA incident. One case of reported sexual abuse was investigated. The report described the electronic evidence that was reviewed, interviews that were conducted and the reasoning behind the findings. Preponderance of evidence was the standard used for unfounded.

g) SMBH #70-074 PREA policy pg. 23 states “(6) SEMO BH will attempt to obtain a copy of the written investigation report from the St. Francois County Sheriff’s Department.”

The facility investigator said the St. Francois County Sheriff’s Department would provide the investigation report for all criminal investigations. One incident was investigated by SFCSD and two supplemental investigation reports were provided to

the facility documenting the victim providing a false report of sexual abuse for consensual sexual conduct.

h) SMBH #70-074 PREA policy pg. 23 states “(7) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution by the St. Francois County Sheriff’s Department.”

There were no substantiated findings that appeared to be criminal for investigations during the review period. The facility investigator stated the St. Francois County Sheriff’s Department would file for criminal charges with the prosecutor when there is enough evidence to substantiate a criminal case they are investigating.

i) SMBH #70-074 PREA policy pg. 23 states “(8) The agency retains all written report required by this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.”

j) SMBH #70-074 PREA policy pg. 23 states “(9) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

During an interview with the facility investigator, he was asked if the perpetrator or victim leave the facility how would he continue the investigation. He stated he would still attempt to contact staff based on information provided by HR and he would contact the BOP for assistance with resident perpetrators that would be returned to BOP.

l) SMBH #70-074 PREA policy pg. 23 states “(10) When other agencies investigate sexual abuse, the agency cooperates with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

The Facility Director said she would contact the St Francois County Sheriff’s Deputy conducting a criminal investigation to follow up. She stated they are also good at keeping them up to date as well. The PREA Coordinator/facility investigator said he would make phone calls or email to request updates from the SFCSD.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SMBH #70-074 PREA policy pg. 23 states “The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.”</p> <p>Of the four investigations provided for review, two were incidents that were determined to not be PREA and two were reports of sexual abuse that were concluded as unfounded based on the preponderance of evidence. One of these had the administrative investigation conclude prior to the conclusion of a criminal investigation by SFCSD that concluded with unfounded for a false report by the victim. The administrative investigation was not corrected after the criminal investigation concluded. SMBH was asked by this auditor to amend the administrative investigation finding based on the criminal investigation outcome.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 499">a) SMBH #70-074 PREA policy pg. 23 states “(1) Following an investigation into an offender’s allegation that he or she suffered sexual abuse, the Director of Community Reentry Services shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p data-bbox="280 539 1437 651">b) SMBH #70-074 PREA policy pg. 23 states “(2) If the investigation was conducted by the St. Francois County Sheriff’s Department, SEMO BH will request relevant information in order to inform the resident.”</p> <p data-bbox="280 692 1418 808">c) SMBH #70-074 PREA policy pg. 23-24 states “(3) Following an offender’s allegation that a staff member committed sexual abuse against him or her, the agency shall subsequently inform the offender whenever:</p> <ul style="list-style-type: none"> <li data-bbox="280 848 1297 882">(a) The staff member is no longer posted within the offender’s unit;</li> <li data-bbox="280 922 1163 956">(b) The staff member is no longer employed at the facility;</li> <li data-bbox="280 996 1461 1066">(c) The agency learns that the staff member has been charged with or indicted on a charge related to sexual abuse within the facility; or</li> <li data-bbox="280 1106 1425 1176">(d) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”</li> </ul> <p data-bbox="280 1290 1469 1406">d) SMBH #70-074 PREA policy pg. 24 states “(4) Following an offender’s allegation that he or she has been sexually abused by another offender, the agency shall subsequently inform the alleged victim whenever:</p> <ul style="list-style-type: none"> <li data-bbox="280 1447 1361 1516">(a) The agency learns that the alleged abuser has been charged with or indicted on a charge related to sexual abuse within the facility; or</li> <li data-bbox="280 1556 1442 1626">(b) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”</li> </ul> <p data-bbox="280 1740 1417 1899">e) SMBH #70-074 PREA policy pg. 24 states “(5) All such notifications or attempted notifications shall be documented. The agency’s obligation to report under this standard shall terminate if the offender is released from the agency’s custody.”</p> <p data-bbox="280 1939 1414 2056">f) SMBH #70-074 PREA policy pg. 24 states “(6) The agency’s obligation to report under this standard shall terminate if the resident is no longer housed at SEMO BH.”</p>

During the review period there were four incidents that were investigated for potential sexual abuse incidents. This auditor reviewed the case files. Two were determined to be consensual sexual contact that resulted in transfer to BOP, one had no evidence of a sexual abuse incident or a report by a victim, and one was incidental contact during a pat search that was not a sexual abuse incident. No notices of outcome were provided to residents under this standard during the review period. Four sexual abuse investigations were incorrectly reported on the PAQ based on discussion with eh PREA Coordinator and review of the case files.

The PREA Coordinator stated during his interview that he would document the notice of outcome to the resident on a Complaint Response Form that is given to the resident and forwarded to the BOP.

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 24 states “(1) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”</p> <p>b) SMBH #70-074 PREA policy pg. 24 states “(2) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”</p> <p>c) SMBH #70-074 PREA policy pg. 24 states “(3) Disciplinary sanctions for violations of the agency policies relating to sexual abuse or sexual harassment 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.”</p> <p>d) SMBH #70-074 PREA policy pg. 24 states “(4) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”</p> <p>Based on interviews with the Agency Head, PREA Coordinator and Facility Director there have been no substantiated incidents that resulted in staff discipline, termination or reporting to law enforcement or licensing bodies during the review period.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 24 states “(1) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to the St. Francois County Sheriff’s Department unless the activity was clearly not criminal, and to relevant licensing bodies.”</p> <p>b) SMBH #70-074 PREA policy pg. 25 states “(2) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of the agency sexual abuse or sexual harassment policies by a contractor or volunteer.”</p> <p>Based on a memorandum from the Agency Head, SMBH does not currently have any contract staff or volunteers. The agency has a policy that would apply to contract staff and volunteers if they were to have any in the future. The policy follows the standards requirements.</p>

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1465 499">a) SMBH #70-074 PREA policy pg. 25 states “(1) Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.”</p> <p data-bbox="280 539 1465 698">b) SMBH #70-074 PREA policy pg. 25 states “(2) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.”</p> <p data-bbox="280 739 1465 898">c) SMBH #70-074 PREA policy pg. 25 states “(3) The disciplinary process shall consider whether an offender’s mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.”</p> <p data-bbox="280 938 1465 1133">The Facility Director was asked during her interview if disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed and if mental disabilities are considered. She stated possible sanctions would be housing changes, loss of privileges, or transfer back to BOP. Mental disabilities would be a mitigating factor in decisions for sanctions.</p> <p data-bbox="280 1173 1465 1368">d) SMBH #70-074 PREA policy pg. 25 states “(4) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.”</p> <p data-bbox="280 1408 1465 1485">SMBH does not have medical or mental health staff as stated in a memorandum form the Agency Head.</p> <p data-bbox="280 1525 1465 1641">e) SMBH #70-074 PREA policy pg. 25 states “(5) The agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.”</p> <p data-bbox="280 1682 1465 1877">f) SMBH #70-074 PREA policy pg. 25 states “(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, even if an investigation does not establish evidence sufficient to substantiate the allegation.”</p> <p data-bbox="280 1917 1465 2076">g) SMBH #70-074 PREA policy pg. 25 states “(7) The agency prohibits all sexual activity between residents and may discipline residents for such activity. The agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.”</p>

<p>During the review period there were no disciplinary hearings involving substantiated sexual abuse. Four residents were transferred back to the BOP for consensual sexual activity that violates zero tolerance policy and the BOP Prohibited Acts 205 engaging in sexual acts. Once transferred to the BOP, the investigation information is sent for review and disposition by the BOP. Based on interviews with the Agency Head and PREA Coordinator, most discipline for substantiated sexual abuse and consensual sexual acts are going to be handled by the BOP.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 25 states “(1) Offender 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. Victims will be referred to Parkland Hospital for medical services and Horizon of Hope for mental health services.”</p> <p>b) SMBH does not have medical or mental health staff. The Agency Head and PREA Coordinator stated during interviews that the resident victim of sexual abuse would be sent to Parkland Hospital via ambulance for emergency medical services.</p> <p>c) SMBH #70-074 PREA policy pg. 25 states “(2) Offender victims of sexual abuse while incarcerated shall be 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.”</p> <p>d) SMBH #70-074 PREA policy pg. 26 states “(3) Treatment services shall be provided to the victim—without financial cost to the victim—and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>Based on a memorandum from the Agency Head, SMBH does not have medical or mental health staff. The Agency Head and PREA Coordinator stated during interviews that the resident victim of sexual abuse would be sent to Parkland Hospital via ambulance for emergency medical services. All mental Health services would be provided at Horizon of Hope. No residents were sent out for medical or mental health services as a result of sexual abuse during the review period.</p>

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 26 states “(1) The facility has an MOU or makes referrals to local service providers for medical and mental health evaluation and, as appropriate, treatment to all offenders who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.”</p> <p>b) SMBH #70-074 PREA policy pg. 26 states “(2) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.”</p> <p>c) SMBH #70-074 PREA policy pg. 26 states “(3) The facility shall provide such victims with medical and mental health services consistent with the community level of care.”</p> <p>d) SMBH #70-074 PREA policy pg. 26 states “(4) Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.”</p> <p>e) SMBH #70-074 PREA policy pg. 26 states “(5) If pregnancy results from the conduct described in this section, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, such as prenatal care and access to pregnancy termination services, where available.”</p> <p>f) SMBH #70-074 PREA policy pg. 26 states “(6) Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.”</p> <p>g) SMBH #70-074 PREA policy pg. 26 states “(7) Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>h) SMBH #70-074 PREA policy pg. 26 states “(8) The agency will 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.”</p> <p>Based on a memorandum from the Agency Head, SMBH does not have medical or mental health staff. The Agency Head and PREA Coordinator stated during interviews that the resident victim of sexual abuse would be sent to Parkland Hospital follow up medical services. All follow up mental health services would be provided by Horizon of Hope. No residents were sent out for medical or mental</p>

	health services as a result of sexual abuse during the review period.
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 499">a) SMBH #70-074 PREA policy pg. 26 states “(1) The agency shall 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.”</p> <p data-bbox="280 539 1433 824">During the review period there were four incidents that were investigated for potential sexual abuse incidents. This auditor reviewed the case files. Two were determined to be consensual sexual contact that resulted in transfer to BOP, one had no evidence of a sexual abuse incident or a report by a victim, and one was incidental contact during a pat search that was not a sexual abuse incident. As a result, none of these cases required an incident review under this standard. However, the facility did conduct an incident review of three investigations.</p> <p data-bbox="280 864 1433 936">b) SMBH #70-074 PREA policy pg. 26 states “(2) The review shall ordinarily occur within 30 days of the conclusion of the investigation.”</p> <p data-bbox="280 976 1406 1048">The incident reviews were dated within 30 days of the investigation completion dates.</p> <p data-bbox="280 1088 1469 1328">c) SMBH #70-074 PREA policy pg. 27 states “(3) The review team shall include upper-level management officials, with input from line supervisors, investigators, and Community Reentry Services staff. The incident review team will include at minimum the CEO, other Executive Staff, Director of Community Corrections, CRS Director, Director of Operations, Director Farmington Area and staff involved in the investigation.”</p> <p data-bbox="280 1368 1474 1485">The Facility Director stated during interview that the incident reviews are conducted by a team of staff that is multi-disciplinary from executive level and mid-level supervisors.</p> <p data-bbox="280 1525 1442 1724">The members of the the review team were documented on the three incident reviews. The PREA Coordinator/Investigator, Facility Director, Agency Head, Chief Risk Management Officer, House Supervisor, Director of Facilities, and Assistant Director of Facilities were on the team. SMBH does not have medical or mental health staff to be on the review team.</p> <p data-bbox="280 1765 1366 1798">d) SMBH #70-074 PREA policy pg. 27 states “(4) The review team shall:</p> <p data-bbox="280 1839 1469 1910">(a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</p> <p data-bbox="280 1951 1477 2067">(b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise</p>

caused by other group dynamics at the facility;

- (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (d) Assess the adequacy of staffing levels in that area during different shifts;
- (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (f) Prepare a report of its findings, including determinations made pursuant to this section, and any recommendations for improvement and submit the report to the CEO.
- (g) The review team report will be filed with the Administration Department.”

The Agency Head, PREA Coordinator and Facility Director were all asked to describe the incident review process. All stated they look at all evidence, review the response by staff, staff monitoring, video camera placement, and any obstructions to monitoring.

The three incident reviews that occurred during the review period covered the required factors in substandard (d) 1-5. These were documented separately in a report with a narrative of the group consensus for each. The Facility Director and PREA Coordinator were on the review team and therefore received the report.

- e) SMBH #70-074 PREA policy pg. 27 states “(5) The agency shall implement the review team’s recommendations for improvement, or document its reasons for not doing so.”

Any recommendations for improvement were described in each of the factors for (d) 1-5 on the report. Some of the improvements were observed on the tour and pointed out by the Agency Head and PREA Coordinator. New cameras were put in place or existing cameras were moved. Also the Guard One buttons were moved into the resident rooms so staff would have to enter the room and ensure only allowed residents were in the room.

<b>115.287</b>	<b>Data collection</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 456">a) SMBH #70-074 PREA policy pg. 27 states “(1) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the Critical Incident Reporting system.”</p> <p data-bbox="280 499 1474 616">b) SMBH #70-074 PREA policy pg. 27 states “(2) The Performance Improvement Department aggregates the incident-based sexual abuse data at least annually.”</p> <p data-bbox="280 658 1445 896">The PREA Coordinator said the annual PREA data is provided as part of the Annual Community Corrections Division Annual Report. A review of the SMBH website found the 2019, 2018 and 2017 reports only. The PREA Coordinator stated during interview the report had not been completed since 2019. The PREA Coordinator wrote the annual report for 2021 and 2022 and provided a copy to this auditor during the post audit period.</p> <p data-bbox="280 1005 1445 1167">c) SMBH #70-074 PREA policy pg. 27 states “(3) 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.”</p> <p data-bbox="280 1207 1474 1361">The PREA Coordinator stated during interview that BJS has not requested a SSV report from SMBH. He said the facility will complete a SSV incident form for each substantiated sexual abuse and sexual harassment investigation to gather the data that would be needed if BJS were to request a SSV report from SMBH.</p> <p data-bbox="280 1402 1445 1518">d) SMBH #70-074 PREA policy pg. 27 states “(4) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p data-bbox="280 1559 1126 1592">e) SMBH does not contract with other private facilities.</p> <p data-bbox="280 1632 1474 1749">f) SMBH #70-074 PREA policy pg. 27 states “(5) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.”</p> <p data-bbox="280 1789 1406 1859">The PREA Coordinator stated during interview that BJS has not requested a SSV report from SMBH.</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 499">a) SMBH #70-074 PREA policy pg. 28 states “(1) The agency reviews data collected and aggregated pursuant to Section 115.287 above in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ul style="list-style-type: none"> <li data-bbox="280 539 762 573">(a) Identifying problem areas;</li> <li data-bbox="280 613 1082 647">(b) Taking corrective action on an ongoing basis; and</li> <li data-bbox="280 687 1353 757">(c) Preparing an annual report of its findings and corrective actions and forwarding the report to the Bureau of Prisons.”</li> </ul> <p data-bbox="280 869 1442 1106">The PREA Coordinator said the annual PREA data is provided as part of the Annual Community Corrections Division Annual Report. A review of the SMBH website found the 2019, 2018 and 2017 reports only. The PREA Coordinator stated during interview the report had not been completed since 2019. The PREA Coordinator wrote the annual report for 2021 and 2022 and provided a copy to this auditor during the post audit period as a correction.</p> <p data-bbox="280 1146 1442 1305">b) SMBH #70-074 PREA policy pg. 28 states “(2) Such report includes a comparison of the current year’s data and corrective actions with those from prior years and provides an assessment of the agency’s progress in addressing sexual abuse.”</p> <p data-bbox="280 1346 1442 1415">The annual reports were reviewed and found to have a comparison of the data for the current year to previous years.</p> <p data-bbox="280 1456 1442 1570">c) SMBH #70-074 PREA policy pg. 28 states “(3) The agency’s report shall be approved by the Chief Executive Officer and made readily available to the public through its website.”</p> <p data-bbox="280 1610 1426 1724">The Agency Head stated during her interview that she reviews and approves the Annual Community Corrections Division Annual Report prior to it being posted on the website.</p> <p data-bbox="280 1765 1469 1924">d) SMBH #70-074 PREA policy pg. 28 states “(4) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but indicates the nature of the material redacted.”</p> <p data-bbox="280 1964 1458 2078">The PREA Coordinator stated during his interview that personally identifying information for residents and staff would be redacted from material that references sexual abuse and sexual harassment incidents. No personal identifiers were found</p>

	on the annual reports reviewed.
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>a) SMBH #70-074 PREA policy pg. 28 states “(1) The agency ensures that data collected pursuant to 115.287 are securely retained.”</p> <p>The PREA Coordinator stated during his interview the Critical Incident Reporting System access is restricted to a limited number of staff in the Risk Management Department.</p> <p>b) SMBH #70-074 PREA policy pg. 28 states “(2) The agency makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website.”</p> <p>The PREA Coordinator said the annual PREA data is provided as part of the Annual Community Corrections Division Annual Report. A review of the SMBH website found the 2019, 2018 and 2017 reports only. The PREA Coordinator stated during interview the report had not been completed since 2019. The PREA Coordinator wrote the annual report for 2021 and 2022 and provided a copy to this auditor during the post audit period as a correction.</p> <p>c) SMBH #70-074 PREA policy pg. 28 states “(3) Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.”</p> <p>The PREA Coordinator stated during his interview that personally identifying information for residents and staff would be redacted from material that references sexual abuse and sexual harassment incidents. No personal identifiers were found on the annual reports reviewed.</p> <p>d) SMBH #70-074 PREA policy pg. 28 states “(4) The agency maintains 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.”</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SMBH #70-074 PREA policy pg. 28 states “Audits: SEMO BH will ensure that the facility is audited by a Department of Justice certified PREA auditor once every three (3) years.”</p> <p>A review of the Southeast Missouri Behavioral Health Federal Program website found the audit reports for the last two PREA audits in 2016 and 2020 posted at <a href="https://semobh.org/community-services/federal-program/">https://semobh.org/community-services/federal-program/</a>.</p> <p>This auditor was given access to all areas of the facility and was provided with all documents requested.</p> <p>This auditor was provided a private space to interview residents where staff could see through windows but not hear the conversations. Other residents could not see the interview area.</p> <p>The Notice of Audit with my postal address was posted throughout the facility and observed on the tour. No correspondence was received prior to the onsite audit.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	A review of the Southeast Missouri Behavioral Health Federal Program website found the audit reports for the last two PREA audits in 2016 and 2020 posted at <a href="https://semobh.org/community-services/federal-program/">https://semobh.org/community-services/federal-program/</a> .

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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)?	no
	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?	no
	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 ?	no
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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?	no

<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	no
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.231 (a)</b>	<b>Employee training</b>	
	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

<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	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

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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)?	no
	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

<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	no
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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?	no
	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?	no
	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?	no
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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

<b>115.251 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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?	no
	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?	no
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	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

<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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?	no
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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