

# PREA Facility Audit Report: Final

**Name of Facility:** Johnson County Adult Residential Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 05/06/2022

**Date Final Report Submitted:** 06/01/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Chris Sweney	<b>Date of Signature:</b> 06/01/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Sweney, Chris
<b>Email:</b>	csweney.prea@gmail.com
<b>Start Date of On-Site Audit:</b>	04/04/2022
<b>End Date of On-Site Audit:</b>	04/05/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Johnson County Adult Residential Center
<b>Facility physical address:</b>	101 Roeland Park Drive, New Century, Kansas - 66031
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Linda Hadel
<b>Email Address:</b>	linda.hadel@jocogov.org
<b>Telephone Number:</b>	913-715-6306

Facility Director	
<b>Name:</b>	Earl Taylor
<b>Email Address:</b>	earl.taylor@jocogov.org
<b>Telephone Number:</b>	913-715-6539

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

Facility Health Service Administrator On-Site	
Name:	Vital Core
Email Address:	COR-MedService@jocogov.org
Telephone Number:	913-715-6336

Facility Characteristics	
Designed facility capacity:	398
Current population of facility:	120
Average daily population for the past 12 months:	135
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-75
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with residents:	94
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	58
Number of volunteers who have contact with residents, currently authorized to enter the facility:	184

AGENCY INFORMATION	
Name of agency:	Johnson County Corrections Department
Governing authority or parent agency (if applicable):	
Physical Address:	588 East Santa Fe Street, Olathe, Kansas - 66061
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Linda Hadel	<b>Email Address:</b>	Linda.Hadel@jocogov.org

SUMMARY OF AUDIT FINDINGS	
<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:	2022-04-04
2. End date of the onsite portion of the audit:	2022-04-05

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Metropolitan Organization to Counter Sexual Assault (MOCSA) - (913) 642-0233 <a href="https://www.mocsa.org/">https://www.mocsa.org/</a>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	398
15. Average daily population for the past 12 months:	135
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	100
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:	0
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:	2
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:	0

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:	0
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:	0
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:	0
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:	1
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:	0
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:	1
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:	0
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):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</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:	90
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:	184
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:	184
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:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input 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 type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor conducted interviews with random and targeted residents. The resident population on the first day of the onsite review was 100. All reasonable efforts were made to conduct the required number of targeted resident interviews. The auditor selected additional residents from the available targeted populations and increased the number of random resident interviews to ensure that the appropriate numbers of residents were interviewed. There was a total of 21 formal resident interviews conducted. The auditor selected residents randomly by using a full roster provided at the beginning of the on-site review. Interviews were conducted with at least one resident for each living area of the facility and included both male and female residents.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
<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>	

<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></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>The facility reported no Residents with physical disabilities. This was verified during the tour of the facility and confirmed during staff and Inmate interviews.</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>1</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>The facility reported no Residents who are Blind or have low vision. This was verified during the tour of the facility and confirmed during staff and Inmate 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>The facility reported no Residents who are Deaf or hard-of-hearing. This was verified during the tour of the facility and confirmed during staff and Inmate 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>The facility reported no Residents who are Limited English Proficient (LEP). This was verified during the tour of the facility and confirmed during staff and Inmate 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>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>The facility reported no Residents who identify as lesbian, gay, or bisexual. This was verified during the tour of the facility and confirmed during staff and Inmate interviews.</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>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported there were no residents currently in the facility who reported sexual abuse during the audit period. This was verified during the tour of the facility and confirmed during staff interviews.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no residents who were placed in segregated housing/isolation for risk of sexual victimization. This was verified during the tour of the facility and confirmed during staff and resident interviews.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>8</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</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>
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### Was the site review an active, inquiring process that included the following:

<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>
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

## 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>	4	1	4	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	4	1	4	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>	5	0	5	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	6	0	6	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
Inmate-on-inmate sexual abuse	0	4	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	4	0	0

**Sexual Harassment Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	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
Inmate-on-inmate sexual harassment	0	0	4	1
Staff-on-inmate sexual harassment	0	0	1	0
<b>Total</b>	0	0	5	1

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	4
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<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)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<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)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<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>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5

109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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 harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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 harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

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

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

121. Who paid you to conduct this audit?

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

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Prison Rape Elimination Act (PREA) Policy 13.03</li> <li>2. JCDOC-ARC Organizational Chart</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Director of Adult Residential Center</li> <li>2. Policy and Compliance Manager (PREA Coordinator)</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) has a zero-tolerance policy towards all forms of sexual abuse and harassment. JCDOC-ARC policy outlines how the facility prevents, detects, and responds to incidents of sexual abuse and sexual harassment. These policies also include definitions of prohibited behaviors and sanctions for those who participated in those behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>JCDOC-ARC's PREA Coordinator is indicated in the JCDOC-ARC policy and organizational chart. The Agency PREA Coordinator reports directly to the Director of the Adult Residential Center and she indicated during her interview that she has sufficient time and authority to develop, implement, and oversee all agency efforts to comply with the PREA standards.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.212	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1362 389" style="list-style-type: none"> <li data-bbox="240 362 1362 389">1. Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) pre-audit questionnaire</li> </ol> <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 820 560" style="list-style-type: none"> <li data-bbox="240 479 639 506">1. Director of Adult Residential Center</li> <li data-bbox="240 533 820 560">2. Policy and Compliance Manager (PREA Coordinator)</li> </ol> <p data-bbox="240 591 509 618">Site Review Observations:</p> <ol data-bbox="240 649 804 676" style="list-style-type: none"> <li data-bbox="240 649 804 676">1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="240 707 979 734">JCDOC-ARC does not contract with other entities to house their residents</p> <p data-bbox="240 766 1422 824">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.213	<b>Supervision and monitoring</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 799 562" style="list-style-type: none"> <li data-bbox="240 362 467 389">1. Shift Staffing Plan</li> <li data-bbox="240 421 501 448">2. Shift Staffing Reports</li> <li data-bbox="240 479 799 506">3. Shift Staffing Level Calculator and Overtime Report</li> <li data-bbox="240 537 507 564">4. Staffing Plan Reviews</li> </ol> <p data-bbox="240 595 352 622">Interviews:</p> <ol data-bbox="240 654 820 734" style="list-style-type: none"> <li data-bbox="240 654 639 680">1. Director of Adult Residential Center</li> <li data-bbox="240 712 820 739">2. Policy and Compliance Manager (PREA Coordinator)</li> </ol> <p data-bbox="240 770 507 797">Site Review Observations:</p> <ol data-bbox="240 828 804 855" style="list-style-type: none"> <li data-bbox="240 828 804 855">1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="240 887 1490 1043">JCDOC-ARC has a staffing plan which accounts for generally accepted practices; JCDOC-ARC follows applicable regulations and standards to determine staffing levels. All components of the facility's physical plant, video monitoring system, composition of the resident population and placement of supervisory staff are also considered. Deviations from the staffing plan are documented and reported to the Director. Staffing requirements are assessed annually and adjustments are made if necessary.</p> <p data-bbox="240 1075 1422 1133">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Searches Policy #05.12</li> <li>2. JCDOC-ARC Search Posting</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Policy and Compliance Manager (PREA Coordinator)</li> <li>2. Random Staff Interviews</li> <li>3. Random Resident Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>JCDOC-ARC policy prohibits cross-gender pat searches, strip searches or cross-gender visual body cavity searches. The facility has implemented policies and procedures which enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their, buttocks, or genitalia, except when such viewing is incidental to routine checks. All staff received training to conduct cross-gender and transgender pat searches. JCDOC-ARC staff announce anytime they enter housing and restroom areas. Resident interview indicated this is a common practice.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.216	<p><b>Residents with disabilities and residents who are limited English proficient</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Access to Services, Programming and Staff Policy #07.14</li> <li>2. Able Hands Interpreting Services</li> <li>3. JCDOC-ARC Resident Handbook (English/Spanish)</li> <li>4. Metropolitan Organization to Counter Sexual Assault (MOCSA) Pamphlet (English/Spanish)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Policy and Compliance Manager (PREA Coordinator)</li> <li>2. Random Staff Interviews</li> <li>3. Random Resident Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>The JCDOC-ARC takes steps and has a policy which ensures 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. The JCDOC-ARC provides residents a handbook which is available in English and Spanish. Additionally, the facility has bilingual staff and their PREA posters and pamphlets are available in English and Spanish.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.217	<b>Hiring and promotion decisions</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Employment Practices Policy #03.06A</li> <li>2. JCDOC-ARC Organizational Chart</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director/PREA Compliance Manager</li> <li>2. PREA Coordinator Interview</li> <li>3. Operations Commander</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC requires background investigations for all new hires as well as for staff being considered for a promotion.</li> <li>(b) JCDOC-ARC policy indicates that any incidents of sexual harassment will be taken into consideration when determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with residents.</li> <li>(c) JCDOC-ARC policy states that employment reference checks will be conducted not only for outside applicants but for internal applicants as well in order to verify current work records. The hiring manager shall request a review of the employee's personnel file, as well as a review of supervisory counseling, formal and informal, for this purpose. This includes efforts to contact any prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</li> <li>(d) JCDOC-ARC policy requires a criminal background records check before enlisting the services of any contractor who may have contact with residents</li> <li>(e) JCDOC-ARC exceeds the requirements of this component of the standard. Policy and practice require criminal background records checks be completed annually for all employees.</li> <li>(f) JCDOC-ARC asks 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.</li> <li>(g) JCDOC-ARC policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</li> <li>(h) JCDOC-ARC 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.</li> </ul> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The JCDOC-ARC considers the effect of any new design, acquisition, expansion, or modification on the agency's ability to protect residents from sexual abuse. Protection of residents from sexual abuse through the installation of electronic surveillance and other technology is also considered. There has been no expansion, or modification to the physical plant or electronic surveillance since there last audit in 2019.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Abuse – Investigations, Outcomes, and Discipline Policy #13.04</li> <li>2. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> <li>3. MOU with Shawnee Medical Center</li> <li>4. MOU with Metropolitan Organization to Counter Sexual Assault (MOCSA)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director/PREA Compliance Manager</li> <li>2. PREA Coordinator Interview</li> <li>3. Operations Commander</li> <li>4. Medical Staff Interview</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) The JCDOC-ARC is responsible for investigating allegations of sexual abuse and does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence however all criminal investigations are referred to the Johnson County Sheriff's Office (JCSO) to investigate. JCDOC-ARC staff and the JCSO work together but the agency responsible for the criminal investigation is JCSO. JCDOC-ARC administrative staff is responsible for administrative investigations. Interviews with random staff demonstrated that they have been trained in their responsibilities to preserve evidence, the collection of evidence and the chain of custody.</li> <li>(b) The protocol developed is appropriate for youth; however, the JCDOC-ARC does not house youthful offenders therefore this provision is Not Applicable.</li> <li>(c) The JCDOC-ARC offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the PREA Coordinator and Medical staff reiterated that all victims of sexual abuse are offered access to forensic examinations. The forensic medical examinations are referred to the Olathe Medical Center. The examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) and the JCDOC-ARC informs the hospital prior to the resident's arrival of the services required.</li> <li>(d) The JCDOC-ARC has an agreement with Metropolitan Organization to Counter Sexual Assault (MOCSA) to provide the victim with a victim advocate.</li> <li>(e) Interviews conducted with the PREA Coordinator and Medical staff reiterated, that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member does support the victim through the forensic medical examination process and investigatory interviews. The victim advocate will also provide emotional support, crisis intervention, information, and referrals.</li> <li>(f) This provision is Not Applicable, the JCDOC-ARC is responsible for administrative investigations and refers all criminal matters to the Johnson County Sheriff's Office.</li> <li>(g) The auditor is not required to audit this provision</li> <li>(h) This provision is Not Applicable, the agency refers these services to MOCSA for access to a victim advocate.</li> </ul> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 1139 389" style="list-style-type: none"> <li>JCDOC-ARC Sexual Abuse – Investigations, Outcomes, and Discipline Policy #13.04</li> </ol> <p data-bbox="240 421 352 448">Interviews:</p> <ol data-bbox="240 479 732 618" style="list-style-type: none"> <li>Facility Director/PREA Compliance Manager</li> <li>PREA Coordinator Interview</li> <li>Operations Commander</li> </ol> <p data-bbox="240 649 509 676">Site Review Observations:</p> <ol data-bbox="240 707 804 734" style="list-style-type: none"> <li>Observations during on-site review of physical plant</li> </ol> <p data-bbox="240 766 1469 891">The JCDOC-ARC has a policy which ensures that all allegations of sexual abuse or harassment are investigated. JCDOC-ARC administrative staff is responsible for administrative and all criminal allegations are referred to the Johnson County Sheriff's Office (JCSO) to investigate. Staff and resident interviews demonstrated a thorough understanding of this policy. Residents felt confident that staff at the JCDOC-ARC would respond appropriately.</p> <p data-bbox="240 922 1422 981">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 651 506" style="list-style-type: none"> <li data-bbox="240 360 651 387">1. JCDOC-ARC Training Policy #13.03</li> <li data-bbox="240 416 624 443">2. JCDOC-ARC Training Curriculum</li> <li data-bbox="240 472 512 499">3. Staff Training Records</li> </ol> <p data-bbox="240 535 352 562">Interviews:</p> <ol data-bbox="240 591 571 736" style="list-style-type: none"> <li data-bbox="240 591 571 618">1. PREA Coordinator Interview</li> <li data-bbox="240 647 528 674">2. Operations Commander</li> <li data-bbox="240 703 533 730">3. Random Staff Interviews</li> </ol> <p data-bbox="240 766 509 792">Site Review Observations:</p> <ol data-bbox="240 822 1493 1312" style="list-style-type: none"> <li data-bbox="240 822 804 848">1. Observations during on-site review of physical plant <ul data-bbox="240 878 1493 1312" style="list-style-type: none"> <li data-bbox="240 878 1493 1010">(a) JCDOC-ARC provides all staff with training which includes their zero-tolerance policy, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies, residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting abuse and all other components of this standard.</li> <li data-bbox="240 1039 1477 1099">(b) JCDOC-ARC houses both male and female residents and staff receives training tailored to the genders of the residents. All staff receives training regardless of whether or not they are reassigned from another facility.</li> <li data-bbox="240 1128 1493 1189">(c) All current employees who have contact with residents have received training. A review of the staff training records and random staff interviews confirm training was received. Additionally, PREA standards are reviewed throughout the year.</li> <li data-bbox="240 1218 1477 1312">(d) JCDOC-ARC provided training reports which verify they have received the information and understand the training they have received. Upon completion of the lesson plan, staff is required to complete a test over the material. Staff interviews confirmed this process.</li> </ul> </li> </ol> <p data-bbox="240 1344 1425 1404">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.232	<b>Volunteer and contractor training</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 1007 504" style="list-style-type: none"> <li>1. JCDOC-ARC Training Policy #13.03</li> <li>2. JCDOC-ARC Training Curriculum</li> <li>3. Acknowledgement Form for Volunteers, Contract Personnel, and Interns</li> </ol> <p data-bbox="242 533 352 562">Interviews:</p> <ol data-bbox="242 591 807 790" style="list-style-type: none"> <li>1. PREA Coordinator Interview</li> <li>2. Volunteer Coordinator Interview</li> <li>3. Contract Medical and Mental Health Staff Interviews</li> <li>4. Volunteer Interview</li> </ol> <p data-bbox="242 819 509 848">Site Review Observations:</p> <ol data-bbox="242 878 804 907" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="242 936 1485 1097">(a) JCDOC-ARC ensures 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. All volunteers and contractors are provided information based on the level of services they provide and the level of contact that they will have with the residents. Interviews conducted confirmed that volunteers and contractors received this information prior to entering the facility.</p> <p data-bbox="242 1126 1469 1256">(b) All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and harassment. Volunteers and contractors are informed how to report such incidents. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and their training is tailored during orientation.</p> <p data-bbox="242 1285 1437 1379">(c) JCDOC-ARC maintains documentation confirming that volunteers and contractors understand the training they have received. Upon receipt of the PREA information, volunteers and contractors are required sign and acknowledge they understand the material.</p> <p data-bbox="242 1408 1422 1469">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.233	<b>Resident education</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Training Policy #13.03</li> <li>2. Resident File Review <ol style="list-style-type: none"> <li>a. Intake Checklist</li> </ol> </li> <li>3. JCDOC-ARC Resident Handbook (English/Spanish)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator Interview</li> <li>2. Intake Staff Interviews</li> <li>3. Random Resident Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ol style="list-style-type: none"> <li>(a) During intake, residents receive and sign a Resident Acknowledgement of Sexual Abuse, Harassment, and Misconduct which explains JCDOC-ARC's zero-tolerance policy towards sexual abuse and sexual harassment.</li> <li>(b) JCDOC-ARC provides education to residents about their rights to be free from sexual abuse and sexual harassment. The education, resident handbook and other materials include their rights to be free from retaliation for reporting such incidents and that cases of sexual assault will be reported to the Facility Director for investigation.</li> <li>(c) Within 30 days all residents receive additional education and orientation, resident interviews confirmed residents receive and understand PREA education and materials that has been provided.</li> <li>(d) JCDOC-ARC provides resident education in formats accessible to all residents including those who are limited English proficient. Information is also available for residents who are deaf, those who are visually impaired, those who are otherwise disabled and residents who have limited reading skills.</li> <li>(e) JCDOC-ARC maintains documentation of resident participation in the PREA education in the resident file.</li> <li>(f) JCDOC-ARC provides additional educational materials in the resident dorms in the form of posters. Random interviews and the facility tour confirmed the existence of additional materials in most areas.</li> </ol> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.234	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 651 506" style="list-style-type: none"> <li>1. JCDOC-ARC Training Policy #13.03</li> <li>2. Shift Supervisor Training</li> <li>3. Shift Supervisor Training (Update)</li> </ol> <p data-bbox="242 535 352 564">Interviews:</p> <ol data-bbox="242 593 571 678" style="list-style-type: none"> <li>1. PREA Coordinator Interview</li> <li>2. Shift Supervisor Interviews</li> </ol> <p data-bbox="242 707 509 736">Site Review Observations:</p> <ol data-bbox="242 766 804 795" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="242 824 1485 981">(a) JCDOC-ARC ensures that all Shift Supervisors have received training in conducting sexual abuse investigations in confinement settings; Shift Supervisors are responsible for receiving all allegations of sexual abuse and sexual harassment. All allegations are forwarded to the PREA Coordinator and based on the allegation, the PREA Coordinator may refer the case to the Johnson County Sheriff's Office for a criminal investigation. Facility Staff interviews confirmed they have received additional training in accordance with their job responsibilities.</p> <p data-bbox="242 1010 1477 1106">(b) Specialized training includes techniques for interviewing sexual abuse victims, the 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. Investigative staff was knowledgeable about the training they received.</p> <p data-bbox="242 1135 1490 1196">(c) JCDOC-ARC maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="242 1225 735 1254">(d) Auditor is not required to audit this provision</p> <p data-bbox="242 1283 1422 1344">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>JCDOC-ARC Training Policy #13.03</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>Facility Director/PREA Compliance Manager</li> <li>JCDOC-ARC Agency PREA Coordinator</li> </ol> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <ol style="list-style-type: none"> <li>VitalCore Health Services provides medical services for the 1. JCDOC-ARC. Medical staff receives specialized PREA training which includes how to detect and assess signs of sexual abuse and sexual harassment, preservation of physical evidence, responding effectively and professionally to victims of sexual abuse, and how and to whom to report sexual abuse. Johnson County maintains documentation of specialized medical training at the facility.</li> <li>This portion of the standard does not apply as all forensic exams are conducted at hospitals in the community. Staff interviews confirmed this information.</li> </ol> <p>The JCDOC-ARC maintains documentation that contract medical staff has received the training referenced in this standard either from the agency or elsewhere.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.241	<p><b>Screening for risk of victimization and abusiveness</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Screening #13.02</li> <li>2. Victim and/or Predator Screening Instrument</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator Interview</li> <li>2. Intake Staff (Intake and Screening Interview Questions)</li> <li>3. Case Manager Interviews (30 Day Reviews)</li> <li>4. Random Resident Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>The JCDOC-ARC screens all residents for risk of victimization and abusiveness during the intake process. The screening is completed within the first few hours of arrival at the facility. The screening instrument includes all criteria outlined by this standard.</p> <p>Within the first thirty (30) days of arrival at the facility, a Case Manager and the resident meet and reassess their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.</p> <p>Residents are not disciplined for refusing answer questions during the screening process. Information obtained during the initial assessment and reassessment is placed in the residents file. Only authorized staff has access to these files.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.242	<b>Use of screening information</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 735 448" style="list-style-type: none"> <li>1. JCDOC-ARC Screening #13.02</li> <li>2. Victim and/or Predator Screening Instrument</li> </ol> <p data-bbox="242 477 352 506">Interviews:</p> <ol data-bbox="242 535 839 790" style="list-style-type: none"> <li>1. PREA Coordinator Interview</li> <li>2. Intake Staff (Intake and Screening Interview Questions)</li> <li>3. Case Manager Interviews (30 Day Reviews)</li> <li>4. Targeted Resident Interview (Transgender)</li> <li>5. Random Resident Interviews</li> </ol> <p data-bbox="242 819 509 848">Site Review Observations:</p> <ol data-bbox="242 878 804 907" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="242 936 1490 1030">(a,b) The JCDOC-ARC uses information from the resident's risk assessment 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 data-bbox="242 1059 1449 1153">(c) Transgender or intersex resident's housing and programming assignments are consider on a case-by-case basis, placement considers the resident's health and safety, and whether the placement would present management or security problems. Transgender or intersex resident's placement is reassessed as needed.</p> <p data-bbox="242 1182 1350 1211">(d) Transgender or intersex resident's own views with respect to his or her own safety is given consideration.</p> <p data-bbox="242 1240 1337 1270">(e) Transgender and intersex residents are given the opportunity to shower separately from other residents.</p> <p data-bbox="242 1299 1453 1359">(f) The JCDOC-ARC does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units based solely on identification or status.</p> <p data-bbox="242 1388 1425 1449">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.251	<b>Resident reporting</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 362 807 506" style="list-style-type: none"> <li>1. JCDOC-ARC Training Policy #13.03</li> <li>2. JCDOC-ARC Resident Handbook (English/Spanish)</li> <li>3. JCDOC-ARC PREA Posters</li> </ol> <p data-bbox="240 537 352 564">Interviews:</p> <ol data-bbox="240 595 576 676" style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. Random Resident Interviews</li> </ol> <p data-bbox="240 707 509 734">Site Review Observations:</p> <ol data-bbox="240 766 804 792" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="240 824 1469 949">The JCDOC-ARC provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment. Information is provided at intake and posted in all resident rooms and common areas. Reports may be made verbally to a staff member or in writing to a supervisory or management staff. Phone numbers are provided for the for the PREA Hotline and MOCSA. Residents were very aware of all reporting options.</p> <p data-bbox="240 981 1422 1039">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.252	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 807 501" style="list-style-type: none"> <li>1. JCDOC-ARC Grievances Policy #13.06</li> <li>2. JCDOC-ARC Resident Handbook (English/Spanish)</li> <li>3. JCDOC-ARC PREA Posters</li> </ol> <p data-bbox="242 533 352 562">Interviews:</p> <ol data-bbox="242 591 576 674" style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. Random Resident Interviews</li> </ol> <p data-bbox="242 705 509 734">Site Review Observations:</p> <ol data-bbox="242 763 1485 1749" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul data-bbox="242 819 1485 1749" style="list-style-type: none"> <li>(a) The JCDOC-ARC does not impose a time limit when a resident submits a grievance regarding an allegation of sexual abuse, (b) nor does it require a resident to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</li> <li>(c) Resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The JCDOC-ARC insures the grievance is not refereed to the staff member who is the subject of the complaint.</li> <li>(d) The JCDOC-ARC issues a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. This time period does not include time consumed by residents in preparing any administrative appeal. The JCDOC-ARC 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 JCDOC-ARC notifies the resident in writing of any such extension and provides a date by which a decision will be made. If the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</li> <li>(e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are 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. 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. If the resident declines to have the request processed on his or her behalf, the JCDOC-ARC documents the resident's decision.</li> <li>(f) The JCDOC-ARC has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, Staff immediately forwards the grievance to a level of review at which immediate corrective action is taken. An initial response is provided within 48 hours, and a final decision is made within 5 calendar days.</li> </ul> </li> </ol> <p data-bbox="242 1780 1426 1872">In the past twelve months the JCDOC-ARC has not received any grievances dealing with sexual abuse or harassment. Residents were aware that they could submit a grievance or emergency grievance to address sexual abuse and harassment.</p> <p data-bbox="242 1904 1426 1964">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.253	<p><b>Resident access to outside confidential support services</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> <li>2. JCDOC-ARC Resident Handbook (English/Spanish)</li> <li>3. JCDOC-ARC PREA Posters</li> <li>4. Advocacy Disclosure Notification</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. Random Resident Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC provides 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, of local, State, or national victim advocacy or rape crisis organizations, this information is located in the PREA information provided at intake and on posters in each dorm and in common areas.</li> <li>(b) JCDOC-ARC informs residents that communication with outside resources is confidential unless otherwise indicated by the provider.</li> <li>(c) JCDOC-ARC has an agreement with MOCSA to provide residents with confidential emotional support services related to sexual abuse. Random staff and residents were able to provide information about how to contact outside support services.</li> </ul> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.254	<b>Third party reporting</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="240 360 1123 562" style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> <li>2. JCDOC-ARC Resident Handbook (English/Spanish)</li> <li>3. JCDOC-ARC PREA Posters</li> <li>4. JCDOC-ARC Website: <a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a></li> </ol> <p data-bbox="240 591 352 620">Interviews:</p> <ol data-bbox="240 649 576 732" style="list-style-type: none"> <li>1. Random Staff Interviews</li> <li>2. Random Resident Interviews</li> </ol> <p data-bbox="240 761 509 790">Site Review Observations:</p> <ol data-bbox="240 819 804 848" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="240 878 1477 1005">The JCDOC-ARC has processes to receive third-party reports of sexual abuse and sexual harassment. Information on how to make a third-party report is posted on the Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) web-site. Residents were aware that third party reports could be made and would be addressed in the manner of a first hand report.</p> <p data-bbox="240 1034 1425 1095">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> <li>2. JCDOC-ARC Sexual Misconduct and Undue Familiarity Policy #03.12A</li> <li>3. JCDOC-ARC Resident Handbook (English/Spanish)</li> <li>4. JCDOC-ARC PREA Posters</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Case Manager Interview (Intake and Screening Interview Questions)</li> <li>2. Random Staff Interviews</li> <li>3. Random Resident Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>JCDOC-ARC policy requires all staff immediately report and document sexual abuse and sexual harassment including third-party and anonymous reports. Staff is prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved. During the initial intake assessment, the Case Manager informs Residents of their duty to report and limits of confidentiality.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.262	<b>Agency protection duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 671 389" style="list-style-type: none"> <li>1. JCDOC-ARC Screening Policy #13.02</li> </ol> <p data-bbox="242 418 352 448">Interviews:</p> <ol data-bbox="242 477 970 618" style="list-style-type: none"> <li>1. Case Manager Interview (Intake and Screening Interview Questions)</li> <li>2. Random Staff Interviews</li> <li>3. Random Resident Interviews</li> </ol> <p data-bbox="242 647 512 676">Site Review Observations:</p> <ol data-bbox="242 705 804 734" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="242 763 1469 860">According to JCDOC-ARC policy, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, staff will take immediate action to protect the resident. JCDOC-ARC reported no instances of substantial risk of imminent sexual abuse during the reporting period.</p> <p data-bbox="242 889 1485 949">Interviews with the Director and PREA Coordinator indicated any information received that alleges a resident is at substantial risk of imminent sexual abuse would require immediate removal and isolation of the threat.</p> <p data-bbox="242 978 1422 1039">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.263	<p><b>Reporting to other confinement facilities</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> <li>2. Notification Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Director Interview</li> <li>2. PREA Coordinator Interview</li> <li>3. Operations Commander Interview</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Director notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. The JCDOC-ARC indicated that in the previous 12 months they had one (1) report in which a resident alleges they were sexually abuse while being housed at another facility.</li> <li>(b) JCDOC-ARC policy states that within 72 hours of receipt of an allegation a resident was sexually abused while confined at another facility, the receiving Director will notify the Warden/Director of the facility where the incident was alleged to have occurred. Such notifications are documented and maintained by the facility.</li> <li>(c) JCDOC-ARC documents all such notifications</li> <li>(d) The Director will initiate an investigation on all notifications of reported sexual abuse or harassment they receive from another facility. In the previous 12 months the JCDOC-ARC reported zero (0) reports from another facility in which a Resident alleged sexually abuse while housed at the facility.</li> </ul> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.264	<p><b>Staff first responder duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator Interview</li> <li>2. Operations Commander Interview</li> <li>3. Random Staff Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC staff upon learning of an allegation that a resident was sexually abused, and is the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence and 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. Random staff interviews validated their knowledge of actions to be taken upon learning that a resident was sexually abused and could describe the steps outlined in JCDOC-ARC policy. A review of training documentation confirmed staff had been trained in their responsibilities as first responders and have been provided.</li> </ul> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.265	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Director Interview</li> <li>2. PREA Coordinator Interview</li> <li>3. Operations Commander Interview</li> <li>4. Medical Staff Interview</li> </ol> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>The JCDOC-ARC has a coordinated response plan which includes first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC PREA Policy #13.04</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Director Interview</li> <li>2. PREA Coordinator Interview</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>The JCDOC-ARC has space and ability to protect residents from known abusers. JCDOC-ARC employees are not covered by a collective bargaining agreement. Nothing in policy prevents administrative staff from removing an employee during an investigation.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 999 387" style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Misconduct and Undue Familiarity Policy #03.12A</li> </ol> <p data-bbox="242 421 352 448">Interviews:</p> <ol data-bbox="242 477 528 562" style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Operations Commander</li> </ol> <p data-bbox="242 593 509 620">Site Review Observations:</p> <ol data-bbox="242 649 1485 1366" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ol data-bbox="242 707 1485 1366" style="list-style-type: none"> <li>(a) JCDOC-ARC policy outlines a process to protect all residents and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The Operations Commander is responsible for monitoring.</li> <li>(b) JCDOC-ARC has 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</li> <li>(c) The Operations Commander will for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The Operations Commander also monitors any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The Operations Commander may continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</li> <li>(d) The Operations Commander conducts status checks and that information is documented and maintained in the residents file.</li> <li>(e) The Operations Commander also monitors any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.</li> </ol> </li> </ol> <p data-bbox="242 1397 1422 1458">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.271	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Abuse – Investigations, Outcomes, and Discipline Policy #13.04</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> <li>2. PREA Coordinator</li> <li>3. Operations Commander</li> <li>4. Shift Supervisors (Investigator)</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant       <ol style="list-style-type: none"> <li>(a) JCDOC-ARC policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</li> <li>(b) Where sexual abuse is alleged, the JCDOC-ARC uses investigators who have received specialized training in sexual abuse investigations as required by 115.234 and the Facility Director will be notified immediately.</li> <li>(c) The Johnson County Sheriff's Office (JCSO) will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. All reports will be provided to the JCSO as soon as possible.</li> <li>(d) JCSO Investigators are responsible for the criminal investigations that maybe referred for prosecution.</li> <li>(e) An interview conducted with the Director and Shift Supervisors confirm that the credibility of an alleged victim, suspect or witness is on an individual basis and not on the basis of that individual's status as a resident or staff. JCDOC-ARC investigates all allegations of sexual abuse and may refer matters to the JCSO as warranted.</li> <li>(f) JCDOC-ARC conducts administrative investigations in an effort to determine whether staff actions or failures to act contributed to the abuse. All reports include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and finding.</li> <li>(g) JCDOC-ARC staff provides written report that contains a thorough description of physical, testimonial, and documentary evidence to JCSO Investigators.</li> <li>(h) JCDOC-ARC retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</li> <li>(i) JCDOC-ARC policy states 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.</li> <li>(j) Not required to audit this provision</li> <li>(k) JCDOC-ARC provides all of their internal reports to JCSO Investigators as soon as possible following an allegation. JCDOC-ARC staff cooperates with investigators as requested.</li> </ol> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>JCDOC-ARC Sexual Abuse – Investigations, Outcomes, and Discipline Policy #13.04</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>Facility Director</li> <li>PREA Coordinator</li> <li>Operations Commander</li> <li>Shift Supervisors (Investigator)</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>Observations during on-site review of physical plant</li> </ol> <p>(a) JCDOC-ARC policy requires that a facility investigate the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. Shift Supervisors investigate all allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.</p> <p>Interviews with Shift Supervisors indicated they conduct fact finding investigations and make conclusions following their investigations and determine the best course of action based on the preponderance of evidence.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.273	<b>Reporting to residents</b>
	<p data-bbox="242 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <ol data-bbox="242 273 1139 353" style="list-style-type: none"> <li data-bbox="242 273 1139 300">1. JCDOC-ARC Sexual Abuse – Investigations, Outcomes, and Discipline Policy #13.04</li> <li data-bbox="242 327 520 353">2. Notification Documents</li> </ol> <p data-bbox="242 389 352 416">Interviews:</p> <ol data-bbox="242 443 571 470" style="list-style-type: none"> <li data-bbox="242 443 571 470">1. PREA Compliance Manager</li> </ol> <p data-bbox="242 506 509 533">Site Review Observations:</p> <ol data-bbox="242 560 804 586" style="list-style-type: none"> <li data-bbox="242 560 804 586">1. Observations during on-site review of physical plant</li> </ol> <p data-bbox="242 622 1493 703">(a) Following an investigation into a resident’s allegation that he suffered sexual abuse the JCDOC-ARC informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The notification is in writing regardless of the outcome of the investigation.</p> <p data-bbox="242 739 1398 766">(b) The PREA Compliance Manager requests relevant information from investigators in order to inform the resident.</p> <p data-bbox="242 801 1468 990">(c) Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the PREA Compliance Manager will subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident’s unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 1025 1487 1151">(d) Following a resident’s allegation that he has been sexually abused by another resident, the PREA Compliance Manager will 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 or staff learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 1187 1442 1214">(e) All such notifications or attempted notifications are documented and the notifications are kept in the investigative file.</p> <p data-bbox="242 1249 724 1276">(f) Auditor is not required to audit this provision</p> <p data-bbox="242 1312 1423 1357">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.276	<p><b>Disciplinary sanctions for staff</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Misconduct and Undue Familiarity Policy #03.12</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Random Staff Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies.</li> <li>(b) JCDOC-ARC policy states termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.</li> <li>(c) JCDOC-ARC policy states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</li> <li>(d) The terminations for violations of agency sexual abuse and harassment 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.</li> </ul> </li> </ol> <p>During this audit period Johnson County reported zero (0) staff disciplined for sexual abuse or harassment.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Recruiting, Screening, and Responsibilities of Volunteers Policy #03.07A</li> <li>2. JCDOC-ARC Recruiting, Screening, and Responsibilities of Contract Personnel Policy #03.08A</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Contract Staff (Medical) Interview</li> <li>3. Volunteer Interview</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</li> <li>(b) JCDOC-ARC policy states contractors and volunteers who engage in sexual abuse are prohibited from contact with residents and shall be reported to law enforcement agencies and relevant licensing bodies.</li> </ul> </li> </ol> <p>During this audit period Johnson County reported zero (0) volunteers or contract staff disciplined for sexual abuse or harassment.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Abuse – Investigations, Outcomes, and Discipline Policy #13.04</li> <li>2. JCDOC-ARC Resident Handbook (English/Spanish)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Random Resident Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) Residents at JCDOC-ARC are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are made aware of the disciplinary process during the intake process.</li> <li>(b) The JCDOC-ARC resident rule book reflects that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</li> <li>(c) JCDOC-ARC disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</li> <li>(d) The JCDOC-ARC may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</li> <li>(e) 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 does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</li> <li>(t) JCDOC-ARC has a zero-tolerance policy concerning sexual contact.</li> </ul> </li> </ol> <p>During this audit period Johnson County reported zero (0) residents disciplined for sexual abuse or harassment.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.282	<p><b>Access to emergency medical and mental health services</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Medical and Mental Health Staff Interview</li> <li>3. Random Staff Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC policy states resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</li> <li>(b) All JCDOC-ARC staff are trained and act as security staff first responders, if no qualified medical or mental health practitioners are available at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</li> <li>(c) JCDOC-ARC staff confirmed that resident victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</li> <li>(d) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</li> </ul> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Client Sexual Abuse Policy #13.01</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> <li>2. Medical and Mental Health Staff Interview</li> <li>3. Random Staff Interviews</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) Whenever an employee knows or suspects, or receives an allegation from any source regarding patient sexual abuse, the employee will immediately notify the responsible health authority.</li> <li>(b) Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases (e.g., HIV, Hepatitis B) are offered to all victims, as appropriate.</li> <li>(c) Victims of sexual abuse will be referred to a community facility or local emergency room for treatment or gathering of forensic evidence.</li> <li>(d) Female victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.</li> <li>(e) Female victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</li> <li>(f) Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</li> <li>(g) Medical co-payment fees are not imposed to residents for any medical services.</li> <li>(h) Mental Health - After any emergency treatment is provided, health care staff will notify mental health staff of event. An immediate referral, including after hours, is the preferred referral format in case of an abuse.</li> </ul> </li> </ol> <p>JCDOC-ARC staff had protocols in place to assist in expediting a resident to Olathe Medical Center for emergency services. Also, facility staff will contact Metropolitan Organization to Counter Sexual Assault (MOCSA) to provide a victim advocate upon request from the resident during the forensic medical examination. The facility has available the contact information for residents to call or write for additional assistance as needed.</p> <p>Interviews with staff confirmed that residents (victims) of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Facility staff indicated that services begin immediately upon notification of a victim of sexual abuse from the supervisor or any other staff to contact the hospital and medical practitioner. All notifications are completed to the appropriate individuals and to follow the medical staff's directive regarding any forensic examination. Random staff interviews indicated the scope of services is in accordance to their professional judgment, policy and any physician orders or protocols. All orders are documented in the residents' health record.</p> <p>Random staff interviews also indicated that a referral could be made to the hospital to begin any sexually transmitted infection prophylaxis treatment/services and orders for follow-up services. Mental health services would begin when the victim is available once the forensic examination has been completed at the hospital. Random staff interviews indicated mental health staff would see the victim no later than 24 hours of an incident and provide one-on-one counseling and make available outside emotional support services and follow-up care.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 1074 504" style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Abuse – Review, Data, and Documentation Policy #13.05</li> <li>2. Investigation Files</li> <li>3. After Action Reviews</li> </ol> <p data-bbox="242 533 352 562">Interviews:</p> <ol data-bbox="242 591 715 790" style="list-style-type: none"> <li>1. Facility Director Interview</li> <li>2. PREA Compliance Manager Interview</li> <li>3. Medical and Mental Health Staff Interviews</li> <li>4. Operations Commander</li> </ol> <p data-bbox="242 819 509 848">Site Review Observations:</p> <ol data-bbox="242 878 1481 1462" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul data-bbox="242 936 1481 1462" style="list-style-type: none"> <li>(a) JCDOC-ARC policy requires 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.</li> <li>(b) Reviews ordinarily occur within 30 days of the conclusion of the investigation.</li> <li>(c) The review team includes the Facility Director, PREA Compliance Manager, Operations Commander, and Medical and Mental Health Staff. A recommendation was made to also include investigators in the process.</li> <li>(d) The review team considers whether the allegation and/or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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. The review team examines the area of the facility where the incident occurred to assess whether physical barriers in the area may enable abuse. The review team assesses the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> <li>(e) JCDOC-ARC policy requires the implementation of recommendations or documents its reasons for not doing so.</li> </ul> </li> </ol> <p data-bbox="242 1491 1469 1552">Dismas Charities JCDOC-ARC reported four (4) allegation of sexual abuse during the audit period which required a Sexual Abuse Incident Review. The Incident Review was completed as required.</p> <p data-bbox="242 1581 1422 1641">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Abuse – Review, Data, and Documentation Policy #13.05</li> <li>2. Incident Tracking Spreadsheet</li> <li>3. Annual Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant</li> </ol> <p>The JCDOC-ARC collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Data is aggregated and reviewed annually. The JCDOC-ARC maintains reviews and collects data as needed from all available incident-based documents, reports, investigation files, and sexual abuse incident reviews.</p> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.288	<b>Data review for corrective action</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1469 331">The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol data-bbox="242 360 1118 562" style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Abuse – Review, Data, and Documentation Policy #13.05</li> <li>2. Incident Tracking Spreadsheet</li> <li>3. JCDOC-ARC Website - <a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a></li> <li>4. Annual Reports</li> </ol> <p data-bbox="242 591 352 620">Interviews:</p> <ol data-bbox="242 649 660 678" style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> </ol> <p data-bbox="242 707 509 736">Site Review Observations:</p> <ol data-bbox="242 766 1485 1339" style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ol data-bbox="242 819 1485 1339" style="list-style-type: none"> <li>(a) The PREA Compliance Manager collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.</li> <li>(b) The PREA Compliance Manager aggregates the incident-based sexual abuse data at least annually and submits it to the Agency PREA Coordinator to be posted it on the JCDOC-ARC PREA webpage. (<a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a>)</li> <li>(c) The incident-based data includes data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</li> <li>(d) JCDOC-ARC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</li> <li>(e) JCDOC-ARC obtains incident-based, aggregated data from all facilities which it contracts with for the confinement of its residents.</li> <li>(f) JCDOC-ARC upon request provides all such data from the previous calendar year to the Department of Justice.</li> </ol> </li> </ol> <p data-bbox="242 1368 1422 1429">Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>

115.289	<p><b>Data storage, publication, and destruction</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>1. JCDOC-ARC Sexual Abuse – Review, Data, and Documentation Policy #13.05</li> <li>2. JCDOC-ARC Website - <a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a></li> <li>3. Annual Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Compliance Manager Interview</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations during on-site review of physical plant <ul style="list-style-type: none"> <li>(a) JCDOC-ARC reviews 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 by identifying problem areas, taking corrective action on an ongoing basis and prepares an annual report of its findings</li> <li>(b) JCDOC-ARC annual report includes 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</li> <li>(c) JCDOC-ARC's annual report is reviewed by the PREA Compliance Manager and Facility Director and made available to the public on the JCDOC-ARC website. <a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a></li> <li>(d) JCDOC-ARC indicates the reasons for material redacted when it redacts information from the reports were the publication would present a clear and specific threat to the safety and security of a facility.</li> </ul> </li> </ol> <p>Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.</p>
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115.401	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>JCDOC-ARC Website - <a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a></li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>PREA Compliance Manager Interview</li> </ol> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>This was the JCDOC-ARC's second audit of the PREA standards. During the on-site visit the auditor was afforded access to all areas of the facility, allowed to interview residents and staff in private, and was provided with all necessary documentation to complete a thorough audit. Contact information for this auditor was visible in all areas of the facility.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>The Johnson County Department of Corrections Adult Residential Center (JCDOC-ARC) Provided the following documents to assist the auditor in determining compliance with the standard:</p> <ol style="list-style-type: none"> <li>JCDOC-ARC Website - <a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a></li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>PREA Compliance Manager Interview</li> </ol> <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>The auditor reviewed the JCDOC-ARC web page (<a href="https://www.jocogov.org/department/department-corrections">https://www.jocogov.org/department/department-corrections</a>) JCDOC-ARC posted their previous PREA audit. JCDOC-ARC works with Certified PREA auditors to ensure their facility is audited every three years.</p>

<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.)	yes
<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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<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)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<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?	yes
<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?	yes
<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.)	na
<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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<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.)	yes
<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.)	yes
<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.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
<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)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<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?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<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?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<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.	yes
<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?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<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?	yes
<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?	yes
<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?	yes
<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.)	na
<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.)	no
	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.)	no
<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