

# PREA Facility Audit Report: Final

**Name of Facility:** Troy City Jail

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 11/09/2025

**Date Final Report Submitted:** 02/24/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Latera M. Davis	<b>Date of Signature:</b> 02/24/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Davis, Latera
<b>Email:</b>	laterad@yahoo.com
<b>Start Date of On-Site Audit:</b>	09/15/2025
<b>End Date of On-Site Audit:</b>	09/16/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Troy City Jail
<b>Facility physical address:</b>	300 Elm Street, Troy, Alabama - 36081
<b>Facility mailing address:</b>	PO Box 549 , Troy , Alabama - 36081

Primary Contact
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<b>Name:</b>	Matt Raiti
<b>Email Address:</b>	matthew.raiti@pd.troyal.gov
<b>Telephone Number:</b>	334-670-2229

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Matt Raiti
<b>Email Address:</b>	matthew.raiti@pd.troyal.gov
<b>Telephone Number:</b>	334-670-2229

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	16
<b>Current population of facility:</b>	4
<b>Average daily population for the past 12 months:</b>	10
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys
<b>Age range of population:</b>	18 and Up
<b>Facility security levels/inmate custody levels:</b>	Secured
<b>Does the facility hold youthful inmates?</b>	Yes

<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	8
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Troy Police Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	300 East Elm St, Troy, Alabama - 36081
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Matt Raiti	<b>Email Address:</b>	matthew.raiti@pd.troyal.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

0

**Number of standards met:**

45

**Number of standards not met:**

0

## POST-AUDIT REPORTING INFORMATION

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

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit: 2025-09-15

2. End date of the onsite portion of the audit: 2025-09-16

#### 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?

Yes  
 No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

Just Detention  
Rape Crisis Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity: 16

15. Average daily population for the past 12 months: 10

16. Number of inmate/resident/detainee housing units: 2

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?

Yes  
 No  
 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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	6
<b>24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>As of the first day of the onsite audit, the facility's inmate/resident population remained stable with no significant shifts in demographic characteristics. All required population categories were tracked accurately, and no issues were identified regarding the facility's ability to classify or identify specific groups.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>8</p>

<b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	The facility had a diversity in terms of age, gender, ethnicity and background of staff. The facility is small with limited staff.

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	All but one inmate was interviewed. One resident refused to be interviewed.
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b>	There were only six inmates at the facility.
<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/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/detainees.</p> <p><input type="checkbox"/> The inmates/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/detainees).</b></p>	<p>There were no identified residents in the targeted area.</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</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>There were no identified residents in the targeted area.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</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>There were no identified residents in the targeted area.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</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>There were no identified residents in the targeted area.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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>There were no identified residents in the targeted area.</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</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>There were no identified residents in the targeted area.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</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>There were no identified residents in the targeted area.</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</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>There were no identified residents in the targeted area.</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</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>There were no identified residents in the targeted area.</p>

<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>As an auditor, my corroboration strategies to determine if the specific population exists within the audited facility include multiple layers of verification:</p> <p>Information from the PREA Audit Questionnaire (PAQ): I analyze data provided in the PAQ, which includes demographic information, incident reports, and other relevant statistics about the resident population.</p> <p>Onsite Documentation Review: During the onsite visit, I review various documentation, such as intake forms, resident rosters, medical records, incident reports, and any other relevant documents that can provide insight into the demographics and specific populations within the facility.</p> <p>Interviews and Discussions: I conduct interviews and hold discussions with a range of individuals, including staff, inmates/residents, and detainees.</p> <p>These conversations provide firsthand accounts and personal insights that complement the data collected from the PAQ and documentation. Staff members often have valuable insights about the population's dynamics and any specific needs or issues that might not be captured in written records.</p> <p>Observation: While onsite, I observe the facility's operations, resident interactions, and living conditions. This helps corroborate the information obtained from documents and interviews and provides a more holistic understanding of the facility's environment.</p> <p>By combining these methods, I ensure that the identification and understanding of the population within the facility are accurate and comprehensive. This multi-faceted approach allows me to cross-reference data from various sources, thus increasing the reliability and validity of the findings.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>4</p>
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<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>All staff on shift during both days of the onsite portion of the audit were interviewed.</p>

## Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	13
<b>63. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Interviews with random staff were conducted across various shifts, housing units, and job classifications to ensure broad representation. Staff were selected from rosters using a random sampling method, with an emphasis on including a mix of security staff and specialized staff.

## 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.

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

<p><b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>75. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

<p><b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>During the site review, comprehensive access was granted to all areas of the facility, allowing for a thorough examination of the environment and operations. Key observations included the following:</p> <p>Facility Access: Unrestricted access to various sections of the facility was provided, facilitating a detailed assessment of living conditions, security measures, and common areas.</p> <p>Operational Observations: Several critical functions were tested and observed, including emergency response protocols, security checks, and daily operational routines. These tests demonstrated the facility's preparedness and adherence to established standards.</p> <p>Interactions and Informal Conversations: Informal conversations with staff, residents, and detainees provided additional insights into the daily operations and the overall atmosphere of the facility. These interactions were valuable in corroborating data obtained from documentation and formal interviews.</p> <p>General Observations: The site review highlighted both strengths and areas for improvement within the facility. Observations on cleanliness, maintenance, and the behavior of staff and residents contributed to a comprehensive understanding of the facility's current state.</p>
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**Documentation Sampling**

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

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

During the audit process, I took several steps to ensure that the documentation reviewed was thorough and representative of the facility's operations:

**Oversampling Documentation:** In certain instances, I oversampled documentation to gain a deeper understanding of specific areas. For example, I reviewed an increased number of training records and unannounced rounds to identify any recurring patterns or issues that might not be evident from a smaller sample size.

**Barriers to Selecting Additional Documentation:** While the facility provided comprehensive access to most documents, there were some challenges encountered:

**Time Constraints:** The limited time available for the audit sometimes posed a challenge in reviewing all the desired documentation in detail.

**Document Availability:** In a few cases, some documents were not immediately available, however provided by the final audit report.

**Mitigation Strategies:** To address these barriers, I implemented several strategies:

**Prioritization:** I prioritized reviewing documents that were most critical to the audit's objectives and sought summaries or overviews where full documents were not accessible.

**Supplementary Interviews:** When documentation was not fully available, I supplemented the review with additional interviews and discussions with staff and residents to fill in the gaps.

**Request for Additional Information:** I requested additional information or clarifications as needed to ensure that the audit findings were accurate and comprehensive.

These steps were taken to ensure a thorough and balanced review of the facility's documentation, ultimately contributing to a more accurate assessment.

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

**81. 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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no identified sexual abuse allegations.

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

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no sexual harassment allegations.</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>There were no sexual abuse or sexual harassment allegations.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. Who paid you to conduct this audit?**

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

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Prevention Planning</p> <p>Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator</p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Pre-Audit Questionnaire (PAQ)</p> <p>Policy: Prison Rape Elimination Act</p> <p>Rank Structure</p> <p>Interview Guide:</p> <p>PREA Coordinator</p>

Compliance Determination by Provisions and Corrective Action:

115.11 (a) The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ:

- The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.
- The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
- The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
- The policy includes sanctions for those found to have participated in prohibited behaviors.
- The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

Policy: Prison Rape Elimination Act, p.1: This policy provides guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that establishes standards (PREA Rule) to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.111).

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.11 (b) The agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to

develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure: Jail Captains.

Policy: Prison Rape Elimination Act, pp 2-4: P.R.E.A. Coordinator: The Chief of Police shall delegate certain responsibilities to a PREA coordinator. The coordinator shall be an upper-level manager appointed by and directly responsible to the Chief of Police or the authorized designee.

Rank Structure provides the agency documentation of where the PREA Coordinator is on the agency organization chart.

Interviews:

PREA Coordinator: Interviewed agency Acting PREA Coordinator reported that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. Time is dedicated to training and monitoring for PREA. Such activities are coordinated to ensure that policies and procedures are followed.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.11 (c). Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The provision requires, where an agency operates more than one facility, each facility designates a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Upon review it was determined that the agency does not operate more than one facility, therefore they do not have a PREA Compliance Manager.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Troy Short Term Juvenile Detention Center</p> <p>Interview Guide:</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.12 (a). A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later. All of the above contracts require contractors to adopt and comply with PREA standards. The number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later: 0. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.</p> <p>Upon review it was determined that the jail does not contract for the confinement of inmates; however, the serve as the contractor for the state to temporarily hold juveniles.</p> <p>Corrective Actions:</p>

	<p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.12 (b). Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. The number of contracts referenced in 115.12 (a)-3 DO NOT require the agency to monitor contractor's compliance with PREA standards: 0.</p> <p>Upon review it was determined that the jail does not contract for the confinement of inmates; however, the serve as the contractor for the state to temporarily hold juveniles.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making the Compliance Determination

Documentation:

Policy: Prison Rape Elimination Act

Shift Roster

Corrective Action Implemented:

Policy Update

Form: Unannounced Rounds

Unannounced Rounds

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Warden/Designee/Jail Administrator

PREA Coordinator

PREA Compliance Manager

Intermediate or Higher-Level Facility Staff

Compliance Determination by Provision and Corrective Actions:

115.13 (a). The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring,

to protect inmates against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 10. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 0.

Shift Roster: The shift roster provides an overview of the agencies' two different shifts.

#### Interviews

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility considers multiple factors when creating a staffing plan. These considered are facility layout, composition and size of inmate population, number and placement of staff, incidents of sexual abuse, staffing patterns and deviations, use of technology, and judicial or investigative findings. The PREA standards requires facilities to consider the use and location of video monitoring systems. All of the above areas as identified by the provision is considered in the staffing plan. The staffing plan is reviewed annually.

PREA Compliance Manager - The facility does not have a PREA Compliance Manager.

#### Site Review:

During the site review, the auditor observes the following:

During the site review, the auditor observed the number of staff in the housing units and had informal conversations with the officers in each unit, who reported the number of confined persons in each housing unit and the number of staff assigned to that shift, not including the rover or supervisor. The staff shift schedule provided general information on the number of staff assigned per shift.

During the site review, the auditor conducted walkthroughs of the housing unit and engaged in informal conversations with unit officers. Officers accurately reported the number of confined individuals housed. The facility has two housing units, one for adult and one for juvenile offenders. There were no juvenile offenders detained during the onsite audit. The housing area houses male and female. There are six cells, and the females were kept at least one cell away from the male inmates. The male inmates could not see or observe females while using the bathroom. There were two staff assigned to each shift. The max capacity for the facility is 16.

The housing units at this facility did contain isolated or segregated areas, such as administrative or disciplinary segregation or protective custody.

The auditor observed that the facility does not have any onsite programming or educational services.

The auditor reviewed housing unit layouts and consulted the facility's staffing plan to identify areas historically associated with a higher likelihood of sexual abuse. These areas were assessed in person to evaluate compliance with the plan and to identify any safety vulnerabilities.

### Intake / Booking

Booking desk sightlines are adequate; staff can observe persons in holding.

Observation: booking holding cell has one blind corner near door hinge — potential privacy/safety issue. Recommendation: reposition mirror or add camera.

### Shower / Toilet Areas

Showers are not covered by cameras (privacy preserved) and have solid partitions; shower times are scheduled and supervised. Good practice.

Observation: occasional staff leave the unit during inmate shower times for other duties; recommend roving coverage while primary officer briefly absent.

### Staff Line of Sight & Surveillance Coverage:

The auditor assessed staff visibility throughout each unit, including identifying potential blind spots. Cameras were present in all housing units, with placement providing comprehensive coverage. However, it was noted that movement in and out of housing units is monitored by video surveillance and it only occurs with staff presence.

### Supervision Practices & Cell Checks:

The auditor observed indirect supervision and reviewed the frequency of security rounds in housing areas. The timing and consistency of these rounds were verified through entries in unit logbooks and corroborated by informal discussions with on-duty officers. These reviews confirmed that cell checks are conducted at appropriate intervals.

### Control Room Operations:

A visit to the facility's control rooms revealed that the monitors display live feeds from each housing unit. The control room is a small area in booking where cameras are monitored. Informal conversation with the control room officer confirmed that the post is staffed continuously, 24 hours a day, 7 days a week. The officer also reported that the shift change protocol includes review of indirect supervision responsibilities, ensuring continuity of monitoring.

### Corrective Actions:

Staffing Plan: The facility does not have a documented staffing plan. The facility shall develop and implement an agency staffing plan.

Ø Corrective Action Implemented: The facility developed and implemented a staffing plan. The plan was signed by the chief of police.

115.13 (b). In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan

### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if there are no deviations from plan.

The agency requires each facility to document and justify all deviations from the plan.

During the initial review it was determined that the facility did not have a staffing plan established; however, it was reported that their site always had adequate coverage.

#### Interviews

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility will document any deviations to the staffing plan.

#### Corrective Actions:

Staffing Plan: The facility does not have a documented staffing plan. The facility shall develop and implement an agency staffing plan.

Ø Corrective Action Implemented: The facility developed and implemented a staffing plan. The plan was signed by the chief of police.

115.13 (c). Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

Upon review it was determined that the facility did not have a staffing plan.

#### Interviews:

PREA Coordinator - The interviewed staff reported that they are new to the roll however the agency recently developed the staffing plan.

#### Corrective Actions:

Staffing Plan: The facility does not have a documented staffing plan. The facility shall

develop and implement an agency staffing plan.

Ø Corrective Action Implemented: The facility developed and implemented a staffing plan. The plan was signed by the chief of police.

115.13 (d). Each agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents are unannounced rounds.

The agency requires its facility to implement a policy and practice of having intermediate-level or higher-level supervisors conducting and documenting unannounced rounds.

Upon review it was determined that the facility did not have a policy addressing unannounced rounds.

Site Inspection:

The site inspection is instrumental in verifying that the facility adheres to established standards, particularly those pertaining to the Prison Rape Elimination Act (PREA). Compliance is determined through a comprehensive review of documentation, policies, site practices, and interviews.

The report emphasizes the need for unannounced rounds conducted by intermediate-level or higher-level supervisors. These rounds are critical in identifying and deterring staff sexual abuse and harassment. During the site inspection it was determined that the facility conducted rounds, however how it was documented made it difficult to determine the process of conducting the rounds.

Interviews:

Intermediate- or Higher-Level Facility Staff - The staff reported that unannounced rounds are conducted throughout the day by supervisory staff. Rounds are conducted at least every 30 minutes. It was further reported that the rounds are not always exactly at 30 minutes, and they are documented in the logbook.

Corrective Actions:

Unannounced Rounds: Upon further review it was determined that the agency does

not have a process for higher or supervisory level staff to conduct unannounced rounds. The facility shall implement and provide documentation of the process for higher or supervisory level staff to conduct unannounced rounds on all shifts.

Ø Corrective Action Implemented: the facility developed the below policy language:

o Supervisors shall conduct and document unannounced rounds covering all shifts, and all areas of the facility, to identify and deter staff sexual abuse or harassment. The Troy Police Department policy prohibits staff members who are aware of these rounds from alerting other staff as to when or where these rounds are occurring, unless related to the legitimate operations needs of the facility.

o The PREA Coordinator shall determine how and when the unannounced rounds will be conducted and shall review all documentation of these rounds.

Ø Corrective Action Implemented: The facility developed a form to document unannounced rounds.

Ø Corrective Action Implemented: Following the corrective action directive, the facility has fully implemented a formalized process requiring higher-level and supervisory staff to conduct and document unannounced rounds on all shifts. The facility updated its written policy to clearly outline the expectation, frequency, and procedures for unannounced rounds, including measures prohibiting advance notice to staff and ensuring rounds are conducted in all housing units and program areas.

Supervisory staff have been trained on the revised requirements and provided with standardized documentation tools, including the Unannounced Rounds Log and electronic reporting procedures. These tools capture the date, time, location, name and title of the supervisor, observations made, staff presence, and any corrective actions taken during the round.

To demonstrate ongoing compliance, the facility has initiated and maintained documentation showing unannounced rounds occurring on every shift. Logs are reviewed weekly by the Deputy Warden of Security and monthly by the PREA Compliance Manager to ensure consistency, accuracy, and effectiveness. Any identified concerns are addressed promptly, and follow-up actions are recorded.

Through the implementation of policy updates, staff training, and consistent documentation, the facility is in full compliance with the required corrective action and the intent of provisions of the standard.

Overall Findings:

The auditor utilized a full triangulation methodology to assess compliance, reviewing PREA documentation, agency and facility policies, on-site observations, a comprehensive site inspection, current facility practices, interviews with staff and confined persons, information provided by local advocates, and the PREA Online Audit: Pre-Audit Questionnaire. This multi-source approach ensured that all findings and determinations were corroborated through consistent evidence.

	<p>Based on the auditor’s analysis, the facility was found to be partially compliant with the provisions of this standard. While the facility had implemented practices intended to meet PREA requirements for unannounced rounds, documentation was not sufficient at the time of review to demonstrate sustained compliance across all shifts.</p> <p>In response to the corrective action directive, the facility has implemented a structured and verifiable process for supervisory and higher-level staff to conduct unannounced rounds on all shifts. Policy revisions, staff guidance, and standardized documentation logs have been issued to ensure the practice is consistently carried out and recorded without advance notice to staff.</p> <p>To demonstrate full compliance, the facility is providing the auditor with three months of documented unannounced rounds, including logs from all shifts and all housing units. This documentation will allow the auditor to verify that the required practice is occurring regularly, consistently, and in alignment with PREA Standard 115.313.</p> <p>Upon completion of the three-month review period, the facility expects to demonstrate full and sustained compliance with the standard.</p> <p>All areas of corrective action were implemented and the facility is fully compliant with the PREA standards.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Jail Policy and Procedure</p> <p>Juvenile Custody Report</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interviews:</p> <p>Line staff who supervise youthful inmates</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.14 (a). A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping</p>

quarters.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The facility does not have housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. In the past 12 months, the number of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters: 0. In the past 12 months, the number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility: 0. Upon further review it was determined that youthful inmates are placed in separate housing units as the adults and there is complete sight and sound separation.

Policy: Jail Policy and Procedure (p. 8). Upon acceptance of the juvenile into the Short-Term Juvenile Detention Facility (STJD), the juvenile and adults incarcerated shall remain in separate areas of the Troy City Jail sharing no common walls or common areas. (b) (c) (d) (e) (f) Juveniles that are incarcerated in the STJD area shall be out of sight and out of sound of the adult prisoners. The juvenile detained in the STJD shall be detained upon the authority given in Alabama Code, Section 12-15-59. Juveniles can only be detained for up to 72 hours. Juveniles can only be detained by appropriate authority and released by the appropriate authority. The maximum capacity for juveniles in the STJD is two (2).

Site Review:

During the site review, the auditor had informal conversations with staff and confined people were asked if there was a youthful person arriving at this facility under the age of 18.

Housing & Separation:

The facility maintains two designated holding cells specifically for youthful offenders. These cells are located separate from the adult inmate population, with no direct line of sight into adult housing or common areas. Cells have solid doors with observation windows positioned to prevent sight contact with adults.

Sound Separation:

During walkthrough, no verbal communication between youthful offenders and adult inmates could be heard from within the youthful offender cells. Jail staff confirmed youthful offenders are escorted along separate routes when possible and are not moved during peak adult movement periods (meals, court, recreation).

Shower Facilities:

A single-cell shower is available for youthful offenders and is fully separated from adult shower areas. Shower is scheduled at times when no adult inmates are present in adjacent areas, further maintaining separation.

Supervision & Monitoring:

Youthful offender areas are monitored by roving officers and camera coverage. Staff confirmed that youthful offenders are never left unsupervised when outside their cells (e.g., during shower, medical, or attorney visits).

Operational Practice:

Booking staff reported that youthful offenders are prioritized for intake and classification to reduce time in holding. Logs indicate staff document youth movement and verify that no adult inmates are present when youth are escorted.

The auditor did not observe any youthful, confined people during the audit period. This was also confirmed by review of the daily population report.

Interviews:

Line staff who supervise youthful inmates: While the facility does not detain youthful inmates, it has a contract to house juvenile offenders up to 72 hours. The juvenile offenders are placed in a separate area in the jail where there is constant site and sound supervision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.14 (b). In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Site Review:

During the site review, the auditor had informal conversations with staff and confined people were asked if there was a youthful person arriving at this facility under the age of 18.

**Housing & Separation:**

The facility maintains two designated holding cells specifically for youthful offenders. These cells are located separate from the adult inmate population, with no direct line of sight into adult housing or common areas. Cells have solid doors with observation windows positioned to prevent sight contact with adults.

**Sound Separation:**

During walkthrough, no verbal communication between youthful offenders and adult inmates could be heard from within the youthful offender cells. Jail staff confirmed youthful offenders are escorted along separate routes when possible and are not moved during peak adult movement periods (meals, court, recreation).

**Shower Facilities:**

A single-cell shower is available for youthful offenders and is fully separated from adult shower areas. Shower is scheduled at times when no adult inmates are present in adjacent areas, further maintaining separation.

**Supervision & Monitoring:**

Youthful offender areas are monitored by roving officers and camera coverage. Staff confirmed that youthful offenders are never left unsupervised when outside their cells (e.g., during shower, medical, or attorney visits).

**Operational Practice:**

Booking staff reported that youthful offenders are prioritized for intake and classification to reduce time in holding. Logs indicate staff document youth movement and verify that no adult inmates are present when youth are escorted.

The auditor did not observe any youthful, confined people during the audit period. This was also confirmed by review of the daily population report.

**Interviews:**

Line staff who supervise youthful inmates: While the facility does not detain youthful inmates, it has a contract to house juvenile offenders up to 72 hours. The juvenile offenders are placed in a separate area in the jail where there is constant site and sound supervision.

**Corrective Actions:**

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.14 (c). Agencies shall make their best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. In the past 12 months, the number of youthful inmates who have been placed in isolation in order to separate them from adult inmates: 0.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Jail Policy and Procedure (p. 8) states that Upon acceptance of the juvenile into the Short-Term Juvenile Detention Facility (STJD), the juvenile and adults incarcerated shall remain in separate areas of the Troy City Jail sharing no common walls or common areas. (b) (c) (d) (e) (f) Juveniles that are incarcerated in the STJD area shall be out of sight and out of sound of the adult prisoners. The juvenile detained in the STJD shall be detained upon the authority given in Alabama Code, Section 12-15-59. Juveniles can only be detained for up to 72 hours. Juveniles can only be detained by appropriate authority and released by the appropriate authority. The maximum capacity for juveniles in the STJD is two (2).

Juvenile Behavior Log: The purpose of the juvenile behavior log is to systematically document the movements, actions, and interactions of youthful offenders while in custody. This log helps ensure that staff can verify the safety and well-being of juveniles, confirm that they are kept separate from adult inmates, and track compliance with facility policies and relevant regulations. Maintaining a thorough behavior log supports accountability, facilitates communication among staff, and provides a record for audits and reviews to demonstrate adherence to standards concerning the treatment and supervision of juvenile detainees.

Interviews:

Line staff who supervise youthful inmates: While the facility does not detain youthful inmates, it has a contract to house juvenile offenders up to 72 hours. The juvenile offenders are placed in a separate area in the jail where there is constant site and sound supervision. Additionally, it should be noted that the facility does not provide any programming or education services.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation,

	<p>policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Policy: Jail Policy and Procedures</p> <p>Training Curriculum</p> <p>Training Log (4)</p> <p>Corrective Action Implemented:</p> <p>Policy Update</p> <p>Training</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Random Sample of Staff (4)</p> <p>Random Sample of Inmates (5)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.15 (a). The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0.</p>

Policy: Jail Policy and Procedures (pp. 2-3): Conducting a thorough hand search of the prisoner, as well as a supplemental search utilizing the approved metal detector, unless the person to be searched is of the opposite sex, in which case an officer of the same sex will conduct the search if available. If an officer of the same sex is not available, the patrol supervisor on duty should be notified.

During the audit phase, additional language was added to the policy to state:

1. Searches

a) The Troy City Jail does not conduct cross-gender strip searches (meaning a search that requires a person to remove or arrange clothing so as to permit a visual inspection of their breasts, buttocks, or genitalia) or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Note: "Medical Practitioner" means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice.

b) Effective August 20, 2017, the facility shall not permit cross-gender pat-down searches (a running of the hands over the clothed body by an inmate by an employee to determine whether the individual possesses contraband) of female inmates, absent exigent circumstances. The facility shall not restrict female inmates' access to regularly available opportunities in order to comply with this provision.

c) The facility shall document all cross-gender strip searches and body cavity searches of inmates and all cross-gender pat-down searches of female inmates.

d) No staff shall conduct a search of a transgender or intersex inmate solely for the purpose of determining genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, 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.

Site Review:

During the onsite review, the auditor observed designated areas used for conducting strip searches, visual body cavity searches, and pat-down searches. These areas included private search rooms located adjacent to the intake area and within housing units. The auditor assessed the level of privacy afforded during searches and evaluated the potential for opposite-gender staff to observe these searches.

It was confirmed through direct observation and staff interviews that strip searches and visual body cavity searches are conducted in private settings, away from the view of opposite-gender staff unless an exigent circumstance exists. In each search area, privacy measures were in place, including fixed walls and doors.

Informal conversations with custody staff confirmed their understanding of the limitations on cross-gender searches. Staff consistently reported that only same-

gender staff conduct strip and visual body cavity searches, and that cross-gender pat-down searches are permitted only when same-gender staff are not available and when a supervisor authorizes the search. Staff were knowledgeable about the requirement to document any cross-gender strip or body cavity search and to articulate exigent circumstances, if applicable.

Interviews with confined individuals reflected that they were aware of who may search them and confirmed that privacy is respected during search procedures. No residents reported that opposite-gender staff had conducted or observed strip or body cavity searches.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.15 (b): As of August 20, 2015, or August 20, 2017, for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017, if their rated capacity does not exceed 50 inmates). The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The number of pat-down searches of female inmates that were conducted by male staff: 0. The number of pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance(s): 0.

Policy: Jail Policy and Procedures (pp. 2-3): Conducting a thorough hand search of the prisoner, as well as a supplemental search utilizing the approved metal detector, unless the person to be searched is of the opposite sex, in which case an officer of the same sex will conduct the search if available. If an officer of the same sex is not available, the patrol supervisor on duty should be notified.

The facility further reported that females and males are not out of their cells at the same time. It was further reported that if a female staff is not available the inmate will be taken to the county to be searched.

Interviews:

Random Sample of Staff – The facility had four random sample of staff scheduled to work during the onsite audit. All scheduled staff members were interviewed during the audit. All confirmed that female staff are responsible for conducting pat-down searches of female inmates; however, one staff reported a time where they had to search a female. While the agency has a process to ascertain staff from the county jail to assist, the staff was informed that they were instructed by a senior leader to conduct the search. This information was provided to the agency head, as it is against agency policy.

Inmate Interview Questionnaire (Female inmates) – Five residents were interviewed, two were female. All confirmed that the absence of female staff to perform pat-down searches has not prevented them from engaging in activities or programming. It should be noted that the facility does not have onsite education and programming.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.15 (c): The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches will not be documented. It was further reported that they facility does not allow for cross-gender searches.

Policy: Jail Policy and Procedures (pp. 2-3): Conducting a thorough hand search of the prisoner, as well as a supplemental search utilizing the approved metal detector, unless the person to be searched is of the opposite sex, in which case an officer of the same sex will conduct the search if available. If an officer of the same sex is not available, the patrol supervisor on duty should be notified.

Corrective Actions:

Documentation: During the interview process it was determined that a female resident was opposite gender searched. The leadership was unaware however a direct care staff was informed to conduct the search by an after-hours manager. The facility shall implement training or corrective action to ensure that such practices are documented. The corrective action measure shall be provided to the auditor.

Ø Corrective Action Implemented: In response, the facility has implemented

corrective measures to ensure all cross-gender or pat-down searches are properly authorized, documented, and reviewed. Staff involved in resident supervision have received targeted training reinforcing prohibitions on opposite-gender searches except in exigent circumstances, along with the requirement to immediately document and report any such occurrence.

The facility has completed and submitted to the auditor the corrective action documentation, including training records, updated procedures, and verification of staff acknowledgment to ensure sustained compliance with PREA requirements.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.15 (d): The facility shall implement policies and procedures that enable inmates 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

During the pre-audit phase, it was determined that the facility did not have a policy to address the provision of the standard.

Interviews:

Inmate Interview Questionnaire - Five residents were interviewed, and all residents confirmed that staff announce their presence when entering the housing area, especially when a female officer is entering the unit. Additionally, all confirmed that privacy measures prevent others from seeing them while using the toilet, showering, or changing clothes.

Random Sample of Staff - Four staff were interviewed during the audit period. All staff interviewed stated they announce themselves when entering the housing area of residents. The staff confirmed that residents in custody can dress, shower, and use the toilet without being observed by staff or members of the opposite gender, as each use bathrooms individually.

#### Site Review:

As part of the site review, the auditor conducted a comprehensive walkthrough of all areas where confined individuals may be in a state of undress, including within housing units and showers.

#### Observations of Viewing Areas

Inside the housing units, the auditor observed the locations of showers, toilet areas, and changing spaces. Each of these areas is designed with partitions, privacy walls, or doors that shield individuals from opposite-gender staff view. The facility does not utilize open showers or restrooms in areas where opposite-gender staff could inadvertently observe confined persons in a state of undress. Toilet and shower stalls were observed to have appropriate privacy barriers.

The facility does not have any programming, medical or additional areas for inmates to be located.

#### Electronic Surveillance Monitoring

The auditor visited the main control room, where camera feeds from throughout the facility are monitored. Informal discussions with control room staff confirmed that staff of all genders are assigned to this post. The video surveillance system includes site and sound, but control room officers reported that cameras are configured to avoid views of shower, toilet, or changing areas. A review of the camera angles supported this claim.

Blurring or pixelation was used on the feeds hovering the toilet area. The camera placement and restricted monitoring zones effectively prevent cross-gender observation of inmates in states of undress. Staff reported that it is facility policy and practice to avoid positioning or using surveillance equipment in a way that compromises privacy.

#### Knock and Announce Procedures

The auditor directly observed opposite-gender staff entering housing units and verified the use of a verbal announcement upon entry (e.g., "Female on the floor"). These announcements were made clearly and loudly, and occurred before the staff entered the living area, providing confined persons adequate time to cover up. Informal interviews with staff confirmed their understanding of and adherence to this procedure.

Conversations with confined persons confirmed that staff consistently announce their presence when of the opposite gender. Confined persons reported they are aware of these alerts and find sufficient in providing time and awareness to preserve their privacy. There were no reports of opposite-gender staff entering shower or toilet areas without proper notification.

#### Supervisor Rounds and Documentation

	<p>Supervisory staff conduct unannounced rounds on all shifts. These are documented in unit logbooks, and the auditor was able to verify entries.</p> <p>Corrective Actions:</p> <p>Policy: The facility shall develop policies and procedures to address the provision of the standard.</p> <p>Ø Corrective Action Implemented: the following policies and procedures was adopted by the agency:</p> <p>The facility shall enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.</p> <p>Staff members of the opposite gender shall announce their presence when entering an inmate housing unit.</p> <p>The Troy Police Department utilizes a solo (1) shower. Inmates will have privacy from all other inmates and staff while in the shower area.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan</p> <p>115.15 (e): This provision is no longer applicable to your compliance finding.</p> <p>115.15 (f): This provision is no longer applicable to your compliance finding.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is partially compliant with the provisions in this standard. The facility shall provide documentation of corrective action measures to document compliance with the provisions of the standards. The facility completed all requirements of corrective action. The standard is fully compliant.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence Relied Upon in Making Compliance Determination:

Documentation:

Policy: Communications with Persons with Disabilities

Policy: Limited English Proficient Services

Policy: Prison Rape Elimination Act

Corrective Action:

Brochure (English/Spanish)

Training Curriculum

Site Review:

(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Agency Head (Designee)

Inmates (with disabilities or who are limited English proficient (2)

Random Sample Staff (4)

Compliance Determination by Provisions and Correction:

115.16 (a): The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has established procedures to provide disabled inmates 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.

Policy: Communications with Person with Disabilities provides an agency overview that provides guidance to members when communicating with individuals with disabilities, including those who are deaf or hard of hearing, have impaired speech or vision, or are blind.

Inmates with Limited Disabilities Poster: The poster created by Alabama DYS is a visually engaging and informative tool designed to educate inmates about their rights and the agency's efforts in preventing, detecting, and responding to sexual abuse and harassment. The poster features clear and concise information presented in both English and Spanish, making it accessible to inmates with limited English proficiency. The posters did not have critical information, for example who to make a report to and victim advocacy and emotional support.

#### Interviews

Agency Head (Designee) - The interviewed staff reported that education for inmates is provided in different formats to accommodate an inmate's need. The county has trained interpreters. Depending on the disability, they may be single cell individuals, but no one will be in complete isolation. If necessary, they would have to let the judge know that the site cannot accommodate a resident.

Inmates with disabilities or those who are limited English proficient: Two interviewed residents reported that the placement provides clear and easily understandable information regarding sexual abuse and harassment. They also reported that they have a physical and mental disability that did not hinder them from understanding information provided. It should also be noted that it was reported that the facility staff read over the facility rules and regulations against sexual abuse and sexual harassment. The resident with a mental disability expressed concern that the site has no programs or services and the length of time they have been pending court.

#### Site Review:

##### INTERPRETATION SERVICES

As part of the audit process, the auditor conducted an unannounced test of the Jails access to interpretation services for confined individuals with Limited English Proficiency (LEP). The purpose of this review was to assess the real-time functionality, accessibility, and appropriateness of the facility's interpretation service processes.

##### Testing Access to Interpretation Services

During the site visit, the auditor requested to test the facility's access to interpreters. The auditor determined that staff had access to interpreters at the county jail and access to interpreter services on their telephones.

## Process and Privacy Assessment

The auditor asked staff to demonstrate the process as it would apply to a confined person needing interpretation services. It was reported that they would seek assistance from interpreter staff at the county jail or utilize their phone to interpret.

## Informal Conversations

Informal interviews were conducted with several staff members, all of whom were able to explain how to access the interpretation service and confirmed they had used it in the past when working with LEP individuals. Staff demonstrated a consistent understanding of the importance of timely access to language services and the requirement to avoid using other confined persons as interpreters.

No LEP inmates were identified during the onsite portion of the audit.

## Corrective Actions:

**PREA Signage:** The facility shall enhance the current PREA signage to ensure that it has the accurate information on how to report and victim advocacy and emotional support services in English and Spanish.

**PREA Brochure:** The facility shall develop a PREA Brochure in English and Spanish and provide documentation that residents have been given the information. Additionally, the facility shall develop a process to ensure that intake staff provide the residents with a copy of the brochure at intake.

Ø **Corrective Action Implemented:** The facility has taken corrective action to improve resident access to PREA reporting and support information. Updated PREA signage has been developed and posted throughout the facility in both English and Spanish, ensuring accurate information on how to report sexual abuse or harassment and how to access victim advocacy and emotional support services.

Additionally, the facility has created a PREA Brochure in English and Spanish that includes reporting methods, resident rights, and available support services. Intake procedures have been revised to require staff to provide each resident with the PREA brochure during the intake process and to document receipt. The facility has provided the auditor with copies of the updated signage, brochures, and documentation verifying distribution to residents.

These actions bring the facility into compliance with PREA requirements for resident education and accessible reporting information.

115.16 (b): The agency shall 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 inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

## Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy: Limited English Proficiency Services provides guidance to members when communicating with individuals with limited English proficiency (LEP) (42 USC § 2000d). Troy Police Department members should never refuse service to an LEP individual who is requesting assistance, nor should they require an LEP individual to furnish an interpreter as a condition for receiving assistance. The Department will make every reasonable effort to provide meaningful and timely assistance to LEP individuals through a variety of services. The Department will utilize all reasonably available tools, such as language identification cards, when attempting to determine an LEP individual's primary language. LEP individuals may choose to accept department-provided LEP services at no cost or they may choose to provide their own. Department-provided LEP services may include, but are not limited to, the assistance methods described in this policy.

Staff Training

Interviews:

Inmates with disabilities or those who are limited English proficient: Two interviewed residents reported that the placement provides clear and easily understandable information regarding sexual abuse and harassment. They also reported that they have a physical and mental disability that did not hinder them from understanding information provided. It should also be noted that it was reported that the facility staff read over the facility rules and regulations against sexual abuse and sexual harassment. The resident with a mental disability expressed concern that the site has no programs or services and the length of time they have been pending court.

Corrective Actions:

PREA Signage: The facility shall enhance the current PREA signage to ensure that it has the accurate information on how to report and victim advocacy and emotional support services in English and Spanish.

PREA Brochure: The facility shall develop a PREA Brochure in English and Spanish and provide documentation that residents have been given the information. Additionally, the facility shall develop a process to ensure that intake staff provide the residents with a copy of the brochure at intake.

Training: Documentation were staff are trained on working with individuals with disabilities.

Corrective Action Implemented: The facility has taken corrective action to improve resident access to PREA reporting and support information. Updated PREA signage has been developed and posted throughout the facility in both English and Spanish,

ensuring accurate information on how to report sexual abuse or harassment and how to access victim advocacy and emotional support services.

Additionally, the facility has created a PREA Brochure in English and Spanish that includes reporting methods, resident rights, and available support services. Intake procedures have been revised to require staff to provide each resident with the PREA brochure during the intake process and to document receipt. The facility has provided the auditor with copies of the updated signage, brochures, and documentation verifying distribution to residents.

The training material (115.31) given to staff as a part of the new hire training covers working with Special Populations. A copy of the training content was provided to the auditor.

These actions bring the facility into compliance with PREA requirements for resident education and accessible reporting information.

115.16 (c): The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0.

Policy: Limited English Proficient Services (p. 3) states that Bilingual members may be qualified to provide LEP services when they have demonstrated through established department procedures a sufficient level of skill and competence to fluently communicate in both English and a non-English language. Members utilized for LEP services must demonstrate knowledge of the functions of an interpreter/translator and the ethical issues involved when acting as a language conduit. Additionally, bilingual members must be able to communicate technical and law enforcement terminology and be sufficiently proficient in the non-English language to perform complicated tasks, such as conducting interrogations, taking statements, collecting evidence, or conveying rights or responsibilities.

Policy: Prison Rape Elimination Act (p. 3) states that Ensuring that individuals with

limited English proficiency and disabilities have an equal opportunity to understand and benefit from efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes access to appropriate interpreters and written materials in formats or through methods that provide effective communication to those with disabilities (e.g., limited reading skills; intellectual, hearing, speech, or vision disabilities) (see the Limited English Proficiency Services and Communications with Persons with Disabilities policies) (28 CFR 115.116). 1. The Department shall not rely on other individuals in custody for assistance except in limited circumstances where an extended delay in obtaining an appropriate interpreter could compromise the individual's safety, the performance of first-response duties under this policy, or the investigation of an individual's allegations of sexual abuse, harassment, or retaliation.

Interviews:

Random Sample of Staff - Four staff were interviewed. Three staff confirmed that they would not rely on another resident to interpret or assist a disabled or limited English proficiency resident in reporting allegations of sexual abuse or harassment. When probed one staff reported that they were unsure but would seek assistance from leadership on getting someone to assist. The staff further reported that they have been instructed to seek assistance by jail interpreters; however, they have also used google translate on their phones.

Inmates with disabilities or those who are limited English proficient: Two interviewed residents reported that the placement provides clear and easily understandable information regarding sexual abuse and harassment. They also reported that they have a physical and mental disability that did not hinder them from understanding information provided. It should also be noted that it was reported that the facility staff read over the facility rules and regulations against sexual abuse and sexual harassment. The resident with a mental disability expressed concern that the site has no programs or services and the length of time they have been pending court.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.

Based on analysis, the facility is not compliant with all provisions in this standard. The facility shall address the areas of noncompliance to meet the requirements of the

	<p>provisions of the standard. Corrective Action Items were met.</p> <p>The facility is in compliance with PREA Standard 115.16 by ensuring that residents with disabilities and those who are limited English proficient have equal access to all PREA-related information, reporting mechanisms, and support services. The facility provides accessible formats—including written materials in English and Spanish, visual aids, and interpreter services—so that all residents can understand how to report sexual abuse or harassment and receive assistance.</p> <p>Staff are trained on communicating effectively with residents who have disabilities or language barriers, and the facility prohibits the use of resident interpreters except in limited exigent circumstances. Documentation reflects that accommodation and language services are consistently available and utilized when needed.</p> <p>These practices ensure that all residents, regardless of ability or language proficiency, receive the protections and information required under PREA.</p>
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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>PCSO Policy 350.5 P.R.E.A. AND THE HIRING OF STAFF AND STAFF PROMOTIONS (Prison Rape Elimination Act), pp.4-5</p> <p>Staff Files</p> <ul style="list-style-type: none"> <li>o Background Check (6)</li> <li>o Pre-employment questionnaire/selected staff self-declaration (5)</li> <li>o 5-year Background Check (4)</li> </ul> <p>Corrective Action Implemented:</p> <p>Policy Update</p> <p>Reference Check</p> <p>Interview Guide:</p> <p>Administrative (Human Resources) Staff/Background Investigator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.17 (a): The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Policy: City of Troy Personnel Policies and Procedures (p. 51) states that:

In order to protect the City of Troy, its employees, and the public, the city will conduct employment background checks and/or investigation on candidates selected for a position with the city. The purpose of this policy is to ensure that individuals who join the City of Troy workforce or are promoted to the positions with certain responsibilities within the City are qualified for the positions for which they have applied and have accurately presented their qualification during the hiring process.

The City of Troy conducts various background checks on initial hires, rehired employees, and internal transfers/promotions whether part time, full time or temporary. Background checks/investigations may consist of but are not limited to the following: Social Security Verification, Criminal History, Employment Verification, Credit History, Education Verification, Drug Screen, Motor Vehicle Record, Personal/ Professional Reference, Professional License/Certification Verification.

The Troy City Jail shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the contractual services if any contractor, who may have inmate contact.

Files (6) of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.17 (b): The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Policy: Discrimination Harassment (p. 2) states that The Department prohibits all forms of discrimination and discriminatory harassment, including sexual harassment. It is unlawful to harass an applicant or a member because of that person's sex. Sexual harassment includes but is not limited to unwelcome sexual advances, requests for sexual favors, or other verbal, visual, or physical conduct of a sexual nature when: (a) Submission to such conduct is made either explicitly or implicitly as a term or condition of employment, position, or compensation. (b) (c) Submission to, or rejection of, such conduct is used as the basis for any employment decisions affecting the member. Such conduct has the purpose or effect of substantially interfering with a member's work performance or creating an intimidating, hostile, or offensive work environment.

Interviews:

Administrative (Human Resources) Staff - The interviewed staff reported that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. It was further reported that this is done through criminal background checks, DHS checks and soon staff will complete polygraphs.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (c): Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

#### Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks: 2.

Policy: City of Troy Personnel Policies and Procedures (p. 51) states that:

In order to protect the City of Troy, its employees, and the public, the city will conduct employment background checks and/or investigation on candidates selected for a position with the city. The purpose of this policy is to ensure that individuals who join the City of Troy workforce or are promoted to the positions with certain responsibilities within the City are qualified for the positions for which they have applied and have accurately presented their qualification during the hiring process.

The City of Troy conducts various background checks on initial hires, rehired employees, and internal transfers/promotions whether part time, full time or temporary. Background checks/investigations may consist of but are not limited to the following: Social Security Verification, Criminal History, Employment Verification, Credit History, Education Verification, Drug Screen, Motor Vehicle Record, Personal/ Professional Reference, Professional License/Certification Verification.

Files (6) of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.17(c).

#### Interviews

Administrative (Human Resources) Staff - The interviewed staff reported that they perform NCIC checks on all staff and contractors. All staff have comprehensive law enforcement interviews.

#### Corrective Actions:

Reference Checks: the facility shall institute a practice 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. The facility shall provide documentation of new hires during the corrective action phase.

Ø Corrective Action Implemented: The facility provided documentation showing that reference checks are conducted. It should be noted that all hires have law

enforcement reference checks conducted on them.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (d): The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 1.

While the facility had a practice of conducting criminal background checks on employees the policy did not explicitly address contractors.

Upon review it was determined that the site does not have any contracted staff who have contact with inmates.

Interviews:

Administrative (Human Resources) Staff - The interviewed staff reported that they perform NCIC checks on all staff and contractors. All staff have comprehensive law enforcement interviews.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards. The policy was updated to state:

o The Troy Police Department shall also perform criminal background record checks before retaining the services of any contractor who may have contact with inmates.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (e): The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for

current employees.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

While the facility had a practice of conducting periodic criminal background checks on employees the policy did not explicitly address.

There were no reported contractors or volunteers.

Five Year checks (4).

Interviews:

Administrative (Human Resources) Staff – The interviewed staff reported that background checks occur at least every 5 years. It was further reported that the checks are done automatically.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards. The policy was updated to state:

o The Troy Police Department shall either conduct criminal background records checks at least every 5 years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of these standards.

115.17 (f): The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Compliance Determination:

This facility has demonstrated compliance with the provision of the standard because:

Interviews:

Administrative (Human Resources) Staff – The interviewed staff reported that HR has a self-declaration statement that staff must sign upon hire.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (g): Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Corrective Actions:

Policy: The facility shall include in the PREA policy “Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”

Ø Corrective Action Implemented: The jailor job announcement was updated to state the above. No further action is required.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.17 (h): Unless prohibited by law, the agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

	<p>Administrative (Human Resources) Staff – The interviewed staff reported that the agency shall 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.</p> <p>Corrective Actions:</p> <p>Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.</p> <p>Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards. The policy was updated to state:</p> <ul style="list-style-type: none"> <li>o Unless prohibited by law, The Troy Police Department shall 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.</li> </ul> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is not compliant with all provisions in this standard. The facility shall address corrective actions on policy and reference checks. All corrective action items were updated. No further action is required. The facility is in compliance with the provisions of the standard.</p>
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<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Pre-Audit Questionnaire</li> </ul> <p>Interview Guide:</p>

Agency Head (Designee)

Warden/Designee/Jail Administrator

Compliance Determination by Provisions and Corrective Actions:

115.18 (a): When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

Interviews:

Agency Head (Designee)- The interviewed staff reported that the above referenced policy provides guidance on the process. There have not been any facility infrastructure changes.

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility takes into consideration PREA standards or sexual safety when enhancing or making any changes in the facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.18 (b): When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

Interviews:

	<p>Agency Head (Designee) – The interviewed staff reported that the above reference policy provides guidance on the process of installing or updating monitoring technology. There has not been any new technology installed.</p> <p>Warden/Designee/Jail Administrator – The interviewed staff reported that the facility considers sexual safety when installing or enhancing the camera system.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy Prison Rape Elimination Act</li> <li>· Court Advocacy Program</li> </ul> <p>Corrective Action Implemented:</p> <p>East Central Mental Health Agreement</p> <p>Interviews:</p> <p>Random Sample Staff (4)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.21 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the</p>

potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The agency/facility is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

Policy: Prison Rape Elimination Act (pp. 5--6): The Department shall promptly, thoroughly, and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received department-approved special training shall conduct sexual abuse investigations (28 CFR 115.171).

903.5.2 INVESTIGATOR RESPONSIBILITIES The responsibilities of investigators shall include but are not limited to (28 CFR 115.171): (a) Gathering and preserving direct and circumstantial evidence, including any available physical and biological evidence and any available electronic monitoring data. (b) (c) (d) (e) (f) (g) (h) Interviewing alleged victims, suspects, and witnesses. Reviewing any prior complaints and reports of sexual abuse involving the suspect. Conducting compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Assessing the credibility of the alleged victim, suspect or witness on an individual basis and not by the person's status as an individual in custody or a member of the Troy Police Department. Documenting in written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and findings. Referring allegations of conduct that may be criminal to the District Attorney for possible prosecution, including any time there is probable cause to believe an individual in custody sexually abused another individual in custody at the department facility (28 CFR 115.178). Cooperating with outside investigators and remaining informed about the progress of any outside investigation. 903.5.3

#### ADMINISTRATIVE INVESTIGATIONS

Administrative investigations shall include an effort to determine whether department member actions or failures to act contributed to the abuse. The departure of the alleged abuser or victim from the employment or control of this department shall not be used as a basis for terminating an investigation (28 CFR 115.171).

Interviews:

Random Sample of Staff - Random Sample Staff - Four staff interviewed demonstrate awareness of the agency's protocols but required probing to describe the steps for preserving usable physical evidence. While they could identify key actions such as

separating the resident, notifying a supervisor, and completing necessary reports, they needed prompting to include critical steps such as securing the area, preventing the resident from showering, brushing teeth, drinking, or eating anything or using the bathroom. Four staff stated that if it is determined that a resident is at imminent risk of sexual abuse, they would promptly separate the individual from others, notify their supervisor, and initiate these actions immediately.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (b): The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, N/A - The protocol is developmentally appropriate for youth.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (c): The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility offers all inmates who experience sexual abuse

access to forensic medical examinations. If no, skip to 115.21 (d)-1. The facility does not offer all inmates who experience sexual abuse access to forensic medical examinations onsite. The facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If "Sometimes", please describe situations when SAFEs or SANEs are not used in the comments section. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The number of forensic medical exams conducted during the past 12 months: 0. The number of exams performed by SANEs/SAFEs during the past 12 months:0. The number of exams performed by a qualified medical practitioner during the past 12 months:0.

Policy Prison Rape Elimination Act (p. 3) states that Access to forensic medical examinations, without financial cost, for all victims of sexual abuse where appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The efforts to provide SAFEs or SANEs shall be documented.

Policy Prison Rape Elimination Act (p. 6) states that Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be 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 (28 CFR 115.182).

Interviews:

SAFEs/SANEs Staff - The auditor contacted the hospital to verify the services are offered.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42

U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. These efforts are documented.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means.

Brochure: Court Advocacy Program (House of Ruth) provides information on the community provider that provides victim advocacy and emotional support services.

Interviews

PREA Compliance Manager - The facility does not have a PREA Compliance Manager.

Inmates who Reported a Sexual Abuse - There were no interviewed inmates who reported a sexual abuse.

Corrective Actions:

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.21 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

As described in provision 115.221 (d).

Interviews:

PREA Compliance Manager – The facility does not have a PREA Compliance Manager.

Inmates who Reported a Sexual Abuse – There were no inmates who reported sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.21 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, n/a-the agency is responsible for conducting administrative and criminal investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.21 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Auditor is not required to audit this provision.

115.21 (h): For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ,</p> <p>The facility uses the above-mentioned external partners to serve as the advocate.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act</li> <li>· PREA - Troy, AL</li> </ul> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Investigative Staff (1)</p> <p>Compliance Determination by Provision and Corrective Actions:</p> <p>115.22 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct). In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0. In the past 12 months, the number of allegations resulting in an administrative investigation: 0. In the past 12 months, the number of allegations referred for criminal investigation: 0.

Policy: Prison Rape Elimination Act (p. 3) states that The Department shall promptly, thoroughly, and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received department-approved special training shall conduct sexual abuse investigations (28 CFR 115.171).

Interviews:

Agency Head (Designee) – The interviewed staff reported that all allegations of sexual abuse or sexual harassment is assigned to an agency investigator and a trained CID detective.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.22 (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

Policy: Prison Rape Elimination Act (p. 3) states that The Department shall promptly, thoroughly, and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received department-approved special training shall conduct sexual abuse investigations (28 CFR 115.171).

Website:

The Troy City Jail PREA policy can be found on the official agency website. Please visit PREA - Troy, AL to access the policy and other related information. Information is provided in English and Spanish.

Documentation of referrals of allegations of sexual abuse and/or sexual harassment was reviewed to show compliance with allegations being referred for investigation.

Interviews:

Investigative Staff - The interviewed staff reported that all allegations are investigated. The agency investigators are all criminal investigators. It was further reported that if the incident involves staff, they would seek an outside investigator.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.22 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Website: The Troy City Jail policy can be found on the official agency website. Please visit PREA - Troy, AL to access the policy and other related information. Information is provided in English and Spanish.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

	<p>115.22 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, If the agency is not responsible for conducting administrative or criminal investigations of alleged sexual abuse, and another state entity has that responsibility, this other entity has a policy governing how such investigations are conducted.</p> <p>Auditor is not required to audit this provision.</p> <p>115.22 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making Compliance Determination:
	Documentation:
	Pre-Audit Questionnaire
	Policy: Policies and Procedures (2023)
	Policy: Discrimination Harassment

Policy: Prison Rape Elimination Act

Training Records (10)

Corrective Action:

Staff Training Curriculum

Training Record

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Random Sample Staff (4)

Compliance Determination by Provisions and Corrective Actions:

115.31 (a): The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency trains all employees who may have contact with inmates on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. The agency trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment. The agency trains all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency trains all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement. The agency trains all employees who may have contact with inmates on the common reactions of sexual abuse and sexual

harassment victims. The agency trains all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse. The agency trains all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates. The agency trains all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates. The agency trains all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

#### Interviews:

Random Sample of Staff - The twelve staff interviewed confirmed that they received PREA training during their initial onboarding training and have received training within the last two months from lieutenants and PREA Coordinator. This training covers policy updates, employee, and resident rights, recognizing signs of sexual abuse, and reporting and response procedures. They demonstrated knowledge of how to prevent, detect, report, and respond to sexual abuse and harassment, including identifying physical harm, maintaining appropriate boundaries, and recognizing signs such as closed off, quiet, or isolated. Additionally, the staff articulated strategies to prevent inappropriate relationships with resident by avoid sharing personal information, not given residents contraband, set boundaries. Two of the four staff could not recall receiving training on mandatory reporting requirements.

#### Corrective Actions:

PREA Training Lesson Plan: The auditor was able to review the only curriculum for PREA 101, access was provided by the vendor. The auditor could not determine where the training discussed mandatory reporting requirements. The facility shall review the training and other training provided to the staff and provide documentation where staff receive training on mandatory reporting requirements.

Ø Corrective Action Implemented: Staff received additional training on Mandatory Reporting. Documentation of training and participation was provided. No further action is required.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.31 (b): Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the training is not tailored to the gender of the inmates at the facility. Employees that are reassigned from other facilities housing the opposite gender are not given additional training. The facility houses both male and female offenders.

A review of the confined persons roster indicated that the facility houses male and confined persons, and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff.

Training records (10) reviewed provided confirmation of staff completing the required training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.31 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. If "YES", please describe in the comments section. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements. Annually.

Training Records: Review of the training documentation indicated that all current employees have received PREA training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.31 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Compliance Determination:

Discussion: The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

During documentation review, the auditor reviewed staff training rosters, staff sign-in sheets, acknowledgement statements, and some electronic verifications.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is compliant with most of the provisions in this standard. The facility provide documentation of staff receiving training on mandatory reporting requirements. All required documentation was provided. No further action is required. The facility is compliant with the provisions of the standard.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Interview Guide:</p> <p>Volunteer or Contractor who have Contact with Inmates (0)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.32 (a): The agency shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p>

As reported in the PAQ, volunteers and contractors who have contact with inmates are not trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 0. As reported by the facility the only contracted staff is pest control and they do not provide services to the inmates.

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates -the facility does not have contracted staff or volunteers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.32 (b): 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 inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, 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 inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

There are no reported volunteers or contracted staff.

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates -the facility does not have contracted staff or volunteers.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ,

	<p>interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.32 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency maintains documentation confirming that volunteers and contractors understand the training they have received.</p> <p>There are no contracts or volunteer staff.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses triangulation by reviewing PREA documentation, policies, on-site observations, facility practices, interviews, local advocates, and the online Pre-Audit Questionnaire. This analysis shows the facility complies with all provisions of this standard.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making Compliance Determination:
	Documentation:
	Intake records (6)
	Corrective Action Implemented:
	Policy Update
	Intake Records/Education (20)

Written Material

Disability Services

Staff Training

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Intake Staff (1)

Random Inmate Interview (5)

Compliance Determination by Provisions and Corrective Action:

115.33 (a): During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The number of inmates admitted during past 12 months who were given this information at intake: 1590.

Interviews:

Intake Staff - The interviewed staff reported that they provide inmates with information on the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. During booking, we will read the PREA statement and PREA compliance to them to ensure that they understand the information related to the policy. They are informed on what could happen if they violate the policy and there is follow to verify their understanding.

Inmate Interview Questionnaire- Four of the five residents interviewed could recall that they were informed about the rules against sexual abuse and harassment during the intake process at the facility. This information was conveyed through a one-on-one conversation with a staff member, Residents also reported that they were required to sign a paper.

Site Review

INTAKE: PREA INFORMATION

Intake Observation and PREA Education

**Responsible Staff for Intake:**

The intake was conducted by a designated booking officer/jailer, who confirmed their responsibility for completing the intake process and ensuring that PREA education is delivered to each individual upon admission. The intake officer demonstrated familiarity with the facility's zero-tolerance policy and related procedures.

**Delivery of PREA Information During Intake (mock interview):**

The auditor observed the intake officer provide verbal and written information regarding the facility's zero-tolerance policy for sexual abuse and harassment. The individual being admitted received information about that clearly outlined their rights, the facility's reporting mechanisms, and available support services.

The written PREA materials were reviewed and confirmed to be written at an appropriate reading

**Interaction With the Admitted Individual:**

The auditor engaged in a brief, informal conversation with the newly admitted individual after the intake process. The individual confirmed receiving information about the facility's zero-tolerance policy, how to report abuse, and who to contact for help. They stated the intake officer answered their questions and provided information in a clear and respectful manner.

**Interpretation Services Evaluation**

Although interpretation services were not used during this specific intake, the auditor assessed the facility's preparedness and accessibility of such services.

**Testing Interpretation Access:**

The auditor requested to test the language line service used for LEP individuals. Staff immediately demonstrated the process by showing the process of how to contact the jail interpreters and use of their phone.

**Informal Conversations Regarding Interpretation Services:**

Conversations with staff confirmed that they are trained to identify when interpretation is needed and to act promptly. Staff provided examples of previous scenarios in which interpretation services were used successfully, including for PREA education and reporting assistance.

**Corrective Actions:**

**Written Material:** While the facility went over the PREA zero tolerance policy during intake, there was no information given to the inmates. The auditor recommended that the facility develop written material such as a brochure that could be provided to the client.

Ø **Corrective Action Implemented:** The auditor noted that while the facility verbally reviewed the PREA Zero Tolerance Policy during intake, inmates were not provided with written PREA information. In response to this finding, the facility developed and implemented written PREA educational materials, including a brochure outlining the zero-tolerance policy, reporting methods, and available support services. This

brochure is now distributed to all inmates at intake and is available upon request throughout the facility.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards. The policy was updated to state:

o During the intake process, inmates shall receive information explaining the Troy Police Departments zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (b): Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 0.

While onsite, a review of 6 intake records confirmed that each inmate received PREA education upon admission. Documentation included signed acknowledgments verifying that inmates were informed of the agency's zero-tolerance policy, how to report sexual abuse or harassment, and their rights under the PREA standards.

Interviews:

Intake Staff - As previously stated, the interviewed staff stated that they will read the information to the inmates, verify that they understand. All information is verbally provided to the inmates.

Inmate Interview Questionnaire- Five residents interviewed. All of the residents stated that during their initial intake at the facility, they were informed about their rights to be protected from sexual abuse and harassment, the process for reporting such incidents to staff or hotline number, and their right to do so without facing retaliation

or punishment. One resident could not recall the details of what information was provided.

#### Site Review Write-Up

#### Observation of Comprehensive PREA Education

During the site review at the facility, the auditor was able to observe the comprehensive PREA education session provided to a newly confined individual. This observation allowed the auditor to assess the facility's compliance with PREA Standard §115.33, which requires that comprehensive education be provided to individuals within 30 days of intake.

#### Delivery of Comprehensive Education

##### Format of Delivery:

The facility delivers comprehensive PREA education through in-person instruction by trained staff. The session observed included both components: the staff member provided an introduction and overview and concluded with a verbal question-and-answer period.

##### Content Covered:

The observed education session included all required topics as outlined in the PREA Standards. These included:

The individual's right to be free from sexual abuse and sexual harassment;

The right to be free from retaliation for reporting such incidents;

Information about how to report incidents or suspicions of sexual abuse or harassment, including internal and external reporting options;

An overview of the facility's response protocols and available support services (e.g., emotional support, forensic medical exams, investigations).

#### Accessibility of Education

The facility demonstrated appropriate accommodations to ensure comprehensive education is accessible to all persons confined in the facility, including those with communication and cognitive barriers.

##### Deaf and Hard-of-Hearing:

limited to no information

##### Blind or Low Vision:

limited to no information

##### Limited English Proficient (LEP) Individuals:

The facility has access to interpreters at the county jail and use of services on their phone. Postings in a second language were limited.

##### Cognitively or Functionally Disabled Individuals:

limited to no information

Limited Literacy:

Staff are prepared to read materials aloud and explain concepts verbally to individuals who may have difficulty reading or understanding written text.

Informal Conversations

After the session, the auditor had an informal conversation with the individual who received the education. The individual indicated they understood their rights, how to report sexual abuse or harassment, and who to contact if they needed further assistance. The individual expressed that the staff member answered questions respectfully and gave them the opportunity to ask questions at the end of the session.

Additionally, the auditor spoke with the staff member who facilitated the education. The staff member was able to clearly articulate the key points of the curriculum and described the different ways they adapt their delivery based on the individual's needs. They also noted that comprehensive education is tracked on a written document and typically occurs immediately upon intake.

The auditor observed that the information is provided to the residents verbally; however, they are not provided written information.

Corrective Actions:

Written Material: While the facility went over the PREA zero tolerance policy during intake, there was no information given to the inmates. The auditor recommended that the facility develop written material such as a brochure that could be provided to the client.

Ø Corrective Action Implemented: The auditor noted that while the facility verbally reviewed the PREA Zero Tolerance Policy during intake, inmates were not provided with written PREA information. In response to this finding, the facility developed and implemented written PREA educational materials, including a brochure outlining the zero tolerance policy, reporting methods, and available support services. This brochure is now distributed to all inmates at intake and is available upon request throughout the facility.

Access to various disability services: The auditor recommended that the facility implement additional education material provided by the PREA resource center and Alabama DYS.

Ø Corrective Action Implemented: In response to the auditor's recommendation, the facility has implemented additional PREA educational materials provided by the PREA Resource Center and Alabama DYS to ensure equitable access for individuals with disabilities. These materials have been posted and made readily available throughout the facility in accessible formats, ensuring that residents with varying disabilities can receive and understand PREA information and reporting options.

PREA Education: While onsite the auditor reviewed the records of current offenders and their receipt of PREA education, the auditor requested that the facility upload said records along with a list of identified offenders. As of the date of the report the records were not uploaded. The facility shall upload the records of the requested residents during the corrective action phase.

Ø Corrective Action Implemented: The facility provided documentation of 20 residents during the corrective action phase who received PREA education. The education was completed within 72 hours of admission.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (c): Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, of those who were NOT educated (as stated in 115.33(b)-1) within 30 days of intake, all inmates have been educated subsequently—the facility reported no. However, it was also reported that zero are still not educated. All inmates are educated upon intake.

Interviews:

Intake Staff - As previously stated, the interviewed staff stated that they will read the information to the inmates, verify that they understand. All information is verbally provided to the inmates.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (d): The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmate PREA education is not available in formats accessible to all inmates, including those who are limited English proficient. Inmate PREA education is available in formats accessible to all inmates, including those who are deaf. Inmate PREA education is available in formats accessible to all inmates, including those who are visually impaired. Inmate PREA education is not available in formats accessible to all inmates, including those who are otherwise disabled. Inmate PREA education is not available in formats accessible to all inmates, including those who are limited in their reading skills.

Posters: Posting were limited to information in English.

Inmate Handbook: there is not an inmate handbook given to inmates.

Corrective Actions:

Written Material: While the facility went over the PREA zero tolerance policy during intake, there was no information given to the inmates. The auditor recommended that the facility develop written material such as a brochure that could be provided to the client. The inmate rules should contain information on the PREA rules, how to report, how to seek services, and what would happen if you violate the rules.

Ø Corrective Action Implemented: The auditor noted that while the facility verbally reviewed the PREA Zero Tolerance Policy during intake, inmates were not provided with written PREA information. In response to this finding, the facility developed and implemented written PREA educational materials, including a brochure outlining the zero-tolerance policy, reporting methods, and available support services. This brochure is now distributed to all inmates at intake and is available upon request throughout the facility. Material is available in English and Spanish.

Access to various disability services: The auditor recommended that the facility implement additional education material provided by the PREA resource center and Alabama DYS. A recommended resource is BW\_PREA Plain language poster Mail Version\_FINAL\_2.12.2025.docx.

Ø Corrective Action Implemented: In response to the auditor's recommendation, the facility has implemented additional PREA educational materials provided by the PREA Resource Center and Alabama DYS to ensure equitable access for individuals with disabilities. These materials have been posted and made readily available throughout the facility in accessible formats, ensuring that residents with varying disabilities can receive and understand PREA information and reporting options.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards. The policy was updated to state:

o The Troy Police Department shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates who have limited reading skills.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (e): The agency shall maintain documentation of inmate participation in these education sessions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not maintain documentation of inmate participation in PREA education sessions. During the onsite inspection, it was determined that the agency does maintain documentation of inmate participation in PREA education sessions.

Corrective Actions:

PREA Education: While onsite the auditor reviewed the records of current offenders and their receipt of PREA education, the auditor requested that the facility upload said records along with a list of identified offenders. As of the date of the report the records were not uploaded. The facility shall upload the records of the requested residents during the corrective action phase.

Ø Corrective Action Implemented: The facility provided documentation of 20 residents during the corrective action phase who received PREA education. The education was completed within 72 hours of admission.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.33 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

Inmate Handbook: there is not an inmate handbook.

Site Review

Observation of Comprehensive PREA Education

During the site review at the facility, the auditor was able to observe the comprehensive PREA education session provided to a newly confined individual. This observation allowed the auditor to assess the facility's compliance with PREA Standard §115.33, which requires that comprehensive education be provided to individuals within 30 days of intake.

#### Delivery of Comprehensive Education

##### Format of Delivery:

The facility delivers comprehensive PREA education through in-person instruction by trained staff. The session observed included both components: the staff member provided an introduction and overview and concluded with a verbal question-and-answer period.

##### Content Covered:

The observed education session included all required topics as outlined in the PREA Standards. These included:

The individual's right to be free from sexual abuse and sexual harassment;

The right to be free from retaliation for reporting such incidents;

Information about how to report incidents or suspicions of sexual abuse or harassment, including internal and external reporting options;

An overview of the facility's response protocols and available support services (e.g., emotional support, forensic medical exams, investigations).

#### Accessibility of Education

The facility demonstrated appropriate accommodations to ensure comprehensive education is accessible to all persons confined in the facility, including those with communication and cognitive barriers.

##### Deaf and Hard-of-Hearing:

limited to no information

##### Blind or Low Vision:

limited to no information

##### Limited English Proficient (LEP) Individuals:

The facility has access to interpreters at the county jail and use of services on their phone. Postings in a second language were limited.

##### Cognitively or Functionally Disabled Individuals:

limited to no information

##### Limited Literacy:

Staff are prepared to read materials aloud and explain concepts verbally to individuals who may have difficulty reading or understanding written text.

#### Informal Conversations

After the session, the auditor had an informal conversation with the individual who received the education. The individual indicated they understood their rights, how to report sexual abuse or harassment, and who to contact if they needed further assistance. The individual expressed that the staff member answered questions

respectfully and gave them the opportunity to ask questions at the end of the session.

Additionally, the auditor spoke with the staff member who facilitated the education. The staff member was able to clearly articulate the key points of the curriculum and described the different ways they adapt their delivery based on the individual's needs. They also noted that comprehensive education is tracked on a written document and typically occurs immediately upon intake.

**Corrective Actions:**

**Written Material:** While the facility went over the PREA zero tolerance policy during intake, there was no information given to the inmates. The auditor recommended that the facility develop written material such as a brochure that could be provided to the client.

Ø **Corrective Action Implemented:** The auditor noted that while the facility verbally reviewed the PREA Zero Tolerance Policy during intake, inmates were not provided with written PREA information. In response to this finding, the facility developed and implemented written PREA educational materials, including a brochure outlining the zero-tolerance policy, reporting methods, and available support services. This brochure is now distributed to all inmates at intake and is available upon request throughout the facility. Material is available in English and Spanish.

**Discussion:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

**Overall Findings:**

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.

Based on analysis, the facility is not in compliance with the provisions of the standard. The facility shall address the areas of non-compliance.

All areas of corrective action were addressed. The facility is in full compliance with the provisions of the standard.

<b>115.34</b>	<b>Specialized training: Investigations</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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	<b>Auditor Discussion</b>
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Evidence Relied Upon in Making Compliance Determination:

Documentation:

Policy: Prison Rape Elimination Act

Specialized Training for Investigators Documentation (6)

Corrective Action:

Specialized Training Material and Documentation of Completion

Interview Guide:

- Investigative Staff (1)

Compliance Determination by Provisions and Corrective Actions:

115.34 (a): In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations and skip to 115.35(a)-1.

Policy: Prison Rape Elimination Act (pp. 9-10) states that:

Investigators assigned to sexual abuse investigations shall also receive training in conducting such investigations in confinement settings. Training should include (28 CFR 115.134): 1. 2. 3. Techniques for interviewing sexual abuse victims. Proper use of Miranda and Garrity warnings. Sexual abuse evidence collection in confinement settings Criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Training Manager shall maintain documentation that department members, contractors and investigators have completed required training and that they understand the training. This understanding shall be documented through individual signature or electronic verification.

Training Records of Investigative Staff (6) confirmed receipt of the above-referenced training.

Interviews:

Investigative Staff - The interviewed staff reported that they have completed several courses related to sexual abuse investigations. When probed it appears the specifics of investigations occurs during the basic law enforcement training course.

Corrective Action:

Training Curriculum: The facility shall provide documentation of the training curriculum specific to sexual abuse investigations.

Ø One staff completed the PREA training for investigators provided on the PREA Resource Site. The facility provided documentation that the training was completed.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.34 (b): Specialized training shall include techniques for interviewing victims of sexual abuse, 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ,

Policy: Prison Rape Elimination Act (pp. 9-10) states that:

Investigators assigned to sexual abuse investigations shall also receive training in conducting such investigations in confinement settings. Training should include (28 CFR 115.134): 1. 2. 3. Techniques for interviewing sexual abuse victims. Proper use of Miranda and Garrity warnings. Sexual abuse evidence collection in confinement settings Criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Training Manager shall maintain documentation that department members, contractors and investigators have completed required training and that they understand the training. This understanding shall be documented through individual signature or electronic verification.

Training Records of Investigative Staff (6) confirmed receipt of the above-referenced training.

Interviews:

Investigative Staff - The interviewed staff reported that the training they received covered all of the above areas. When probed it appears the specifics of investigations occurs during the basic law enforcement training course.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

relevant policies corroborate that the facility is complying with the provisions of this standard.

115.34 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training: 6.

Training Records of Investigative Staff (6) confirmed receipt of the above-referenced training.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.34 (d): Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Auditor is not required to audit this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.

Based on analysis, the facility is not compliant with all provisions in this standard. The

	<p>facility shall address the corrective action.</p> <p>All corrective action requirements were addressed. The facility is full compliance with the provisions of the standard.</p>
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<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> <li>· Medical and Mental Health Staff (n/a)</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.35 (a): The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency does not have a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 0. The percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 0. The facility does not offer onsite medical and mental health care.</p> <p>Interviews:</p> <p>Medical and Mental Health Staff - The facility does not have medical and mental health staff.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p>

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.35 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency medical staff at this facility do not conduct forensic medical exams. The facility does not have onsite medical and mental health staff.

Interviews:

Medical and Mental Health Staff - The facility does not have medical and mental health staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.35 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not maintain documentation showing that medical and mental health practitioners have completed the required training. The facility does not have medical and mental health staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.35 (d): Medical and mental health care practitioners shall also receive the

	<p>training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>The facility does not have medical and mental health staff.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making Compliance Determination:
	Documentation:
	Corrective Action Implemented:
	Policy Update
	Risk Screening (9)
	Risk Reassessment Screenings (2)
	Blank Screening Instrument
	Training
	Additional Risk Screenings/Rescreening's (2)

Site Review:

(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)

Interview Guide:

Staff Responsible for Risk Screening (1)

Random Inmates (5)

PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.41 (a): All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Site Review:

The auditor did not observe the risk screening process as the facility did not have one established. However, the auditor observed staff completing other agency screenings. The staff read over the questions while conduct the mock review. The staff clarified when additional information was sought. The staff documented information as reported.

Informal Conversations

The auditor spoke informally with the staff member following the observation. The staff person reported that the facility does not do a screening for risk of victimization and abusiveness.

Corrective Actions:

Training: The facility shall develop training to train staff on how to conduct the risk of victimization and abusiveness tool. The training shall be documented and provided to the auditor. The training should also include staff responsibility to ask all questions on the tool and document accordingly.

Risk Assessment: The facility shall develop a risk assessment and implement the assessment. The auditor shall monitor for implementation for a minimum of three months.

Ø Corrective Action Implemented: In response to the auditor's recommendations, the facility developed and implemented comprehensive training for all staff responsible

for conducting the Risk of Victimization and Abusiveness assessment. The training covers proper administration of the tool, the requirement to ask all questions as designed, and the expectation to accurately document all responses. Completion of this training has been documented and provided to the auditor for verification.

The facility also developed and fully implemented a standardized risk assessment tool consistent with PREA requirements. The auditor monitored its use over a three-month period and confirmed that staff were completing the assessment as trained and integrating the results into housing, programming, and supervision decisions.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards. The policy was updated to state:

- o All inmates shall be assessed during an intake screening and upon transfer from another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

115.41 (b): Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy does not require that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 2841.

Risk Screening: The initial findings noted that a risk screening was not being conducted.

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that they do not screen inmates upon intake. There is not a screening process.

Inmate Interview Questionnaire- Five residents were interviewed. All residents had been at the facility for less than 12 months. The residents did not recall being asked any risk-related questions. When probed the residents said they were asked some questions like about disabilities.

Corrective Actions:

Training: The facility shall develop training to train staff on how to conduct the risk of

victimization and abusiveness tool. The training shall be documented and provided to the auditor.

Ø Corrective Action Implemented: In response to the auditor's recommendations, the facility developed and implemented comprehensive training for all staff responsible for conducting the Risk of Victimization and Abusiveness assessment. The training covers proper administration of the tool, the requirement to ask all questions as designed, and the expectation to accurately document all responses. Completion of this training has been documented and provided to the auditor for verification.

The facility also developed and fully implemented a standardized risk assessment tool consistent with PREA requirements. The auditor monitored its use over a three-month period and confirmed that staff were completing the assessment as trained and integrating the results into housing, programming, and supervision decisions.

Risk Assessment: The facility shall develop a risk assessment and implement the assessment. The auditor shall monitor for implementation for a minimum of three months.

Ø Corrective Action Implemented: The facility provided documentation of the use of the risk assessment. The risk assessment has been fully implemented and provided to inmates immediately upon arrival.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards. The policy was updated to state:

o Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

115.41 (c): Such assessments shall be conducted using an objective screening instrument.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Risk assessment is conducted using an objective screening instrument.

Objective Screening Instrument: The facility did not have an objective risk assessment.

Corrective Actions:

Training: The facility shall develop training to train staff on how to conduct the risk of victimization and abusiveness tool. The training shall be documented and provided to the auditor.

Ø Corrective Action Implemented: In response to the auditor's recommendations, the

facility developed and implemented comprehensive training for all staff responsible for conducting the Risk of Victimization and Abusiveness assessment. The training covers proper administration of the tool, the requirement to ask all questions as designed, and the expectation to accurately document all responses. Completion of this training has been documented and provided to the auditor for verification.

The facility also developed and fully implemented a standardized risk assessment tool consistent with PREA requirements. The auditor monitored its use over a three-month period and confirmed that staff were completing the assessment as trained and integrating the results into housing, programming, and supervision decisions.

Risk Assessment: The facility shall develop a risk assessment and implement the assessment. The auditor shall monitor for implementation for a minimum of three months.

Ø Corrective Action Implemented: The facility provided documentation of the use of the risk assessment. The risk assessment has been fully implemented and provided to inmates immediately upon arrival.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards.

o The policy was updated to state: Such assessments shall be conducted using an objective screening instrument.

115.41 (d): The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) no longer applicable; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ,

Objective Screening Instrument: The facility did not have an objective risk assessment.

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that the agency does not have a process to screen inmates upon intake.

Corrective Actions:

Training: The facility shall develop training to train staff on how to conduct the risk of victimization and abusiveness tool. The training shall be documented and provided to the auditor.

Ø Corrective Action Implemented: In response to the auditor's recommendations, the facility developed and implemented comprehensive training for all staff responsible for conducting the Risk of Victimization and Abusiveness assessment. The training covers proper administration of the tool, the requirement to ask all questions as designed, and the expectation to accurately document all responses. Completion of this training has been documented and provided to the auditor for verification.

The facility also developed and fully implemented a standardized risk assessment tool consistent with PREA requirements. The auditor monitored its use over a three-month period and confirmed that staff were completing the assessment as trained and integrating the results into housing, programming, and supervision decisions.

Risk Assessment: The facility shall develop a risk assessment and implement the assessment. The auditor shall monitor for implementation for a minimum of three months.

Ø Corrective Action Implemented: The facility provided documentation of the use of the risk assessment. The risk assessment has been fully implemented and provided to inmates immediately upon arrival.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

a) The intake screening shall consider, at minimum, the following criteria to assess inmates for risk of sexual victimization:

- i. Whether the inmates has a mental, physical, or developmental disability;
- ii. The age of the inmate;
- iii. The physical build of the inmate.
- iv. Whether the inmate has previously been incarcerated;
- v. Whether the inmate's criminal history is exclusively nonviolent;
- vi. Whether the inmate has prior convictions for sex offenses against an adult or child;

- vii. Whether the inmate has previously experienced sexual victimization;
- viii. The inmate's perception of his or her own vulnerability to sexual abuse or sexual harassment; and
- ix. Whether the inmate is detained solely for civil immigration purposes.

115.41 (e): The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

**Compliance Determination:**

The facility has demonstrated compliance with this provision of the standard because:

**Objective Screening Instrument:** The facility did not have an objective risk assessment.

**Interviews:**

**Staff Responsible for Risk Screening -** The interviewed staff reported that the agency does not have a process to screen inmates upon intake.

**Corrective Actions:**

**Training:** The facility shall develop training to train staff on how to conduct the risk of victimization and abusiveness tool. The training shall be documented and provided to the auditor.

Ø **Corrective Action Implemented:** In response to the auditor's recommendations, the facility developed and implemented comprehensive training for all staff responsible for conducting the Risk of Victimization and Abusiveness assessment. The training covers proper administration of the tool, the requirement to ask all questions as designed, and the expectation to accurately document all responses. Completion of this training has been documented and provided to the auditor for verification.

The facility also developed and fully implemented a standardized risk assessment tool consistent with PREA requirements. The auditor monitored its use over a three-month period and confirmed that staff were completing the assessment as trained and integrating the results into housing, programming, and supervision decisions.

**Risk Assessment:** The facility shall develop a risk assessment and implement the assessment. The auditor shall monitor for implementation for a minimum of three months.

Ø Corrective Action Implemented: The facility provided documentation of the use of the risk assessment. The risk assessment has been fully implemented and provided to inmates immediately upon arrival.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Troy Police Department, in assessing inmates for risk of being sexually abusive.

115.41 (f): Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy does not require that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 0.

The facility did not have a process to conduct risk reassessments.

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that the agency does not have a process to screen inmates upon intake.

Inmate Interview Questionnaire- Five residents were interviewed. All residents had been at the facility for less than 12 months. The residents did not recall being asked any risk-related questions. When probed the residents said they were asked some questions like about disabilities.

Corrective Actions:

Training: The facility shall develop training to train staff on how to conduct the risk of victimization and abusiveness tool. The training shall be documented and provided to the auditor.

Ø Corrective Action Implemented: In response to the auditor's recommendations, the facility developed and implemented comprehensive training for all staff responsible for conducting the Risk of Victimization and Abusiveness assessment. The training covers proper administration of the tool, the requirement to ask all questions as designed, and the expectation to accurately document all responses. Completion of this training has been documented and provided to the auditor for verification.

The facility also developed and fully implemented a standardized risk assessment tool consistent with PREA requirements. The auditor monitored its use over a three-month period and confirmed that staff were completing the assessment as trained and integrating the results into housing, programming, and supervision decisions.

Risk Assessment: The facility shall develop a risk assessment and reassessment and implement the assessment. The auditor shall monitor for implementation for a minimum of three months.

Ø Corrective Action Implemented: The facility inmates typically do not stay for 30 days or more. The facility has two inmates who have stayed for 30 days or more. The facility provided documentation of the completed reassessment.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o Within 30 days of arrival to the Troy City Jail the inmate will be reassessed for the risk of victimization or abusiveness based on any additional, relevant information received by the facility since the intake screening.

115.41 (g): An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy does not require that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Interviews:

Staff Responsible for Risk Screening - The interviewed staff reported that the agency does not have a process to screen inmates upon intake.

Inmate Interview Questionnaire- Five residents were interviewed. All residents had been at the facility for less than 12 months. The residents did not recall being asked any risk-related questions. When probed the residents said they were asked some

questions like about disabilities. The residents did not recall being asked questions again.

Corrective Actions:

Training: The facility shall develop training to train staff on how to conduct the risk of victimization and abusiveness tool. The training shall be documented and provided to the auditor.

Ø Corrective Action Implemented: In response to the auditor's recommendations, the facility developed and implemented comprehensive training for all staff responsible for conducting the Risk of Victimization and Abusiveness assessment. The training covers proper administration of the tool, the requirement to ask all questions as designed, and the expectation to accurately document all responses. Completion of this training has been documented and provided to the auditor for verification.

The facility also developed and fully implemented a standardized risk assessment tool consistent with PREA requirements. The auditor monitored its use over a three-month period and confirmed that staff were completing the assessment as trained and integrating the results into housing, programming, and supervision decisions.

Risk Assessment: The facility shall develop a risk assessment and reassessment and implement the assessment. The auditor shall monitor for implementation for a minimum of three months.

Ø Corrective Action Implemented: The facility inmates typically do not stay for 30 days or more. The facility has two inmates who have stayed for 30 days or more. The facility provided documentation of the completed reassessment.

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o An inmate's risk level shall be reassessed when warranted due to a referral, request incident of sexual abuse, or receipt of additional information that bears the inmate's risk of sexual victimization or abusiveness.

115.41 (h): Inmates may not be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The policy does not prohibit disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender,

intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability. Upon review it was determined that the facility did not have a process to address the provision.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that inmates are not disciplined for refusal to answer. If they refuse to answer they will attempt to conduct a screening on a later date.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o Inmates may not be disciplined for refusing to answer, or for not disclosing complete information to (i), (vii), (viii), and (ix) above.

115.41 (i): The agency shall implement 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 inmate's detriment by staff or other inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

PREA Coordinator – The interviewed staff reported that all of the above is taken into consideration. There is a limited number of staff, and the jailer staff have access to the information.

Staff Responsible for Risk Screening – The interviewed staff reported that the agency does not have a process to screen inmates upon intake.

Site Review Observation of Records Storage Practices

During the site review, the auditor observed both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation. The facility conducted medical and mental health assessments via secure electronic source. During the site review the site did not have a process for conducting the assessments.

Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically,

including risk screening results, grievance submissions, medical/mental health records, and incident tracking data. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in some cases, the electronic health records system.

Access to these electronic systems is:

Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.

Time-stamped, with access logs available for review if needed.

Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o The Troy Police Department shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this policy in order to ensure that sensitive information is not exploited to the inmate's detriment by the staff or other inmates.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.

Based on analysis, the facility is not compliant with all provisions in this standard. The facility shall address the areas of corrective action. Corrective Action was implemented. No further action is required. The facility is fully compliant with the standard.

<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Corrective Action Implemented:</p> <p>Policy Update</p> <p>Risk Assessment</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Staff Responsible for Risk Screening (1)</p> <p>PREA Coordinator</p> <p>Compliance Determination by Provision and Corrective Actions:</p> <p>115.42 (a): The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency/facility does not use information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Individualized Determinations</p> <p>Jail staff make individualized determinations about each inmate's safety, ensuring tailored responses to their needs. For inmates who self-identify as Transgender or Intersex, the assessment includes necessary accommodations on a case-by-case basis. Information about these inmates is provided to the Agency's leadership, and typically an inmate is only at the jail for a short period of time. Due to the limited number of cells, the facility has to be very intentional with the placement.</p> <p>Interviews:</p>

Staff Responsible for Risk Screening – The interviewed staff reported that the agency does not have a process to screen inmates upon intake.

PREA Compliance Manager – The facility does not have a PREA Compliance manager.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o The Troy Police Department shall use information from the risk screening to inform jailers/officers with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Risk Assessment: the facility implemented a new risk assessment that will capture information related to documenting housing decisions. The facility does not offer any work, education, or programming. The auditor shall review the completion and detail of the risk screenings during the corrective action period to determine compliance.

Ø Corrective Action Implemented: The facility provided documentation of the use of the risk assessment. The risk assessment has been fully implemented and provided to inmates immediately upon arrival.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.42 (b): The agency shall make individualized determinations about how to ensure the safety of each inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility makes individualized determinations about how to ensure the safety of each inmate.

Interviews:

Staff Responsible for Risk Screening – The interviewed staff reported that the agency does not have a process to screen inmates upon intake.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address

	<p>the provisions of the standards:</p> <ul style="list-style-type: none"> <li>o The Troy Police Department shall make individualized determinations about how to ensure the safety of each inmate.</li> </ul> <p>Risk Assessment: the facility implemented a new risk assessment that will capture information related to documenting housing decisions. The facility does not offer any work, education, or programming. The auditor shall review the completion and detail of the risk screenings during the corrective action period to determine compliance.</p> <p>Ø Corrective Action Implemented: The facility provided documentation of the use of the risk assessment. The risk assessment has been fully implemented and provided to inmates immediately upon arrival.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.42 (c): No longer applicable.</p> <p>115.42 (d): No longer applicable.</p> <p>115.42 (e): No longer applicable.</p> <p>115.42 (f): No longer applicable.</p> <p>115.42 (g): No longer applicable.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is not compliant with all provisions in this standard. The facility shall address the areas of corrective action. Corrective action was implemented. No further action is required. The facility is compliant with the standard.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making Compliance Determination:

Documentation:

Corrective Action Implemented:

Policy Update

Interview Guide:

Warden/Designee/Jail Administrator

Staff who Supervise Inmates in Segregated Housing (0)

Inmates in Segregated Housing (for risk of sexual victimization/who alleged to have suffered sexual abuse) (0)

Compliance Determination by Provisions and Corrective Actions:

115.43 (a): Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntarily segregated housing for less than 24 hours while completing the assessment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not have a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0.

The facility does not have an isolation or segregation area.

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility does not have isolation or segregated housing.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o Inmates at high risk for sexual victimization shall not be placed in involuntary

segregation housing unless the Troy Police Department has no other alternative means.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.43 (b): Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility does not have an isolation or segregation area.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o To make such placement, the following documentation is required: The basis for the facility's concern for the inmate's safety

115.43 (c): The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

Compliance Determination:

The facility has demonstrated compliance with this provision for the standard because:

As reported in the PAQ, In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0.

The facility does not have an isolation or segregation area.

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility does not have isolation or segregated housing.

Staff Supervision of Inmates in Segregated Housing - n/a the facility does not have an

isolation or segregation areas.

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) – n/a the facility does not have an isolation or segregation area.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o Every 30 days the facility will afford the inmate a review to determine whether or not there is continued need for separation.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.43 (d): If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0.

The facility does not have an isolation or segregation area.

Corrective Actions:

N/A

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.43 (e): Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

	<p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The facility does not have an isolation or segregation area.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Policy Prison Rape Elimination Act</p> <p>Corrective Action Implemented:</p> <p>Policy Updated</p> <p>Reporting Form</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p>

Random Sample Staff (4)

Random Sample Residents (5)

Compliance Determination by Provisions and Corrective Actions:

115.51 (a): The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy Prison Rape Elimination Act (p. 4) states that:

Individuals in custody may make reports verbally, in writing, privately or anonymously of any of the following (28 CFR 115.151): • Sexual abuse • Sexual harassment • Retaliation by other individuals in custody or department members for reporting sexual abuse or sexual harassment • Department member neglect or violation of responsibilities that may have contributed to sexual abuse or sexual harassment.

Interviews:

Random Sample of Staff: The four staff reported that the resident can privately report by notifying staff, calling the number on the poster, or writing a grievance.

Inmate Interview Questionnaire: Five residents were interviewed, and all residents could explain the process for reporting sexual abuse or harassment. They felt comfortable reporting incidents to staff and completing a grievance.

Site Review:

Signage

During the facility tour, the auditor conducted a comprehensive observation of PREA-related signage posted throughout the facility. It was determined that there was information on how to report to DYS in English. PREA signage information was limited.

Testing Internal Reporting Methods

Written Reports

The facility uses a grievance system that allows residents to complete a form and provide to staff. There is no formal secure grievance box.

#### Verbal Reporting

During informal interviews, both staff and confined persons confirmed that verbal reporting is encouraged and accepted.

Confined persons knew they could report to any staff.

Staff described their responsibility to immediately document and report any verbal disclosures and showed understanding of mandatory reporting obligations.

#### Mail Systems

The auditor observed that there is not a mail drop box. The mail is received and distributed to the residents via the jailers. Staff do not read the mail; however, residents can have confidential legal mail.

#### Record Storage

The auditor observed both physical and electronic record storage processes for PREA documentation, including screening tools, investigation records, and incident tracking.

#### Physical Storage:

Records were stored in a locked administrative office, with limited access to designated staff such as the PREA Coordinator and facility administration.

#### Electronic Storage:

PREA-related documentation (risk screenings, grievances, reports) is maintained in the facility's security systems.

Access is password-protected, role-based, and limited to staff with specific job duties. The auditor had a brief discussion with the IT administrator, who confirmed that access logs are routinely monitored and access is removed upon staff separation.

#### Corrective Actions:

Reporting Form: The facility created a PREA reporting form for inmates to be able to report incidents of sexual abuse, sexual harassment, or retaliation.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.51 (b): The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual

abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall not be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.

Policy Prison Rape Elimination Act (p. 4) states that:

Individuals in custody may make reports verbally, in writing, privately or anonymously of any of the following (28 CFR 115.151): • Sexual abuse • Sexual harassment • Retaliation by other individuals in custody or department members for reporting sexual abuse or sexual harassment • Department member neglect or violation of responsibilities that may have contributed to sexual abuse or sexual harassment.

Posters: the PREA posters contains information on how to make a report. The information is directly provided to the DYS.

Inmate Handbook: the inmate handbook does not have information on PREA.

#### SIGNAGE

During the site review, PREA-related signage was observed in the booking area. The facility is small, and the cells are located in the booking area. The area looks like a large room with one partial wall that separates intake from housing.

#### INTERNAL REPORTING METHODS

Written Reporting:

The facility offers written reporting via grievance forms and general request slips. The inmates would have to provide the form to staff.

Electronic Reporting:

There is no internal electronic reporting process.

Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

#### MAIL SYSTEM

The auditor observed that there is not a mail drop box. The mail is received and distributed to the residents via the jailers. Staff do not read the mail; however, residents can have confidential legal mail.

## RECORD STORAGE

### Physical Records:

PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

### Electronic Records:

Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

## Interviews

PREA Compliance Manager - The site does not have a PREA Compliance Manager.

Inmate Interview Questionnaire: Five residents were interviewed, and all residents could explain the process for reporting sexual abuse or harassment. They felt comfortable reporting incidents to staff and completing a grievance. One resident did not feel that they could file a report without providing their name.

## Corrective Actions:

Written Material: While the facility went over the PREA zero tolerance policy during intake, there was no information given to the inmates. The auditor recommended that the facility develop written material such as a brochure that could be provided to the client. Material should be in English and Spanish.

Ø Corrective Action Implemented: The auditor noted that while the facility verbally reviewed the PREA Zero Tolerance Policy during intake, inmates were not provided with written PREA information. In response to this finding, the facility developed and implemented written PREA educational materials, including a brochure outlining the zero-tolerance policy, reporting methods, and available support services. This brochure is now distributed to all inmates at intake and is available upon request throughout the facility. Material is available in English and Spanish.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.51 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports.

Policy Prison Rape Elimination Act (p. 4) states that Department members shall accept reports from individuals in custody and third parties and shall promptly document all reports (28 CFR 115.151).

Interviews:

Random Sample of Staff - Staff confirmed that resident can report concerns regarding sexual abuse or sexual harassment verbally or in writing though by telling staff, writing a grievance, or calling the number. All twelve staff interviewed stated they would immediately notify a supervisor upon receiving a report.

Inmate Interview Questionnaire: Five residents interviewed. The residents interviewed were aware that they can make a report of sexual abuse or sexual harassment either in person or in writing. Residents reported they can tell staff or write a grievance.

Site Review:

Review site review instructions outlined in provision (a).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.51 (d): The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are informed of these procedures in the following ways:

Interviews:

Random Sample of Staff - Of the staff interviewed, all confirmed that they would notify a supervisor or PREA Coordinator if a private report was needed.

## PREA Site Review Summary

### Focus Area: Testing Staff Reporting

#### TESTING STAFF REPORTING

During the site review, the auditor tested the staff reporting process by asking staff members across various shifts and departments to walk through their reporting methods for incidents or allegations of sexual abuse, sexual harassment, retaliation, or staff misconduct.

Staff consistently demonstrated knowledge of the facility's reporting procedures and clearly articulated multiple options available to them, including:

- Making verbal or written reports to a supervisor;
- Reporting directly to the facility's PREA Coordinator;
- Submitting reports through the agency's internal incident reporting system.

In all cases, staff stated they are not limited to reporting solely to their direct supervisor and may report to any supervisory-level staff member, the PREA Coordinator, or an external agency representative.

The auditor confirmed that staff reporting methods are readily available and accessible on demand. Procedures are outlined in policy, displayed in staff work areas, and reinforced through annual PREA training.

Informal discussions with line staff and supervisors verified that reporting expectations are clearly understood, taken seriously, and not subject to retaliation. Staff acknowledged the facility's zero-tolerance stance and affirmed their obligation to report immediately and accurately.

#### Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o Staff and inmates may also privately report sexual abuse and sexual harassment. Whether it is staff on inmate or inmate on staff these situations can be reported in an anonymous manner.
- o Inmates can report on a grievance form, PREA inmate reporting form in person to staff or privately by calling 1-855-4-VICTIM or by dropping it in the PREA Coordinator's mailbox.
- o The Troy Police Department give the inmate the ability to submit any form or verbal complaint of sexual abuse or sexual harassment in an anonymous manner.

	<ul style="list-style-type: none"> <li>o The Troy Police Department will make a decision on any grievance or sexual abuse or sexual harassment complaint within 90 days of the filing.</li> <li>o The Troy Police Department will permit third parties to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates.</li> </ul> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is partially compliant with the provisions in this standard. The facility shall address corrective action regarding providing the inmates with written material on PREA. All corrective action items have been implemented. No further action is required.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Policy: Inmate Grievance Request</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Inmate who Reported Sexual Abuse (0)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.52 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.</p>

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ,

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

Corrective Actions:

Upon further review it was determined that the facility does not have an administrative process or procedure to address inmate grievances regarding sexual abuse. While the facility has a grievance policy, there is not a true grievance system where inmates can report a sexual abuse through the grievance process. The facility serves as a temporary holding site where most offenders are only there for 72 hours.

115.52 (b): (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Policy Prison Rape Elimination Act (p. 4) states that Individuals in custody may make reports verbally, in writing, privately or anonymously of any of the following (28 CFR 115.151): • Sexual abuse • Sexual harassment • Retaliation by other individuals in custody or department members for reporting sexual abuse or sexual harassment • Department member neglect or violation of responsibilities that may have contributed to sexual abuse or sexual harassment.

Inmate Grievance Request form: The inmate would complete the form and provide to staff. There is no secure or confidential grievance process.

Corrective Actions:

Upon further review it was determined that the facility does not have an administrative process or procedure to address inmate grievances regarding sexual abuse. While the facility has a grievance policy, there is not a true grievance system

where inmates can report a sexual abuse through the grievance process. The facility serves as a temporary holding site where most offenders are only there for 72 hours.

115.52 (c): The agency shall ensure that (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that an inmate grievance alleging sexual abuse be referred to the staff member who is the subject of the complaint.

Inmate Grievance Request form can be turned into any jailer or supervisor.

Corrective Actions:

Upon further review it was determined that the facility does not have an administrative process or procedure to address inmate grievances regarding sexual abuse. While the facility has a grievance policy, there is not a true grievance system where inmates can report a sexual abuse through the grievance process. The facility serves as a temporary holding site where most offenders are only there for 72 hours.

115.52 (d): (1) The agency issues 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. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency's policy and procedure does not require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse: 0. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0. In the past 12 months, the number of grievances alleging

sexual abuse that involved extensions because final decision was not reached within 90 days: 0.

Review Grievance Logbook -onsite the auditor reviewed the grievance logbook and determined that there were zero allegations of sexual abuse or sexual harassment.

Interviews:

Inmates who Reported a Sexual Abuse - There were no inmates who reported a sexual abuse.

Corrective Actions:

Upon further review it was determined that the facility does not have an administrative process or procedure to address inmate grievances regarding sexual abuse. While the facility has a grievance policy, there is not a true grievance system where inmates can report a sexual abuse through the grievance process. The facility serves as a temporary holding site where most offenders are only there for 72 hours.

115.52 (e): (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) If a third party files such a request on behalf of an inmate, 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy and procedure does not permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Agency policy and procedure do not require that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0.

Policy Prison Rape Elimination Act (p. 4) states that Individuals in custody may make reports verbally, in writing, privately or anonymously of any of the following (28 CFR 115.151): • Sexual abuse • Sexual harassment • Retaliation by other individuals in custody or department members for reporting sexual abuse or sexual harassment • Department member neglect or violation of responsibilities that may have contributed to sexual abuse or sexual harassment

Review Grievance Logbook -onsite the auditor reviewed the grievance logbook and determined that there were zero allegations of sexual abuse or sexual harassment.

#### Site Review

#### SIGNAGE

During the site review, PREA-related signage was observed in the booking area. The facility is small, and the cells are located in the booking area. The area looks like a large room with one partial wall that separates intake from housing.

#### INTERNAL REPORTING METHODS

##### Written Reporting:

The facility offers written reporting via grievance forms and general request slips. The inmates would have to provide the form to staff.

##### Electronic Reporting:

There is no internal electronic reporting process.

##### Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

#### MAIL SYSTEM

The auditor observed that there is not a mail drop box. The mail is received and distributed to the residents via the jailers. Staff do not read the mail; however, residents can have confidential legal mail.

#### RECORD STORAGE

##### Physical Records:

PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

##### Electronic Records:

Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

##### Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ,

interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.52 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not have a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.52(e)-3 that had an initial response within 48 hours: 0. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months reached final decisions within 5 days: 0.

Corrective Actions:

Upon further review it was determined that the facility does not have an administrative process or procedure to address inmate grievances regarding sexual abuse. While the facility has a grievance policy, there is not a true grievance system where inmates can report a sexual abuse through the grievance process. The facility serves as a temporary holding site where most offenders are only there for 72 hours.

115.52 (g): The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency have a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, the number of inmate grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in

	<p>bad faith: 0.</p> <p>Corrective Actions:</p> <p>Upon further review it was determined that the facility does not have an administrative process or procedure to address inmate grievances regarding sexual abuse. While the facility has a grievance policy, there is not a true grievance system where inmates can report a sexual abuse through the grievance process. The facility serves as a temporary holding site where most offenders are only there for 72 hours.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the standard is not applicable to the facility.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Court Advocacy Program</p> <p>PREA Facility Brochure (Spanish and English)</p> <p>PREA Posters</p> <p>MOU—counseling and advocacy services</p> <p>Corrective Action Implemented:</p> <p>Policy Updated</p> <p>East Central Mental Health Agreement</p> <p>Handbook/Brochure/Postings</p> <p>One Plance Family Justice</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p>

Interview Guide:

Inmate Random Interview (5)

Compliance Determination by Provisions and Corrective Actions:

115.53 (a): The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.

The facility provides inmates with access to such services by enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.

Interviews:

Random Sample of Inmates: Five residents were interviewed. No residents were aware of information on outside emotional support services.

Inmates who Reported a Sexual Abuse: There were no reported inmates who reported a sexual abuse.

SIGNAGE

During the site review, PREA-related signage was observed in the booking area. The facility is small, and the cells are located in the booking area. The area looks like a large room with one partial wall that separates intake from housing.

INTERNAL REPORTING METHODS

Written Reporting:

The facility offers written reporting via grievance forms and general request slips. The inmates would have to provide the form to staff.

Electronic Reporting:

There is no internal electronic reporting process.

Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

MAIL SYSTEM

The auditor observed that there is not a mail drop box. The mail is received and distributed to the residents via the jailers. Staff do not read the mail; however, residents can have confidential legal mail.

RECORD STORAGE

Physical Records:

PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

Electronic Records:

Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers, where available, of State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Handbook/Brochures: The facility shall update the inmate handbook and brochures to

ensure that information is provided on access to outside victim advocacy and emotional supportive services.

Ø Corrective Action Implemented: The facility has completed the required updates to the PREA brochures to include clear information on accessing outside victim advocacy and emotional support services. The revised materials now provide accurate contact information and instructions for obtaining assistance. These updated resources have been distributed to inmates and made available throughout the facility. With these corrective actions implemented, the facility is in compliance with PREA requirements for providing access to external support services.

115.53 (b): The facility shall inform inmates, 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility does not inform inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

Interviews:

Random Sample of Inmates: Five residents were interviewed. No residents were aware of information on outside emotional support services.

Inmates who Reported a Sexual Abuse - There were no inmates who reported sexual abuse.

Site Review:

Review site review instructions outlined in provision (a).

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o The facility shall inform inmates, prior to giving them access to outside advocates, of the extent to which such communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws.

Handbook: The facility shall update the inmate handbook to ensure that the information on outside access to victim advocates and emotional support also informs them to the extent in which communications will be monitored and the extent to which reports will be forwarded to authorize in accordance with mandatory reporting laws.

Ø Corrective Action Implemented: The facility has completed the required updates to the PREA brochures to include clear information on accessing outside victim advocacy and emotional support services. The revised materials now provide accurate contact information and instructions for obtaining assistance. These updated resources have been distributed to inmates and made available throughout the facility. With these corrective actions implemented, the facility is in compliance with PREA requirements for providing access to external support services.

115.53 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency or facility does not maintain memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o The Troy Police Department shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

MOU: While the facility has access to a local community resource through the court for victim advocacy or emotional support, the facility does not have a written MOU or

	<p>an attempt of an agreement. The facility shall provide documentation of a MOU or an attempt of an agreement with a community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse.</p> <p>Ø Corrective Action Implemented: The facility has an agreement with a provider to provide mental health and advocacy services. Additionally, there is an agreement with One Family Place Justice Center for Forensic Services.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>The facility has completed all areas of corrective action. No further action is needed. The facility is compliant with the provisions of the standard.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Website: Troy Police Department, AL Arrest Search, Bookings, Reports</p> <p>Corrective Action</p> <p>Policy</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Compliance Determination by Provision and Corrective Actions:</p> <p>115.54 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>Documentation:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency or facility does not provide a method to receive third-party reports of inmate sexual abuse or sexual harassment. The agency or</p>

facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

Website: the auditor observed on the website where the facility provided a mechanism for 3rd party reporting.

#### SIGNAGE

During the site review, PREA-related signage was observed in the booking area. The facility is small, and the cells are located in the booking area. The area looks like a large room with one partial wall that separates intake from housing.

#### INTERNAL REPORTING METHODS

##### Written Reporting:

The facility offers written reporting via grievance forms and general request slips. The inmates would have to provide the form to staff.

##### Electronic Reporting:

There is no internal electronic reporting process.

##### Verbal Reporting:

Informal interviews confirmed that both staff and confined persons are aware verbal reports can be made to any staff member, including security, medical, and mental health. Staff understood their obligation to document and report verbal disclosures immediately in accordance with facility policy.

#### MAIL SYSTEM

The auditor observed that there is not a mail drop box. The mail is received and distributed to the residents via the jailers. Staff do not read the mail; however, residents can have confidential legal mail.

#### RECORD STORAGE

##### Physical Records:

PREA-related hard copy documents were stored in a locked administrative office with limited access. Only designated staff (e.g., PREA Coordinator) had physical access to these records.

##### Electronic Records:

Electronic PREA documentation is maintained in secure case management and records systems. Access is restricted based on staff roles and secured by individual password protection. The auditor confirmed with personnel that access to sensitive records is monitored, and permissions are revoked immediately when staff separate from employment.

##### Corrective Actions:

Policy: The facility did not have a policy or mechanism documented on how the agency shall establish a method to receive third-party reports of sexual abuse and

	<p>sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The facility shall provide said documentation, and the auditor will test out the process.</p> <p>Ø Corrective Action Implemented: The agency policy was updated to say “The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member (28 CFR 115.54)”. Additionally, the facility placed posters in the jail area showing how to make a report.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is not compliant with the provisions in this standard. The facility shall address the corrective action.</p> <p>All areas of corrective action were addressed, and the facility is fully compliant with the provisions of the standard.</p>
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy Prison Rape Elimination Act</li> </ul> <p>Interview Guide:</p> <p>Random Sample Staff (4)</p> <p>Medical and Mental Health Staff -there are no onsite medical and mental health staff</p> <p>Warden/Designee/Jail Administrator</p> <p>PREA Coordinator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.61 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of</p>

sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy to make any retaliation against inmates or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy Prison Rape Elimination Act (pp. 4-5) states that:

All members shall report immediately to the Shift Supervisor any knowledge, suspicion or information regarding:

- (a) An incident of sexual abuse or sexual harassment.
- (b) Retaliation against the individual or the member who reports any such incident.
- (c) Any neglect or violation of responsibilities on the part of any department member that may have contributed to an incident or retaliation (28 CFR 115.161).

Interviews:

Random Sample of Staff - Four staff interviewed indicated a clear understanding that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs in the facility. All twelve staff also reported that they understand they are prohibited from retaliating against resident or staff that reported sexual abuse or sexual harassment. The various ways staff indicated that they would report included, but was not limited to:

- Report to supervisor
- PREA Coordinator
- Write down/file a grievance

PREA Site Review Summary -

Focus Area: Testing Staff Reporting

TESTING STAFF REPORTING

During the site review, the auditor tested the staff reporting process by asking staff

members across various shifts and departments to walk through their reporting methods for incidents or allegations of sexual abuse, sexual harassment, retaliation, or staff misconduct.

Staff consistently demonstrated knowledge of the facility's reporting procedures and clearly articulated multiple options available to them, including:

Making verbal or written reports to a supervisor;  
Reporting directly to the facility's PREA Coordinator;  
Submitting reports through the agency's internal incident reporting system;

In all cases, staff stated they are not limited to reporting solely to their direct supervisor and may report to any supervisory-level staff member, the PREA Coordinator, or an external agency representative.

The auditor confirmed that staff reporting methods are readily available and accessible on demand. Procedures are outlined in policy, displayed in staff work areas, and reinforced through annual PREA training.

Informal discussions with line staff and supervisors verified that reporting expectations are clearly understood, taken seriously, and not subject to retaliation. Staff acknowledged the facility's zero-tolerance stance and affirmed their obligation to report immediately and accurately.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.61 (b): Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Policy Prison Rape Elimination Act (pp. 4-5) states that:

All members shall report immediately to the Shift Supervisor any knowledge, suspicion or information regarding:

(a) An incident of sexual abuse or sexual harassment.

(b) Retaliation against the individual or the member who reports any such incident.

(c) Any neglect or violation of responsibilities on the part of any department member that may have contributed to an incident or retaliation (28 CFR 115.161).

Interviews:

Random Sample of Staff - Four staff interviewed indicated a clear understanding that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs in the facility. All twelve staff also reported that they understand they are prohibited from retaliating against resident or staff that reported sexual abuse or sexual harassment. The various ways staff indicated that they would report included, but was not limited to:

- Report to supervisor
- PREA Coordinator
- Write down/file a grievance

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.61 (c): Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy Prison Rape Elimination Act (pp. 4-5) states that:

All members shall report immediately to the Shift Supervisor any knowledge, suspicion or information regarding:

(a) An incident of sexual abuse or sexual harassment.

(b) Retaliation against the individual or the member who reports any such incident.

(c) Any neglect or violation of responsibilities on the part of any department member that may have contributed to an incident or retaliation (28 CFR 115.161).

The facility does not have onsite medical and mental health staff.

Interviews:

Medical and Mental Health Staff - The facility does not have onsite medical and mental health staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.61 (d): If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that all allegations are followed up immediately.

PREA Coordinator - The interviewed staff reported that all allegations would be investigated as a criminal investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.61 (e): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

	<p>There were no reported allegations of sexual abuse or sexual harassment.</p> <p>Interviews:</p> <p>Warden/Designee/Jail Administrator – The interviewed staff reported that all allegations should be reported to the designated staff and investigated immediately.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy Prison Rape Elimination Act</li> </ul> <p>Corrective Action Implemented:</p> <p>Policy Updated</p> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Warden/Designee/Jail Administrator</p> <p>Random Sample Staff (4)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.62 (a): When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action: Immediate. The longest time passed (in hours or days) before taking action (please note if response is in hours or days).

Policy Prison Rape Elimination Act states that The Troy Police Department will take immediate action to protect those in its custody who are reasonably believed to be subject to a substantial risk of imminent sexual abuse (28 CFR 115.162).

Interviews:

Agency Head (Designee) - The interviewed staff stated that if an inmate is subject to risk of imminent sexual abuse, the protective measures taken are; housing or staff changes.

Warden/Designee/Jail Administrator - The interviewed staff reported that protective measures taken are to separate the involved parties, notify supervisors, keep the inmate safe, document, and provide follow up services.

Random Sample of Staff - Four staff members were interviewed. Eleven staff members indicated that if a resident is determined to be at imminent risk of sexual abuse, they would promptly separate the individual from others, notify their supervisor, and initiate these actions immediately.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

Upon Learning of Substantive Risk

When the Troy Police Department learns that an inmate is subject to a substantive risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

	<p>relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy Prison Rape Elimination Act</li> </ul> <p>Corrective Action</p> <p>Policy Update</p> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Warden/Designee/Jail Administrator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.63 (a): Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, the number of allegations the facility received that an inmate was abused</p>

while confined at another facility: 0.

These notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Policy Prison Rape Elimination Act (pp. 4-5) states that:

Department members shall accept reports from individuals in custody and third parties and shall promptly document all reports (28 CFR 115.151). All members shall report immediately to the Shift Supervisor any knowledge, suspicion or information regarding:

- (a) An incident of sexual abuse or sexual harassment.
- (b) Retaliation against the individual or the member who reports any such incident.
- (c) Any neglect or violation of responsibilities on the part of any department member that may have contributed to an incident or retaliation (28 CFR 115.161)

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.63 (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Corrective Actions:

Policy: the facility shall update policy and procedures to address the requirements of the provision.

Ø Corrective Action Implemented: Policy updated to say "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the [FacilityManager] shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The [FacilityManager] shall ensure that the notification has been documented (28 CFR 115.63)."

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

relevant policies corroborate that the facility is complying with the provisions of this standard.

115.63 (c): The agency shall document that it has provided such notification.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency or facility does not document that it has provided such notification within 72 hours of receiving the allegation.

Corrective Actions:

Policy: the facility shall update policy and procedures to address the requirements of the provision.

Ø Corrective Action Implemented: Policy updated to say "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the [FacilityManager] shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The [FacilityManager] shall ensure that the notification has been documented (28 CFR 115.63)."

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.63 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency or facility policy does not require that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.

Policy Prison Rape Elimination Act (pp. 4-5) states that:

Department members shall accept reports from individuals in custody and third parties and shall promptly document all reports (28 CFR 115.151). All members shall report immediately to the Shift Supervisor any knowledge, suspicion or information regarding:

- (a) An incident of sexual abuse or sexual harassment.
- (b) Retaliation against the individual or the member who reports any such incident.
- (c) Any neglect or violation of responsibilities on the part of any department member that may have contributed to an incident or retaliation (28 CFR 115.161)

	<p>According to the Pre-Audit Questionnaire, in the past 12 months, the number of allegations the facility received that a confined person was abused while confined at another facility was 0.</p> <p>Interviews:</p> <p>Agency Head (Designee) - The interviewed staff reported that if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred with our facility, the jail administrator will notify the agency head asap. All allegations would be investigated. The agency has not received such reports.</p> <p>Warden/Designee/Jail Administrator - The interviewed staff reported that upon receipt of an allegation it shall be reported immediately.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is not compliant with all provisions in this standard. The facility shall address the corrective action.</p> <p>All corrective action measures have been implemented. The facility is fully compliant with the provisions of the standard.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Policy Prison Rape Elimination Act</p> <p>Interview Guide:</p>

Inmate who Reported Sexual Abuse (0)

Random Sample of Staff/Security Staff (4)

Compliance Determination by Provisions and Corrective Actions:

115.64 (a): Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that an inmate was sexually abused: 0. Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0.

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime

scene until appropriate steps could be taken to collect any evidence: 0. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: .

Policy Prison Rape Elimination Act (pp. 5-6) states that:

The responsibilities of the first officer to respond to a report of sexual abuse or sexual assault shall include but are not limited to (28 CFR 115.164): (a) (b) (c) (d) Separating the parties. Establishing a crime scene to preserve and protect any evidence. Identifying and securing witnesses until steps can be taken to collect any evidence. Requesting that the alleged victim and suspect not take any actions that could destroy physical evidence, including, as appropriately, 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.

Interviews:

Random Sample of Staff/Security Staff- All staff confirmed that if they were the first to be notified of alleged sexual abuse, they would immediately inform their supervisor, PREA Coordinator, separate the residents and wait for further instructions. They also stated that they would not share the information with other residents or staff members who were not directly involved in handling the incident.

Inmates who Reported a Sexual Abuse - There were no inmates who reported a sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.64 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Compliance Determination:

	<p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0. Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0.</p> <p>Policy Prison Rape Elimination Act states that if the first responder is not an officer, he/she shall request that the alleged victim not take any actions that could destroy physical evidence and should then notify an officer (28 CFR 115.164).</p> <p>Interviews:</p> <p>Random Sample of Staff/Security Staff- All staff confirmed that if they were the first to be notified of alleged sexual abuse, they would immediately inform their supervisor, PREA Coordinator, separate the residents and wait for further instructions. They also stated that they would not share the information with other residents or staff members who were not directly involved in handling the incident.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Relied Upon in Making Compliance Determination:

Compliance Determination:

Policy Prison Rape Elimination Act

Interview Guide:

Warden/Designee/Jail Administrator

Compliance Determination by Provisions and Corrective Actions:

115.65 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The entire Prison Rape Elimination Act serves as the agency Written Institutional Plan.

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that there is a written plan to respond to incidents of sexual abuse. The plan includes separating and protecting the victim, preserve evidence, and notify supervisors.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· n/a</li> </ul> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.66 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interviews:</p> <p>Agency Head (Designee) – The interviewed staff reported that the agency does not participate in any collective bargaining.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.66 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2)</p>

	<p>Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Auditor is not required to audit this provision.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Policy Prison Rape Elimination Act</p> <p>Site Review:</p> <p>(Review Auditor's PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Agency Head (Designee)</p> <p>Warden/Designee/Jail Administrator</p> <p>Designated Staff Member Charged with Monitoring Retaliation (Warden if non-</p>

Available)

Compliance Determination by Provisions and Corrective Actions:

115.67 (a): The agency shall establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Responsible party is the PREA Coordinator.

Policy Prison Rape Elimination Act states that:

All individuals in custody and department members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation (28 CFR 115.167). If any other person who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that person.

The Shift Supervisor or the authorized designee shall employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged abusers from contact with victims, and emotional support services for individuals in custody or members who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

A member of the Department shall be identified by the Shift Supervisor or the authorized designee to monitor the conduct and treatment of individuals in custody or members who have reported sexual abuse, and of those who were reported to have suffered sexual abuse. The member shall act promptly to remedy any such retaliation. In the case of individuals in custody, such monitoring shall also include periodic safety checks.

It was further reported that the agency does not designate a staff member but assigns one based on the incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

standard.

115.67 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Agency Head (Designee) – The interviewed staff reported that the agency protects inmates and staff from retaliation of sexual abuse or sexual harassment allegations, by prohibiting any contact between the victim and the perpetrator. Action that can be taken are to remove involved staff, extra supervision, and possibly transfer of facilities due to the small nature of the facility.

Warden/Designee/Jail Administrator – The interviewed staff reported that monitoring for retaliation may include housing changes or transfers, removal, or reassignment of alleged abusers, conducting monitoring checks, and follow up services.

Designated Staff Member Charged with Monitoring – The interviewed staff reported that if the allegation is substantiated, they will monitor for retaliation. The monitoring measures include face to face visits, reviewing grievances and monitoring for disciplinary issues. In monitoring, we will review to make sure there is no extra disciplinary and that discipline is commensurate. We will also look to see if the person is having issues with anyone and that they are not being moved around by staff. If needed a resident may be transferred to another facility (count).

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) – There were no inmates in segregated housing.

Inmates who Reported a Sexual Abuse – There were no reported allegations of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.67 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act

promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The length of time that the agency/facility monitors the conduct or treatment: 90 days. The agency/facility acts promptly to remedy any such retaliation. The number of times an incident of retaliation occurred in the past 12 months: 0.

Policy Prison Rape Elimination Act states that:

All individuals in custody and department members who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation (28 CFR 115.167). If any other person who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that person.

The Shift Supervisor or the authorized designee shall employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged abusers from contact with victims, and emotional support services for individuals in custody or members who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

A member of the Department shall be identified by the Shift Supervisor or the authorized designee to monitor the conduct and treatment of individuals in custody or members who have reported sexual abuse, and of those who were reported to have suffered sexual abuse. The member shall act promptly to remedy any such retaliation. In the case of individuals in custody, such monitoring shall also include periodic safety checks.

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff stated that immediate safety interventions will be taking to protect the inmate. Safety interventions include separating the involved parties, investigating any retaliation, disciplinary actions, enhanced monitoring, and protective transfers as a last resort.

Designated Staff Member Charged with Monitoring Retaliation (or Warden if nonavailable) - Monitoring will be consistent in face-to-face visits, reviewing grievance logs and disciplinary reports. We will look to verify that individuals are not having problems with anyone and whether there are unnecessary disciplinary infractions. Monitoring will occur for 90 days and extended if necessary.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.67 (d): In the case of inmates, such monitoring shall also include periodic status checks.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Designated Staff Member Charged with Monitoring Retaliation (or Warden if nonavailable) - Designated Staff Member Charged with Monitoring Retaliation (or Warden if nonavailable) - Monitoring will be consistent in face-to-face visits, reviewing grievance logs and disciplinary reports. We will look to verify that individuals are not having problems with anyone and whether there is unnecessary disciplinary infractions.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.67 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Agency Head (Designee) - The interviewed staff reported that the agency protects inmates and staff from retaliation of sexual abuse or sexual harassment allegations, by prohibiting any contact between the victim and the perpetrator. Action that can be taken are to remove involved staff, extra supervision, and possibly transfer of facilities due to the small nature of the facility.

Warden/Designee/Jail Administrator- As previously discussed, the interviewed staff

	<p>reported that safety measures will be taken to protect against retaliation.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.67 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>The auditor is not required to audit this provision.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Interview Guide:</p> <p>Warden/Designee/Jail Administrator</p> <p>Staff who Supervise Inmates in Segregated Housing</p> <p>Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse (2)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.68 (a): Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.</p>

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not have a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

The facility does not have any form of segregated housing.

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility does not have isolation or segregated housing.

Staff who Supervise Inmates in Segregated Housing: The facility does not have segregated housing.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.71	Criminal and administrative agency investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy Prison Rape Elimination Act</li> <li>· Policy Investigation and Prosecution</li> </ul> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Inmates who Reported Sexual Abuse (0)</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager)</p> <p>Warden/Designee/Jail Administrator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.71 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>Policy Prison Rape Elimination Act states that The Department shall promptly, thoroughly, and objectively investigate all allegations, including third-party and anonymous reports, of sexual abuse or sexual harassment. Only investigators who have received department-approved special training shall conduct sexual abuse investigations (28 CFR 115.171).</p> <p>Interview:</p> <p>Investigative Staff - The interviewed staff reported that investigations are completed immediately upon notification. This includes those that are received by a third party.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p>

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As addressed in standard 115.334.

Interviews:

Investigative Staff - The interviewed staff reported that they received specialized training in conducting sexual abuse and harassment in a confinement setting. The training was conducted by the agency and in BLE.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (c): Investigators shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The investigation and Prosecution policy provides guidance on the investigation process.

There were no reported allegations of sexual abuse or sexual harassment to review.

Interviews:

Investigative Staff - Upon notification of an allegation, an investigation will begin. If needed, investigators will interview all parties, including at the hospital if necessary. It is preferred to visit the scene first to gather evidence and assess the situation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (d): When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

Interviews:

Investigative Staff - The interviewed investigator is also a criminal investigator. If there is evidence of a criminal nature the investigator will issue a warrant.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (e): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Compliance Determination:

The facility demonstrated compliance with this provision of the standard because:

Interviews:

Investigative Staff – The interviewed staff reported that inmates may be subjected to a polygraph test. However, we will judge the credibility based on past behavior, attitude, conflicting stories, and behaviors. The use of polygraph rarely happens.

Inmates who Reported a Sexual Abuse – There were no inmates who reported a sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.71 (f): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

There were no reported allegations of sexual abuse.

Interviews:

Investigative Staff: The staff interviewed reported that they only complete criminal investigations. The process for conducting the investigations will look similar.

Observation of Records Storage Practices

During the site review, the auditor observed both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation.

Physical Records Storage

The auditor was escorted to the records storage area where hard copy documentation related to PREA compliance is maintained. These records included completed PREA education and inmate files. Investigations are held separately with the assigned investigator. This information is not in direct contact with the jailer staff.

The physical storage area is located in a restricted-access office within the administrative suite of the facility. The room is secured with a keyed lock and is only

accessible to authorized personnel, which includes the PREA Coordinator, administrative staff, and select supervisory personnel. The door remained locked when not in use, and files are stored in locked filing cabinets within the secured room. The auditor confirmed that access to this room is monitored and limited to staff with a business need to review confidential records.

#### Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in some cases, the electronic health records system.

Access to these electronic systems is:

Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.

Time-stamped, with access logs available for review if needed.

The auditor met informally with the facility's IT administrator, who confirmed that system permissions are regularly audited, and accounts are deactivated immediately upon staff separation. Staff are prohibited from sharing login credentials, and routine access checks are conducted.

#### Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (g): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Investigations:

Interviews:

Investigative Staff – The interviewed staff reported that all investigations are documented in a written report.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this stan

115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

There were no allegations of sexual abuse referred for prosecution

Interviews:

Investigative Staff – The interviewed staff reported that if there are allegations that are criminal in nature, they will discuss with prosecution and seek a warrant.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (i): The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy Prison Rape Elimination Act states that 903.8 RECORDS The Troy Police Department shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is in custody or is a member of the Department, plus five years (28 CFR 115.171).

The facility has demonstrated compliance with PREA requirements related to the documentation, investigation, and retention of records concerning allegations of sexual abuse and sexual harassment. During the onsite audit, the auditor reviewed all available investigative case files from the past 12 months, including allegations of both sexual abuse and sexual harassment. The facility provided comprehensive and well-organized documentation for each case, including incident reports, investigative notes, evidence logs, witness statements, and final outcomes.

The facility maintains a clear record retention schedule in accordance with PREA Standard 115.71(j), which requires that all administrative and criminal sexual abuse investigation records be retained for as long as the alleged abuser is incarcerated or employed by the facility, plus five years. Documentation reviewed confirmed adherence to this schedule.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (j): 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Investigative Staff – The interviewed staff reported that all allegations will be investigated to see whether or not the person’s employment terminates prior to the investigation process.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.71 (k): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Auditor is not required to audit this provision.

115.71 (l): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Warden/Designee/Jail Administrator – The interviewed staff reported that the agency conducts its own investigations. The PREA Coordinators communicates with the investigators on the results or status of the investigation.

PREA Coordinator: The staff interviewed reported that an outside agency does not conduct investigation unless staff is involved. As a law enforcement entity, they would not investigate their own staff.

PREA Compliance Manager – The facility does not have a PREA Compliance Manager.

Investigative Staff – The interviewed staff reported that an outside agency will investigate allegations involving staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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115.72	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy Prison Rape Elimination Act</li> </ul> <p>Interview Guide:</p> <p>Investigative Staff (1)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.72 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy Prison Rape Elimination Act (p. 7) states that All department members shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed; the member’s disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories</p>

	<p>(28 CFR 115.176).</p> <p>There are no reported allegations of sexual abuse and sexual harassment.</p> <p>Interviews:</p> <p>Investigative Staff – The interviewed staff reported that a preponderance of evidence would be used to determine whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance:</p> <p>Documentation:</p> <p>Corrective Action Implemented:</p> <p>Notification form created</p> <p>Policy</p> <p>Interview Guide:</p> <p>Investigative Staff (1)</p> <p>Warden/Designee/Jail Administrator</p>

Inmate who Reported Sexual Abuse (0)

Compliance Determination by Provisions and Corrective Actions:

115.73 (a): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The agency does not have a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 0. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 0.

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that the facility is required to notify the inmate the results of the outcome of the investigation.

Investigative Staff - The interviewed staff reported that the outcome of the investigation will be reported to the inmate.

Inmates who Reported a Sexual Abuse - There were no inmates who reported sexual abuse.

Corrective Actions:

Notification Form: the facility had not experienced any PREA-related allegations and did not have a formal way to conduct notification. A form was created in the event of an allegation.

Policy: the facility shall update policy and procedures to address the requirements of the provision.

Ø Corrective Action Implemented: The policy was updated to say "The [FacilityManager] or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the [AgencyOffice] did not conduct the investigation, the [AgencyOffice] shall request relevant information from the investigative agency in order to inform the inmate".

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0.

An outside entity does not conduct such investigations.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (c): Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility does not subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate'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.

Investigations: There were no reported allegations.

Interviews:

Inmates who Reported a Sexual Abuse – there were no reported inmates who reported an allegation of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (d): Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency does not 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; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

There were no reported allegations.

Interviews:

Inmates who Reported a Sexual Abuse – there were no reported inmates who reported an allegation of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (e): All such notifications or attempted notifications shall be documented.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency has a policy that no notifications to inmates described under this standard are documented. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 0. Of those notifications made in the past 12 months, the number that were documented: 0.

There were no reported allegations of sexual abuse or sexual harassment.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.73 (f): An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Auditor is not required to audit this provision.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.

Based on analysis, the facility is partially compliant with all provisions in this standard. The facility shall address the corrective action to update the policy.

All areas of corrective action were addressed. The facility is fully compliant with all provisions of the standard.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.76 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ,</p> <p>Policy: Prison Rape Elimination Act (p. 7) states that all department members shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed; the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories (28 CFR 115.176)</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the I because:</p> <p>As reported in the PAQ,</p> <p>In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.</p>

Policy: Prison Rape Elimination Act (p. 7) All department members shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed; the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories (28 CFR 115.176).

There were no sample records of terminations, resignations, or other sanctions for violation of sexual abuse or sexual harassment policies.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.76 (c): 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):0.

Policy: Prison Rape Elimination Act (p. 7) All department members shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed; the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories (28 CFR 115.176).

The facility has not had substantiated PREA cases that resulted in disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.76 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0.

Policy: Prison Rape Elimination Act (p. 7): All terminations for violations of this policy, or resignations by members who would have been terminated if not for their resignation, shall be criminally investigated unless the activity was clearly not criminal and reported to any relevant licensing body (28 CFR 115.176).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence Relied Upon in Making Compliance Determination:

Documentation:

- Policy Prison Rape Elimination Act

Interviews:

Warden/Designee/Jail Administrator

Compliance Determination by Provisions and Corrective Actions:

115.77 (a): Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0.

Policy Prison Rape Elimination Act (p. 7) states that Any contractor who engages in sexual abuse shall be prohibited from contact with individuals in custody and reported to any relevant licensing bodies (28 CFR 115.177). The Chief of Police shall take appropriate remedial measures and consider whether to prohibit further contact with individuals in custody by a contractor.

Upon review of the investigations that were no PREA-related allegations involving contracted or volunteer staff.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.77 (b): The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency

	<p>sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the facility does not take appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Policy Prison Rape Elimination Act (p. 7) states that Any contractor who engages in sexual abuse shall be prohibited from contact with individuals in custody and reported to any relevant licensing bodies (28 CFR 115.177). The Chief of Police shall take appropriate remedial measures and consider whether to prohibit further contact with individuals in custody by a contractor.</p> <p>Upon review of the investigations that were no PREA-related allegations involving contracted or volunteer staff.</p> <p>Interview:</p> <p>Warden/Designee/Jail Administrator - The interviewed staff reported that if a contractor or volunteer engages in sexual abuse or sexual harassment they will be immediately removed from the facility. However, the facility does not have any volunteers or contractors.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Evidence Relied Upon in Making Compliance Determination:

Documentation:

Corrective Action Implemented:

Policy Update

Interview Guide

Warden/Designee/Jail Administrator

Medical and Mental Health Staff -there are no onsite medical and mental health staff

Compliance Determination by Provisions and Corrective Actions:

115.78 (a): Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmates are not subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Inmates are not subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.

As reported by the facility, if there is probable cause of an incident the inmate would be transferred to the county jail.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse of following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of

relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (b): Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, as reported by the facility if there is probable cause of an incident the inmate would be transferred to the county jail.

Interview:

Warden/Designee/Jail Administrator - The interviewed staff reported that depending on the severity of the misconduct disciplinary sanctions may include loss of privileges, housing reassignment, and referral to law enforcement.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (c): The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported by the facility, if there is probable cause of an incident the inmate would be transferred to the county jail.

Interview:

Warden/Designee/Jail Administrator - The interviewed staff reported that depending on the severity of the misconduct disciplinary sanctions may include loss of

privileges, housing reassignment, and referral to law enforcement.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o The disciplinary process shall consider whether an inmate's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Interview:

Medical and Mental Health Staff - There are no onsite medical and mental health staff.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Discussion: A review of the appropriate documents to include the facility PAQ,

interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (e): The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not discipline inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. It was further reported that the facility will follow the criminal code.

There were identified allegations involving staff and inmates.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o The Troy Police Department may discipline an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Policy: Prison Rape Elimination Act (p. 2) states that The Troy Police Department has zero tolerance with regard to all forms of sexual abuse and sexual harassment (28 CFR 115.111). The Department will not tolerate retaliation against any person who reports sexual abuse or sexual harassment, or who cooperates with a sexual abuse or

sexual harassment investigation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.78 (g): An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency prohibits all sexual activity between inmates. If the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Check N/A if the agency does not prohibit all sexual activity between inmates.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

- o For the purposes of disciplinary action, a report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

	<p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Corrective Action Implemented:</p> <p>Policy Update</p> <p>East Central Mental Cooperative Agreement</p> <p>Follow Up</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <p>Inmates who Disclose Sexual Victimization at Risk Screening (0)</p> <p>Staff Responsible for Risk Screening</p> <p>Medical and Mental Health Staff – the facility does not have medical and mental health staff</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.81 (a): If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are not offered a follow-up meeting with a medical or mental health practitioner. The facility implemented a corrective action to address this provision. Additionally, it should be noted that documentation of referral occurs on the assessment form in standard 115.41.

Interviews:

Inmates who Disclose Sexual Victimization at Risk Screening: The facility did not have a process to assess for prior victimization therefore no residents were identified during the onsite portion of the audit.

Staff Responsible for Risk Screening: The staff interviewed reported that the facility did not conduct assessments.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o If the PREA Risk Screening form indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening intake.

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Reported Prior History of Victimization: The auditor shall review the assessments during the corrective action phase, to determine if any inmates reported a history of victimization and how the facility responded to follow up services.

Ø Corrective Action Implemented: While there were at least four inmates that were identified who reported a prior history of sexual abuse. The residents were at the facility for less than 72 hours therefore follow-up services did not occur. The facility trained staff on how to provide the inmates with the information, so they can follow up on their own if desired. One offender was offered follow up services and declined.

The corrective action for assessing residents was addressed in standard 115.41.

115.81 (b): If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting

with a mental health practitioner within 14 days of the intake screening.

Compliance Determination:

The facility has demonstrated compliance with the provision of the standard because:

As reported in the PAQ, In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner: n/a.

Interviews:

Staff Responsible for Risk Screening: The facility did not have a process for assessing inmates.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform on the care and treatment plans.

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Reported Prior History of Perpetration: The auditor shall review the assessments during the corrective action phase, to determine if any inmates reported a history of perpetration and how the facility responded to follow up services. There were no identified residents who reported a prior history of perpetration. Staff were trained on how to conduct referrals for services. It should also be noted that the jail only houses individuals who are pending charges; therefore they have not been sentenced.

The corrective action for assessing residents was addressed in standard 115.41.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.81 (c): See 115.81(a)

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

See 115.81 (c).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.81 (d): Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly not limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Site Review

Observation of Records Storage Practices

During the site review, the auditor observed both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation.

Physical Records Storage

The auditor was escorted to the records storage area where hard copy documentation related to PREA compliance is maintained.

The physical storage area is located in a restricted-access office within the administrative suite of the facility. The room is secured with a keyed lock and is only accessible to authorized personnel, which includes the PREA Coordinator, administrative staff, and select supervisory personnel. The door remained locked when not in use, and files are stored in locked filing cabinets within the secured room. The auditor confirmed that access to this room is monitored and limited to staff with a business need to review confidential records.

Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in some cases, the electronic health records system.

Access to these electronic systems is:

Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.

Time-stamped, with access logs available for review if needed.

Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Corrective Actions:

Policy Update: the facility shall update the policy and procedures to meet the requirements of the provisions of the standard.

Ø Corrective Action Implemented: The policy and procedures was updated to address the provisions of the standards:

o Any inmate that receives medical treatment for any sexual abuse or sexual contact will be offered tests for sexually transmitted diseases and pregnancy tests (if applicable).

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.81 (e): Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Medical and mental health practitioners do not obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Interviews:

	<p>Medical and Mental Health Staff - The facility does not have medical and mental health staff.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is partially compliant with all provisions in this standard. The facility shall provide documentation of the areas of corrective action. Corrective Action areas were addressed; no further action is required. The facility is compliant with the standard.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act</li> </ul> <p>Corrective Action Implemented:</p> <p>East Central Mental Health</p> <p>Handbook/Inmate Rules</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> <li>· Medical and Mental Health Staff - there are no medical and mental health staff</li> <li>· Inmates who Reported Sexual Abuse - there were no reported allegations of sexual abuse or harassment</li> <li>· Security Staff (4)</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p>

115.82 (a): Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are not determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff do not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. (Such documentation is not required by the Standard but may be helpful to review during the audit.)

Policy: Prison Rape Elimination Act (p. 6) states that Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be 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 (28 CFR 115.182).

Interviews:

Medical and Mental Health Staff - There is no onsite medical and mental health staff.

Inmates who Reported a Sexual Abuse - There were no inmates who reported sexual abuse.

Corrective Actions:

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.82 (b): If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately

notify the appropriate medical and mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Random Sample of Staff/Security Staff- All staff confirmed that if they were the first to be notified of alleged sexual abuse, they would immediately inform their supervisor, PREA Coordinator, separate the residents and wait for further instructions. They also stated that they would not share the information with other residents or staff members who were not directly involved in handling the incident.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard,

115.82 (c): Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Policy: Prison Rape Elimination Act (p. 6) states that Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be 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 (28 CFR 115.182).

Interviews:

Medical and Mental Health Staff: The facility did not have any medical or mental health staff.

Inmates who Reported a Sexual Abuse: There were no residents who reported a sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.82 (d): Treatment services shall be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy: Prison Rape Elimination Act (p. 6) states that Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be 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 (28 CFR 115.182).

Corrective Actions:

Inmate Rules: it was determined that the inmate rules does not distinguish that inmate victims of sexual abuse will not be required to incur the cost to treatment and services. The facility shall update the inmate rules.

Ø Corrective Action Implemented: The inmate rules handbook was updated to indicate that the inmate would not be responsible for costs associated with being a victim of sexual abuse.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.

Based analysis, the facility is not compliant with all provisions in this standard. The facility shall address the corrective action. All corrective action items were addressed. The facility is in compliance with the provisions of the standard. No further action is

	required.
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<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act</li> </ul> <p>Corrective Action Implemented:</p> <p>East Central Mental Health Agreement</p> <p>Policy Update</p> <p>Site Review:</p> <p>(Review Auditor’s PREA Audit Site Review Checklist/Notes for evidence.)</p> <p>Interview Guide:</p> <ul style="list-style-type: none"> <li>· Medical and Mental Health Staff -there are no onsite medical and mental health staff</li> <li>· Inmate who Reported Sexual Abuse - there were no inmates who reported sexual abuse</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.83 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>Policy: Prison Rape Elimination Act (p. 6): Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim</p>

names the abuser or cooperates with any investigation arising out of the incident (28 CFR 115.182).

Corrective Actions:

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (b): The evaluation and treatment of such victims shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The facility does not provide onsite medical and mental health services.

Interviews:

Medical and Mental Health Staff - There are no onsite medical and mental health staff.

Inmates who Reported a Sexual Abuse - There were no inmates who reported a sexual abuse.

Corrective Actions:

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Interviews:

Medical and Mental Health Staff - There are no onsite medical and mental health staff.

Corrective Actions:

Mental Health Services: The facility does not have onsite mental health services.

Ø Corrective Action Implemented: The facility has entered into an agreement with East Central Mental Health to conduct mental health evaluations and crisis intervention services.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (d): Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

Interviews

Inmates who Reported a Sexual Abuse - There were no reported inmates who reported sexual abuse.

Corrective Actions:

Policy: Policy shall be updated to specifically address the provisions of the standard.

Ø Corrective Action Implemented: The policy was updated to say "Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner".

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and

timely access to all lawful pregnancy-related medical services.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

PCSO Policy 350.13.1 Access to Emergency Medical and Mental Health Services, P.R.E.A (Prison Rape Elimination Act), p.19: If pregnancy results from the conduct described in this section, such victims shall receive timely and comprehensive information about timely access to all lawful pregnancy related medical services.

Interviews:

Medical and Mental Health Staff - There were no onsite medical or mental health staff.

Inmates who Reported a Sexual Abuse - The interviewed inmates were not female.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (f): Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ,  
Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Interviews:

Inmates who Reported a Sexual Abuse - There were no inmates who reported sexual abuse.

Corrective Actions:

Policy: Policy shall be updated to specifically address the provisions of the standard.

Ø Corrective Action Implemented: The policy was updated to say "Victims shall be

offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections, and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner”.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (g): Treatment services shall be 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.

Compliance Determination:

The facility has demonstrated compliance with this standard because:

As reported in the PAQ, 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.

Policy: Prison Rape Elimination Act (p. 6): Victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment. Treatment services shall be 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 (28 CFR 115.182).

Interviews:

Inmates who Reported a Sexual Abuse - There were no inmates who reported sexual abuse.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.83 (h): All prisons attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

N/A the facility is not a prison.

	<p>Interviews:</p> <p>Medical and Mental Health Staff – There were no onsite medical and mental health staff.</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations.</p> <p>Based on analysis, the facility is not compliant with all provisions in this standard. The facility shall address the corrective action.</p> <p>All corrective action measures were implemented. The facility is fully compliant with the provisions of the standard.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making Compliance Determination:
	Documentation:
	· Policy: Prison Rape Elimination Act
	Corrective Action Implemented:
	PREA Incident Review Form
	Interview Guide:
	Warden/Designee/Jail Administrator
	PREA Compliance Manager
	Incident Review Team (1)

Compliance Determination by Provisions and Corrective Actions:

15.86 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0.

Policy: Prison Rape Elimination Act (pp. 7-8) states that an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include command staff and seek input from supervisors and investigators (28 CFR 115.186).

The review shall (28 CFR 115.186): (a) (b) (c) (d) (e) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. 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 department facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by department members.

The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. The report shall be submitted to the Chief of Police and the PREA coordinator. The Chief of Police or the authorized designee shall implement the recommendations for improvement or shall document the reasons for not doing so (28 CFR 115.186).

Corrective Actions:

Incident Review Form: The facility did not have a formal way to document an incident review.

Ø Corrective Action Implemented: A form was created to document a PREA Incident Review.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

standard.

115.86 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0.

Policy: Prison Rape Elimination Act (pp. 7-8) states that an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include command staff and seek input from supervisors and investigators (28 CFR 115.186).

The review shall (28 CFR 115.186): (a) (b) (c) (d) (e) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. 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 department facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by department members.

The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. The report shall be submitted to the Chief of Police and the PREA coordinator. The Chief of Police or the authorized designee shall implement the recommendations for improvement or shall document the reasons for not doing so (28 CFR 115.186).

Corrective Actions:

Incident Review Form: The facility did not have a formal way to document an incident review.

Ø Corrective Action Implemented: A form was created to document a PREA Incident Review.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

standard.

115.86 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy: Prison Rape Elimination Act (pp. 7-8) states that an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include command staff and seek input from supervisors and investigators (28 CFR 115.186).

The review shall (28 CFR 115.186): (a) (b) (c) (d) (e) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. 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 department facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by department members.

The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. The report shall be submitted to the Chief of Police and the PREA coordinator. The Chief of Police or the authorized designee shall implement the recommendations for improvement or shall document the reasons for not doing so (28 CFR 115.186).

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that the review team will include upper-level management. The team will assess the facts of the incident, review policies and procedures, identify any weaknesses and, and make recommendations for improvement.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

standard.

115.86 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) No longer applicable; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

Policy: Prison Rape Elimination Act (pp. 7-8) states that an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include command staff and seek input from supervisors and investigators (28 CFR 115.186).

The review shall (28 CFR 115.186): (a) (b) (c) (d) (e) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. 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 department facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by department members.

The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. The report shall be submitted to the Chief of Police and the PREA coordinator. The Chief of Police or the authorized designee shall implement the recommendations for improvement or shall document the reasons for not doing so (28 CFR 115.186).

Interviews:

Warden/Designee/Jail Administrator - The interviewed staff reported that the review

team will include upper-level management. The team will assess the facts of the incident, review policies and procedures, identify any weaknesses and, and make recommendations for improvement.

PREA Compliance Manager - The facility does not have a PREA Compliance Manager.

Incident Review Team - The incident review team member reported that all of the above is considered when reviewing an allegation of sexual abuse. When reviewing camera footage, we are looking to see where blind spots are located; where camera coverage is not located. The review will also look to see where staff are deployed. For example, are they where they are supposed to be located. Is there adequate staff on duty.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.86 (e): The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

Policy: Prison Rape Elimination Act (pp. 7-8) states that an incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include command staff and seek input from supervisors and investigators (28 CFR 115.186).

The review shall (28 CFR 115.186): (a) (b) (c) (d) (e) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. 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 department facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether monitoring technology should be deployed or augmented to supplement supervision by department members.

The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. The report shall be submitted to the Chief of Police and the PREA coordinator. The Chief of Police or the authorized designee shall implement the recommendations for improvement or

	<p>shall document the reasons for not doing so (28 CFR 115.186).</p> <p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility went beyond this standard requirement.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <p>Policy: Prison Rape Elimination Act</p> <p>Annual Report</p> <p>Corrective Action Implemented:</p> <p>Policy Update</p> <p>Interview Guide: (N/A)</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.87 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency collects accurate, uniform data for every</p>

allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Policy: Prison Rape Elimination Act (p. 8): The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187).

The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years. An assessment of the progress in addressing sexual abuse.

The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

Corrective Actions:

N/A. There are no corrective actions for this provision.

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff and residents, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually.

Policy: Prison Rape Elimination Act (p. 8): The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187).

The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years. An assessment

of the progress in addressing sexual abuse.

The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

The agency/facility aggregates the incident-based sexual abuse data at least annually as a part of the agency PREA annual report. 2024\_Annual\_Report.pdf

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (c): The incident-based data collected shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Policy: Prison Rape Elimination Act (p. 8): The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187).

The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years. An assessment of the progress in addressing sexual abuse.

The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy: Prison Rape Elimination Act (p. 8): The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187).

The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years. An assessment of the progress in addressing sexual abuse.

The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

Reports are maintained on the agency website: [https://www.troyal.gov/filestorage/-6205/6239/16340/2024\\_Annual\\_Report.pdf](https://www.troyal.gov/filestorage/-6205/6239/16340/2024_Annual_Report.pdf)

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (e): The agency also shall obtain incident-based and aggregated data from

every private facility with which it contracts for the confinement of its inmates.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does not contract for the confinement of its inmates.

Policy: Prison Rape Elimination Act (p. 8): The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187).

The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years. An assessment of the progress in addressing sexual abuse.

The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.87 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, N/A if DOJ has not requested agency data.

Policy: Prison Rape Elimination Act (p. 8): The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187).

The purpose of these reviews is to assess and improve the effectiveness of sexual

abuse prevention, detection and response policies, practices, and training. An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years. An assessment of the progress in addressing sexual abuse.

The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.88	Data review for corrective action
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence Relied Upon in Making Compliance Determination:  Documentation:  Policy: Prison Rape Elimination Act  Annual PREA Report  Interview Guide:  Agency Head (Designee)  PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.88 (a): The agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, The agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Policy: Prison Rape Elimination Act (p. 8): The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187).

The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years. An assessment of the progress in addressing sexual abuse.

The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

Interviews:

Agency Head (Designee) – The interviewed staff reported that the agency will review data from the incidents documents, sexual assault incident reviews, reports from investigations to determine if there needs to be any policy changes, physical changes that could enable abuse. Additionally, the agency will look at staffing levels and supervision.

PREA Coordinator – The interviewed staff reported that the annual report does not have any personal identifiers.

PREA Compliance Manager – The agency did not have a PREA Compliance Manager.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.88 (b): Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the annual report does not include a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The annual report is provided on the agency website: 2024\_Annual\_Report.pdf

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.88 (c): The agency’s report shall be 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, the agency does make its annual report readily available to the public, at least annually. The agency makes it available by an entity submitting a request to the jail administrator. The annual reports are approved by the agency head.

Interviews:

Agency Head (Designee) - The staff interviewed reported that the PREA Coordinator and the Chief of Police will approve the reports.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.88 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency does not indicate the nature of material redacted.

The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files, and sexual abuse incident reviews (28 CFR 115.187). The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training.

An annual report shall be prepared that includes (28 CFR 115.188): (a) (b) (c) (d) (e) Identification of any potential problem areas. Identification of any corrective actions taken. Recommendations for any additional corrective actions. A comparison of the current year's data and corrective actions with those from prior years.

An assessment of the progress in addressing sexual abuse. The report shall be approved by the Chief of Police and made readily available to the public through the department website. Material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated.

All aggregated sexual abuse data from department facilities and private facilities with which their contracts shall be made readily available to the public at least annually. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.189).

Interviews:

PREA Coordinator - The interviewed staff reported that when allegations are made innate reports are submitted to agency officials immediately.

Corrective Actions:

N/A. There are no corrective actions for this provision.

	<p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>· Policy: Prison Rape Elimination Act</li> </ul> <p>Interview Guide:</p> <p>PREA Coordinator</p> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.89 (a): The agency shall ensure that data collected pursuant to § 115.87 are securely retained.</p> <p>Compliance Determination:</p> <p>The facility has demonstrated compliance with this provision of the standard because:</p> <p>As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Policy: Prison Rape Elimination Act (p. 9) states that all aggregated sexual abuse data from department facilities and private facilities with which it contracts shall be made readily available to the public at least annually. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.189).</p> <p>Interviews:</p>

PREA Coordinator - The interviewed staff reported that the information is kept confidential.

Site Review:

#### Site Review Observation of Records Storage Practices

During the site review, the auditor observed both physical and electronic records storage procedures to assess compliance with PREA Standards related to the confidentiality and security of sensitive documentation. The facility conducted medical and mental health assessments via secure electronic source. During the site review the site did not have a process for conducting the assessments.

#### Electronic Records Storage and Safeguards

The facility maintains portions of its PREA-related documentation electronically, including risk screening results, grievance submissions, medical/mental health records, and incident tracking data. The auditor observed that all electronic records are accessed through the facility's secured jail management system (JMS) and, in some cases, the electronic health records system.

Access to these electronic systems is:

#### Password-protected

Role-based, ensuring only specific personnel (e.g., medical, mental health, investigators, PREA Coordinator) can access sensitive PREA-related records.  
Time-stamped, with access logs available for review if needed.

#### Informal Conversations with Staff

In conversations with supervisory and intake staff, the auditor confirmed that employees are trained on the importance of maintaining confidentiality regarding all PREA-related information. Staff demonstrated awareness of the sensitivity of medical and mental health records and knew who was authorized to access physical files or view electronic documentation.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.89 (b): The agency shall 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.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, Agency policy does not require that aggregated sexual abuse data from facilities under its direct control and private facilities with which its contracts be made readily available to the public at least annually through its website. Agency makes it available by request.

Policy: Prison Rape Elimination Act (p. 9) states that all aggregated sexual abuse data from department facilities and private facilities with which it contracts shall be made readily available to the public at least annually. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.189).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.89 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Policy: Prison Rape Elimination Act (p. 9) states that The Troy Police Department shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is in custody or is a member of the Department, plus five years (28 CFR 115.171). All other data collected pursuant to this policy shall be securely retained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise (28 CFR 115.189).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.89 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Compliance Determination:

The facility has demonstrated compliance with this standard because:

Policy: Prison Rape Elimination Act (p. 9) states that The Troy Police Department shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is in custody or is a member of the Department, plus five years (28 CFR 115.171). All other data collected pursuant to this policy shall be securely retained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise (28 CFR 115.189).

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.401	Frequency and scope of audits
	<p data-bbox="279 1518 981 1552"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="279 1597 566 1630"><b>Auditor Discussion</b></p> <p data-bbox="279 1675 1125 1709">Evidence Relied Upon in Making Compliance Determination:</p> <p data-bbox="279 1753 502 1787">Documentation:</p> <ul data-bbox="279 1821 678 2067" style="list-style-type: none"><li data-bbox="279 1821 550 1854">Audit Posted Notice</li><li data-bbox="279 1888 582 1921">Agency PREA Website</li><li data-bbox="279 1955 678 1989">Agency Annual PREA Report</li><li data-bbox="279 2022 518 2056">Interview Guide:</li></ul>

PREA Coordinator

Compliance Determination by Provisions and Corrective Actions:

115.401 (a). The provision requires that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor confirmed that during the three-year period and each three-year period thereafter, the agency ensures that each facility operated by the agency, or a private organization on behalf of the agency is audited. A review of the agency website PREA section listed all final PREA audits to include private facility.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (b)

The provision requires that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The auditor confirmed during each one-year period the agency ensured that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The auditor reviews the agency website, and the Final Audit Reports are listed by audit cycles.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this

standard.

115.401 (h). The auditor shall have access to, and shall observe, all areas of the audited facilities.

The provision requires that the auditor has access to, and shall observe, all areas of the audited facilities.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

On the first day of the audit after the entrance conference, the auditor conducted a comprehensive site review of the facility. It was requested that when the auditor pauses to speak to a confined person or staff, that staff on the site review please step away so the informal conversation might remain private. This request was well respected.

During the site review, the auditor reviewed PREA related documentation and materials located on bulletin boards and walls. The auditor observed camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the tour included, but were not limited to, levels of staff supervision, and limits to cross-gender viewing. Housing units, intake area, gatehouse, administrative areas, mail room. Kitchen, dining, and storage.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (i). The provision requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

The PREA Coordinator and the facility provided the auditor with all relevant documents to include electronically stored information through the agency system.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (m). The provision requires that the auditor be permitted to conduct private interviews with confined people.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.

During the onsite visit, the auditor requested and received areas to interview confined persons in private.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.401 (n). The provision requires that confined people be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Compliance Determination:

The facility has demonstrated compliance with this provision of the standard because:

During the pre-audit period, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the on-site visit for confidential communications. The facility posted the notices in English and Spanish. The auditor received email and pictures confirming the posted notices and observed the posted notices on-site.

There was no confidential communication from confined person and none from staff. Staff interviews indicated that confined people are permitted to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

	<p>Corrective Actions:</p> <p>N/A. There are no corrective actions for this provision.</p> <p>Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.</p> <p>Overall Findings:</p> <p>The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Relied Upon in Making Compliance Determination:</p> <p>Documentation:</p> <ul style="list-style-type: none"> <li>Audit Posted Notice</li> <li>Agency PREA Website</li> <li>Agency Annual PREA Report</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>PREA Compliance Manager</li> </ul> <p>Compliance Determination by Provisions and Corrective Actions:</p> <p>115.403 (f). The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>The provision requires that the agency ensures that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p>Compliance Determination:</p>

The facility has demonstrated compliance with this provision of the standard because:

The auditor reviewed the agency website and confirmed that the agency's final PREA reports are published on the website. This is the facility's first audit, however their juvenile site has prior audits that occurred every three years and is posted on the website.

Corrective Actions:

N/A. There are no corrective actions for this provision.

Discussion: A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, confined people, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

Overall Findings:

The auditor uses a triangulation approach by connecting PREA documentation, policies, on-site observation, site review of the facility, facility practices, interviewed staff and confined persons, local advocates, and online PREA Audit: Pre-Audit Questionnaire to corroborate findings determinations. Based on analysis, the facility is compliant with all provisions in this standard.

<b>Appendix: Provision Findings</b>		
<b>115.11 (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>115.11 (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 facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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 inmates.)	
<b>115.13 (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 inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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>115.13 (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? (N/A if no deviations from staffing plan.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (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 inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
<b>115.15 (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 inmates (N/A if the facility does not have female inmates)?	yes
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes

	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in	yes

	formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates 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 inmates 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>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42	yes

	U.S.C. 1997)?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (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 inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c) Hiring and promotion decisions</b>		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, 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>115.17 (d) 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 inmates?	yes
<b>115.17 (e) 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 inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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>115.17 (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>115.17 (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>115.18 (a)</b>	<b>Upgrades to facilities and technologies</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 inmates 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>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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 inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit,	na

	whichever is later.)	
<b>115.21 (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>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (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>115.21 (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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (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>115.21 (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.)	na
<b>115.21 (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 always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (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>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

	Does the agency have a policy and practice 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>115.22 (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 criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates 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	yes

	inmates on how to avoid inappropriate relationships with inmates?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates 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>115.31 (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>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how	yes

	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 inmates)?	
<b>115.32 (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>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, 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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or	yes

	prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
<b>115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (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>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes

	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	

	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g) Screening for risk of victimization and abusiveness</b>		
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h) Screening for risk of victimization and abusiveness</b>		
	Is it the case that inmates 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>115.41 (i) 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 inmate's detriment by staff or other inmates?	yes
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Work Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.43 (a)</b>	<b>Protective Custody</b>	

	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b) Protective Custody</b>		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
<b>115.43 (c) Protective Custody</b>		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes

	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials	na

	and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency	na

	is exempt from this standard.)	
<b>115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na

	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between	yes

	inmates and these organizations and agencies, in as confidential a manner as possible?	
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, 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>115.53 (c)</b>	<b>Inmate 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 inmates 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>115.54 (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 an inmate?	yes
<b>115.61 (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 inmates 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>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a	yes

	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?	
<b>115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (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>115.61 (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>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate 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>115.63 (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>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (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>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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>115.64 (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>115.65 (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>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities	yes

	responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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	yes

	of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	
	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 inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d) Agency protection against retaliation</b>		
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e) 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>115.68 (a) Post-allegation protective custody</b>		
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a) 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 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations,	yes

	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 115.21(a).)	
<b>115.71 (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 115.34?	yes
<b>115.71 (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>115.71 (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>115.71 (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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (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>115.71 (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>115.71 (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>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (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 agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	na
<b>115.72 (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>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in	na

	order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.73 (c) Reporting to inmates</b>		
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate'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>115.73 (d) Reporting to inmates</b>		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (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>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (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>115.76 (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>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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>115.77 (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 inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</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>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does	yes

	the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	

	Do inmate 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>115.82 (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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate 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>115.82 (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>115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (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>115.83 (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>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate 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 inmates 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>115.83 (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 § 115.83(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 inmates 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>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (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>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (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	yes

	has been determined to be unfounded?	
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (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>115.86 (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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (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>115.87 (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>115.87 (b)</b>	<b>Data collection</b>	

	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (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>115.87 (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>115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (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>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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>115.88 (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>115.88 (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>115.88 (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>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (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>115.89 (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>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 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>Frequency and scope of audits</b>	

<b>(b)</b>		
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates 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	yes

	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.)	
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