

PREA Facility Audit Report: Final

Name of Facility: LightHouse Adult Residential Reentry Facility

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/24/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 06/24/2024

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	05/06/2024
End Date of On-Site Audit:	05/07/2024

FACILITY INFORMATION	
Facility name:	LightHouse Adult Residential Reentry Facility
Facility physical address:	115 Glenwood Avenue , Buffalo, New York - 14209
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	Jackie Diggs
Email Address:	jdiggs@crj.org
Telephone Number:	716793-8383

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

Facility Characteristics	
Designed facility capacity:	38
Current population of facility:	0
Average daily population for the past 12 months:	43
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	25-65
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with	15

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
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Name of agency:	Community Resources for Justice
Governing authority or parent agency (if applicable):	
Physical Address:	355 Boylston Street, Boston, Massachusetts - 02116
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
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Name:	Deborah M. O'Brien
Email Address:	dobrien@crj.org
Telephone Number:	857-408-6211

Agency-Wide PREA Coordinator Information			
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Name:	Heriberto Crespo	Email Address:	hcrespo@crj.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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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:

1

- 115.215 - Limits to cross-gender viewing and searches

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-06
2. End date of the onsite portion of the audit:	2024-05-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with the local rape crisis agency, the local hospital with SANE nurses, and the Federal Bureau of Prisons representative. The Auditor did the appropriate web searches to understand if there is any legal or past new stories that would shed light on compliance. The Auditor also has tested the reporting mechanism including reaching out to the US Department of Justice Office of the Inspector General.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	38
15. Average daily population for the past 12 months:	38
16. Number of inmate/resident/detainee housing units:	3

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>31</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>

<p>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The Auditor worked with the facility administration and the agency PREA Coordinator to confirm the limited number of Identified individuals in the target population.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	15
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The Auditor interviewed all staff who worked in the two day period of the on-site visit.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>After selecting the target population, the Auditor used a random number to generate the remaining names. The program serves both male and female residents and the auditor ensured the individuals were from each floor of the house.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Because the female population was so small, the auditor saw 100% of them and only 33% of the male population, which was significantly greater between the target and random interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population was reviewed with the facility Director and the Intake and Release Coordinator, who would be the most knowledgeable about the current population.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population was reviewed with the facility Director and the Intake and Release Coordinator, who would be the most knowledgeable about the current population.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population was reviewed with the facility Director and the Intake and Release Coordinator, who would be the most knowledgeable about the current population.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population was reviewed with the facility Director and the Intake and Release Coordinator, who would be the most knowledgeable about the current population.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population was reviewed with the facility Director and the Intake and Release Coordinator, who would be the most knowledgeable about the current population.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A This is a community confinement center; there is no segregation of the population.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input 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 checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Auditor interviewed all staff working in the facility during the two day on-site.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>5</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>The Agency's corporate offices are in Boston, so HR records were selected from a staff list, and a phone interview was completed. because of the small size of the facility, there were some individuals who were interviewed for multiple roles. The staff were all asked questions related to first responders because there had been no cases. The facility also has not had an incident review due to the lack of allegations.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse or sexual harassment at the LightHouse facility.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations of Sexual Abuse or Sexual Harassment at LightHouse.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</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>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Coordinator Training</p> <p>CRJ Organizational Chart</p> <p>Individuals interviewed/ observations made.</p> <p>Vice President of Social Justice Services</p> <p>PREA Coordinator</p>

Indicator Summary determination.

Indicator (a). Community Resources for Justice has a policy that mandates zero tolerance toward sexual assault or sexual harassment at all its facilities. Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) includes the statement, "CRJ has a zero-tolerance stance towards all forms of sexual abuse and sexual harassment and is applicable to residents, staff, volunteers, visitors, and contractors. The zero-tolerance stance includes education, prevention, detection, and responding to sexual abuse and sexual harassment incidents immediately." The policy outlines the LightHouse Reentry Center's and the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment incidents. The 27-page policy, which has been updated as recently as 2022, covers different aspects of protecting, detecting, and responding to sexual abuse or sexual harassment incidents. Interviews with random residents supported the idea that a zero-tolerance environment exists at LightHouse Reentry Center. Residents support that staff addresses negative behaviors. In Interviews with the Auditor, residents reported that if they were to voice a concern, they believed it would be taken seriously and stated the environment is safe from sexual misconduct. In random staff interviews, they identified key information from training and gave examples of things they do in their job that support a Zero-tolerance culture. The LightHouse Reentry Center is a three-story wood structure combining two former buildings. There is also a separate office area in a building across the street from the housing portion. There are bathrooms on each floor of the program. The first floor of the housing building has a common-use kitchen, staff monitoring station, office space, housing for individuals with disabilities, and housing for females. Of the current population interviewed, the residents confirmed that sexualized behaviors do not exist and that staff would address inappropriate language or topics of conversation.

Indicator (b). Community Resources for Justice has an individual assigned to oversee the agency's efforts toward compliance with the Prison Rape Elimination Act (PREA). The agency policy addresses the role of the PREA Coordinator throughout the policy. Language on page 4 provides a summary of some of the duties. "Staff Responsibilities

1. The PREA Coordinator is responsible for oversight of all PREA-related activities.
2. The PREA Coordinator will:
 - a. Coordinate and develop procedures to identify, monitor, and track sexual misconduct incidents occurring in CRJ Programs
 - b. Maintain related statistics and complete the annual Bureau of Justice Services' (BJS) Survey of Sexual Victimization (SSV)

	<p>c. Supervise the PREA activities, and</p> <p>d. Conduct audits to ensure compliance with CRJ policy and PREA of 2003.”</p> <p>The Agency’s PREA Coordinator is the Agency’s Assistant Director of Quality & Compliance (Q&C). The PREA Coordinator works with the Social Justice Services Division’s senior leadership to track incidents, support identified needs, and ensure all investigations are completed consistently with agency expectations and standards requirements. Both the PREA Coordinator and Vice President of Social Justice Services confirmed the PREA Coordinator’s ability to develop and implement policies and procedures to ensure residents’ sexually safe confinement across the agency. The Assistant Director of Quality Assurance routinely interacts with the residential directors, including the LightHouse Reentry Center Director. His role also has him performing quality assurance audits of PREA standards. The agency provided the Auditor with the agency management flowchart and a letter confirming his agency-wide role as PREA Coordinator since 2019. The Auditor also considered documentation provided of quality insurance audits of PREA elements as an example of an agency-wide commitment to maintaining compliance with the standards.</p> <p>Compliance Determination</p> <p>The Agency’s PREA Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) supports zero-tolerance expectations toward any form of sexual assault or sexual harassment. Policy 900.00 goes on to address the role and responsibilities of the PREA Coordinator (page 4). Interviews with the Vice President and the PREA Coordinator confirm sufficient resources in place to prevent, detect, and respond to any allegation of sexual abuse or sexual harassment. The Policy addresses numerous aspects of the agency’s efforts to provide a zero-tolerance environment. The other supporting documentation provided confirms the PREA Coordinator’s role in ensuring compliance with the standards. LightHouse Reentry Center residents confirmed the program's safety and would feel safe addressing concerns with staff. The Auditor also considered the staff members’ knowledge of PREA training and zero-tolerance expectations in determining compliance. Compliance was based on the policy, interviews, and supporting documentation that confirmed the standard's expectation. The residents' comments on safety and the staff's training knowledge further supported the idea that a zero-tolerance culture exists.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

LightHouse Reentry Center Pre-Audit Questionnaire

Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

PREA Coordinator Training

CRJ Organizational Chart

QI reports

Individuals interviewed/ observations made.

Vice President of Social Justice Services

PREA Coordinator

Indicator Summary determination.

Indicator (a). Community Resources for Justice has a policy that mandates zero tolerance toward sexual assault or sexual harassment at all its facilities. Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) includes the statement, "CRJ has a zero-tolerance stance towards all forms of sexual abuse and sexual harassment and is applicable to residents, staff, volunteers, visitors, and contractors. The zero-tolerance stance includes education, prevention, detection, and responding to sexual abuse and sexual harassment incidents immediately." The policy outlines the LightHouse Reentry Center's and the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment incidents. The 27-page policy, which has been updated as recently as 2022, covers different aspects of protecting, detecting, and responding to sexual abuse or sexual harassment incidents. Interviews with random residents supported the idea that a zero-tolerance environment exists at LightHouse Reentry Center. Residents support that staff addresses negative behaviors. In Interviews with the Auditor, residents reported that if they were to voice a concern, they believed it would be taken seriously and stated the environment is safe from sexual misconduct. In random staff interviews, they identified key information from training and gave examples of things they do in their job that support a Zero-tolerance culture. The LightHouse Reentry Center is a three-story wood structure combining two former buildings. There is also a separate office area in a building across the street from the housing portion. There are bathrooms on each floor of the program. The first floor of the housing building has a common-use kitchen, staff monitoring station, office space, housing for individuals with disabilities, and housing for females. Of the current population interviewed, the residents confirmed that sexualized behaviors do not exist and that staff would address inappropriate language or topics of conversation.

Indicator (b). Community Resources for Justice has an individual assigned to oversee the agency's efforts toward compliance with the Prison Rape Elimination Act (PREA). The agency policy addresses the role of the PREA Coordinator throughout the policy. Language on page 4 provides a summary of some of the duties. "Staff Responsibilities

1. The PREA Coordinator is responsible for oversight of all PREA-related activities.
2. The PREA Coordinator will:
 - a. Coordinate and develop procedures to identify, monitor, and track sexual misconduct incidents occurring in CRJ Programs
 - b. Maintain related statistics and complete the annual Bureau of Justice Services' (BJS) Survey of Sexual Victimization (SSV)
 - c. Supervise the PREA activities, and
 - d. Conduct audits to ensure compliance with CRJ policy and PREA of 2003."

The Agency's PREA Coordinator is the Agency's Assistant Director of Quality & Compliance (Q&C). The PREA Coordinator works with the Social Justice Services Division's senior leadership to track incidents, support identified needs, and ensure all investigations are completed consistently with agency expectations and standards requirements. Both the PREA Coordinator and Vice President of Social Justice Services confirmed the PREA Coordinator's ability to develop and implement policies and procedures to ensure residents' sexually safe confinement across the agency. The Assistant Director of Quality Assurance routinely interacts with the residential directors, including the LightHouse Reentry Center Director. His role also has him performing quality assurance audits of PREA standards. The agency provided the Auditor with the agency management flowchart and a letter confirming his agency-wide role as PREA Coordinator since 2019. The Auditor also considered documentation provided of quality insurance audits of PREA elements as an example of an agency-wide commitment to maintaining compliance with the standards.

Compliance Determination

The Agency's PREA Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) supports zero-tolerance expectations toward any form of sexual assault or sexual harassment. Policy 900.00 goes on to address the role and responsibilities of the PREA Coordinator (page 4). Interviews with the Vice President and the PREA Coordinator confirm sufficient resources in place to prevent, detect, and respond to any allegation of sexual abuse or sexual harassment. The Policy addresses numerous aspects of the agency's efforts to provide a zero-tolerance environment. The other supporting documentation provided confirms the PREA Coordinator's role in ensuring compliance with the standards. LightHouse Reentry

	<p>Center residents confirmed the program's safety and would feel safe addressing concerns with staff. The Auditor also considered the staff members' knowledge of PREA training and zero-tolerance expectations in determining compliance. Compliance was based on the policy, interviews, and supporting documentation that confirmed the standard's expectation. The residents' comments on safety and the staff's training knowledge further supported the idea that a zero-tolerance culture exists.</p>
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>LightHouse Reentry Center Staffing Plan w/ floorplans & camera locations</p> <p>CRJ Annual PREA Report</p> <p>PREA Coordinator Memo on the review process</p> <p>Individuals interviewed/ observations made.</p> <p>Vice President of SJS</p> <p>Contract Oversight Manager</p> <p>PREA Coordinator</p> <p>LightHouse Reentry Center Director</p> <p>LightHouse House Assistant Director</p> <p>Random Residents</p> <p>Funding agency representative</p> <p>Observation of Staffing consistent with the schedule</p> <p>Indicator Summary determination.</p>

Indicator (a). LightHouse Reentry Center has developed a narrative staffing plan that describes the number of staff per shift to provide adequate supervision of the residents in promoting a safe environment. The facility provided two narrative documents, a memo and a PowerPoint. The PowerPoint addresses the facility's physical layout and the location of cameras that support active supervision. The 13-page document addresses the various elements required in indicators (a) and (c). In speaking with the agency leadership, it is clear they consider all incidents, not just PREA events when deciding staffing and video surveillance needs. The staffing plan was guided by the contractual guidelines of the Federal Bureau of Prisons and standards promulgated by the American Correctional Association. The agency's staffing plan covers staffing assignments, the physical plant's layout, the placement of cameras, and identifying blind spots. The document also covers the current makeup of the population and the frequency of PREA-related incidents. The facility's designed capacity is reportedly 38 beds. The facility has reportedly had an average of 38 residents in the 12 months prior. The Auditor observed staff moving about the building and completing tours. The Director was aware of blind spots and described the expectation of staff to respond if a resident lingers in this space. CRJ requires one staff in the monitoring station at all times to be able to monitor the cameras and see the front door. Staff were also able to show how they use cameras to track the movement of the residents in the program in the monitors' station. The limited blind spots are noted in the staffing plan provided to the Auditor.

During the onsite portion of the audit, the Auditor was able to see the cameras' locations and the positioning of offices that support residents' supervision. The facility has had no allegations of sexual assault or harassment in the past year. Policy 900.00 addresses this indicator's elements by defining the staffing plan's content expectations. Interviews with the facility Director and the PREA Coordinator further supported knowledge of the elements to be considered initially and in an annual review. The Auditor also reviewed the staffing schedule, including the non-custodial positions, to compare against client schedules. This supports those additional resources that are available to monitor interactions when there is larger movement in the facility. LightHouse Reentry Center has staff offices on housing floors and the landings between floors which provide additional eyes and ears to resident interactions. The Auditor also contacted the funding agency to determine if there were any staffing concerns. The US Bureau of Prisons approves the staffing plan and makes announced and unannounced site visits.

Indicator (b). The indicator does not apply as the facility has not reportedly gone under minimum staffing. Consistent with national trends, the LightHouse Reentry Center had seen an increase in staff turnover during the pandemic and post-pandemic era. Most staff in the facility have been employed less than three years. The LightHouse Reentry Center Director reports that they did not have a situation where they have not met the facility's minimum staffing level; there are times when management staff have worked the floor to ensure appropriate coverage is maintained. The Program Director reports they can mandate coverage or request volunteers in an emergency to provide support. The Director reports they try to

avoid requiring staff to stay and adjust administrative staff schedules to ensure minimums are met. The human resources staff confirmed the agency has had turnover but is actively recruiting staff at all its programs. All case management staff are trained to complete resident monitor functions and can fill in as staff coverage when needed. Policy 900.00 states, "If a deviation ever occurs in the staffing plan, it is documented, and the reason for noncompliance is justified." The program has a minimum complement of 2 staff. The program prefers having a staff of both genders on at all times.

The staffing plan document shows that monitors are available on all shifts. The schedule also shows that case management and administrative staff who are not normally part of the minimum calculation have regular work hours, including night and weekend hours, to aid in increased supervision when most residents are in the facility. The facility has an on-call duty officer who will ensure all call-outs are covered and documented. Residents spoken with reported there are always multiple staff working shifts with whom they could report a concern.

Indicator (c). LightHouse Reentry Center has a process in place by which the Director reviews the existing plan for adequacy in providing a safe environment for residents. In an interview with the Auditor, the Program Director stated she considers the safety of clients to be the most important role of the staff. The PREA Coordinator also confirmed that the administration would be consulted on any long-term changes and additions of resources such as video surveillance equipment. Documentation was provided supporting a review meeting completed in April of 2023 that included the PREA Coordinator and is part of PowerPoint's last page. The staffing plan review for 2024 was held on April 30th. The Contract Oversight Manager and Program Director confirm that immediate solutions would be put in place to resolve identified risks from incident reviews or investigations. The agency will invest in monitoring technology as needed to provide safety and security measures such as alarmed perimeters to ensure no unauthorized entrance occurs. The Assistant Director will also be part of the review process moving forward, as he has been new in the role for less than a year.

Compliance Determination

LightHouse Reentry Center is compliant with the expectations of the standard. The facility had a written plan that discusses the elements described in indicator (a) and a process for the annual review of staffing and technological needs to support residents' safe management. Interviews support regular discussions between facility and Agency management and an expectation to resolve identified concerns immediately. Agency policy 900.00 Staff and Resident Sexual Misconduct put forth requirements consistent with the standard's language. Residents support that the environment is safe and staff is available. Compliance is based on documentation provided, policy, interviews, and Auditor's observation during the two-day visit.

115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse</p> <p>Policy 1.4.5 Searches</p> <p>Policy 2.4.5 Urine Collection</p> <p>Individuals interviewed/ observations made.</p> <p>Program Director</p> <p>Random Staff</p> <p>Random Residents</p> <p>Indicator Summary determination.</p> <p>Indicator (a). LightHouse Reentry Center has a policy prohibiting a resident's cross-gender strip or body cavity searches. Community Resources for Justice has eliminated all strip searches of clients in its community-based environments. CRJ policy 900.00 Staff and Resident Sexual Misconduct states, "CRJ authorizes only one type of body search, a pat frisk." The Auditor was also provided with a copy of the facility search policy (1.4.5 Searches), which had consistent language prohibiting such searches. Interviews with administration, random staff, and residents confirm no instances of a strip or body cavity search. Because the facility requires urine samples to be observed, the Auditor checked the policy and practice to determine compliance. The facility requires the same-gender staff to observe the collection of urine samples for drug testing. Policy 2.45 Urine Collection (page 2) requires "Only a staff member of the same sex shall collect urine specimens for analysis from a resident." The Auditor asked random staff-related questions about how this process occurs, including if cross-gender observations would ever occur. Residents interviewed confirmed that the same-gender staff always collects urine samples and that they are never required to be unclothed in front of any staff. The agency has also used oral tests with transgender individuals in the past. The OAS documentation also confirmed there were no cross-gender strip or body cavity searches.</p>

Indicator (b). LightHouse Reentry Center serves both male and female residents. The agency does not allow for cross-gender pat searches of LightHouse Reentry Center residents, even in exigent circumstances. Policy 900.00 states, "Pat frisk searches will be conducted by gender, male staff to male resident and female staff to a female resident." Interviews with residents confirm that cross-gender pat searches have not occurred. Female residents also confirmed that they have not been prohibited from attending programming or outside opportunities due to a lack of female staff to complete searches. The LightHouse Reentry Center currently schedules staff of both genders on each shift. The residents further confirmed that they are never prohibited from attending programming or employment due to the lack of female staff. Pat searches, like urine testing, require staff of the same gender as the resident. Interviews with random staff at LightHouse Reentry Center also confirmed that cross-gender pat searches of female residents would not be permitted. LightHouse Reentry Center Director confirmed that in the past 12 months, female residents were not prevented from attending outside programming due to the lack of female staff. The Auditor's interview with random residents confirmed the same-gender practices of the LightHouse Reentry Center. As such, there were no documents for the Auditor to review of exigent circumstances. All Pat Frisk searches are supposed to be done on camera.

Indicator (d). Community Resources for Justice, Policy 900.00 Staff and Resident Sexual Misconduct, has language that addresses this indicator's requirements. The policy protects residents from being viewed in any state of undress except in incidental view on security rounds. The Policy states, "Residents at the program are able to shower, perform bodily functions, and change clothing without a staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks." "Staff of the opposite gender announces their presence when entering a resident room or bathroom where residents are likely to be showering, performing bodily functions, or changing clothes." The Auditor observed staff making announcements before entering bedrooms or bathrooms at LightHouse Reentry Center. During the tour, the Director knocked on each door, announcing herself before opening the door. This same process was repeated at the bathrooms on each floor. The Auditor also confirmed with residents that they could shower, use the bathroom facilities, and get changed without the staff seeing them. LightHouse Reentry Center residents also supported staff knocking and announcing before entering resident rooms or bathrooms. The Auditor saw the staff make cross-gender announcements when they went to the upper area of the facility. Both male and female residents confirmed that cross-gender notifications are made. Residents report that all staff knock and announce before opening the bedroom or bathroom doors. They report that the same-gender staff generally does the rounds.

Indicator (e). The LightHouse Reentry Center Director and random staff interviewed confirmed they would not search an individual to determine genital status. Policy

900.00 (page 9) states, "Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status." As noted in indicator a) the facility does not perform any strip searches of clients. The Intake and Release Coordinator reports that if a person's genital status were unknown, they would ask them. LightHouse Reentry Center is a community confinement facility; all admissions are scheduled, and residents' information would likely be obtained in advance. There was one current transgender individual in the population who reported they were asked about preferences on searches.

Indicator (f). The Community Resources for Justice ensures all staff at LightHouse Reentry Center have been trained in performing cross-gender searches or searches of transgender individuals. Staff reports they have been trained to search residents with the back of their hands, be aware of the past trauma the resident might have had, and respectfully communicate with the resident before they come in contact with their clothing. Random staff confirmed that they had received the training on searches and were able to describe what they learned. Training records and training materials provided confirm they have received appropriate training. The Agency uses the resources created by the Moss Group on cross-gender and transgender searches. The Auditor requested staff records to confirm the interview results.

Compliance Determination.

The agency has policies that consistently address the standard requirements (Policies 1.4.5, 2.4.5, 900.00). Community Resources for Justice has implemented a policy of no strip searches or body cavity searches and no cross-gender pat-frisk searches (Policies 1.4.5 and 900.00). The agency and facility management confirm they have been able to manage security issues in community confinement settings while avoiding more intrusive and potentially traumatic practices of cross-gender searches of any type. Interviews with staff confirm they have been trained on how to respectfully search Transgender or Intersex residents. Intake staff confirmed no searches are performed to determine genital status and that strip searches do not occur at LightHouse Reentry Center. Staff knew that transgender or intersex residents will be searched by the gender staff of the individual's preference.

The Auditor finds LightHouse Reentry Center compliant with the standard expectations on limited cross-gender searches or viewing. Staff and residents both confirmed there are no strip searches as a practice and no cross-gender pat searches. The staff have been provided appropriate training on the search of transgender individuals. The Auditor also confirmed with the residents the agency's practice of same-gender staff being present when urine samples are being secured for drug testing. The facility policy, observations of the physical plant, and observations made of staff practice support that residents are able to shower, perform bodily functions, and get change without opposite-gender staff seeing them. Residents' support staff provide appropriate notice before entering the

	<p>bedroom or bathroom areas. The Auditor finds that the standard has been exceeded. All required elements have been met as discussed above; the Auditor believed LightHouse Reentry Center exceeds the standard by creating an environment where residents feel safe while removing all strip searches and cross-gender pat searches.</p>
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<p>115.216</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Policy 1.1.6 Intake Process</p> <p>CyraCom interpretive services contract</p> <p>CyraCom International website</p> <p>Resident Handbook (Large Print, Spanish)</p> <p>Referral Paperwork/ Intake Paperwork</p> <p>Memo for Director on Language Line use</p> <p>TTY machine</p> <p>Crisis Services website</p> <p>Staff Training and Refresher agenda topics</p> <p>Individuals interviewed/ observations made.</p> <p>Contract Oversight Manager</p> <p>Random Staff</p> <p>Random Residents</p>

Indicator Summary determination.

Indicator (a) The Community Resource for Justice's PREA Policy (900.00) and the Intake Policy (1.1.6) require the identification of populations who may have difficulty understanding information. The PREA Policy (pages 6-7) requires facility staff to ensure residents understand, regardless of disability or language barriers, the facility's efforts to maintain a PREA-safe environment. This includes how to keep oneself safe, the facility's zero-tolerance stance, report a concern, and access treatment. As a Reentry facility, admissions come from the Federal Bureau of Prisons or the state's Federal Probation Offices. As a result, LightHouse Reentry Center receives information in advance about residents with significant medical issues/disabilities or other mental health disorders that may impact PREA scoring. The Intake/Release Coordinator sits with each new resident and screens for any missed medical information or other factors that may impair their understanding of the facility rules, including the zero-tolerance policy toward Sexual Abuse and Sexual Harassment. This screening would help identify those who have comprehension or limited reading ability. The Auditor had the Intake and Release Coordinator describe the steps he takes to provide initial education on PREA as well as the questions being asked as part of the PREA screening process. The Auditor asked him to describe how she would handle individuals with disabilities or language barriers to ensure comprehension.

The PREA Coordinator confirms that the agency can provide written materials to clients in various formats and languages. The facility supports individuals with a range of disabilities and has an ADA-compliant bedroom and bathroom facility. The Auditor was provided copies of the Resident Handbook in English, Spanish, and large print. The tour showed the posting of PREA information in multiple languages and confirmed with the residents they have continual access to PREA information as required in 115.233. The program has TTY for individuals who are deaf. The agency's experience supporting individuals with developmental and intellectual disabilities has positioned itself with resources to support clients with those issues and an ability to provide training specific to working with that clientele. The agency provides programming for these populations in another division of the agency. There were limited residents with physical disabilities and no individuals with cognitive concerns. Residents confirmed there are staff available with whom individuals could ask and receive assistance in comprehension or accessing any part of LightHouse Reentry Center's efforts to keep them safe from sexual abuse or sexual harassment.

Indicator (b). LightHouse Reentry Center has signage related to PREA and other important information in both English and Spanish, the most common languages spoken by their population historically. Intake paperwork and handbooks can be translated into multiple languages as needed. The agency has provided access to interpretive services through an online system through CyraCom International. The on-demand system is a telephonic aid to resident and staff communication. The Auditor was able to learn how staff would access the system if needed. The CyraCom Interpreting website supports the service and can be translated into

hundreds of languages. Residents acknowledged there was some staff whom they could approach who could aid in their understanding of information. The Auditor was not able to speak with any LEP residents, and there were no individuals with developmental disabilities. Random staff interviewed acknowledge they cannot use resident interpreters to ask any sensitive information, including PREA-related questions. The Auditor asked bilingual residents if they were offered a handbook in Spanish at intake. The Auditor was not able to observe an intake but asked the Intake Release Coordinator how they assess language and disability barriers. Many of the staff interviewed were not aware of how to access interpretive services. The Auditor required the program to complete training on how to use the CyraCom system. The Program Director reviewed the information as part of the staff meeting in March. Documentation was forwarded to the auditor confirming 13 of the 15 staff received the training. One individual was out sick and received an individual review.

Indicator (c). Random staff interviewed confirmed that resident interpreters are not appropriate in any communication about concerns of sexual misconduct. Staff knew that it is only appropriate to do so on an emergency basis to find information sufficient to obtain appropriate medical care. Staff were as noted in indicator (b) trained on the use of interpretive services. Training records and materials support the expectation has been made apparent to staff. CRJ PREA Policy 900.00 states, "The use of resident interpreters, resident readers, or other types of resident assistants will not be used, except in limited circumstances, where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties or the investigation of the resident's allegations. In these exceptions or limited circumstances, documentation of all such cases shall be documented." The facility also reports a limited number of bi-lingual staff who can aid in communication.

Compliance Determination

LightHouse Reentry Center was able to present information on its ability to support LEP and disabled residents to its efforts to prevent, detect, and respond to sexual misconduct. The facility can aid disabled or LEP residents in understanding PREA, how to report a concern, and how to access assistance if one has been a victim. The agency provided documentation, and the Auditor could see how LEP or disabled individuals could access information on the tour. CRJ's experience with individuals with intellectual and developmental disabilities provides an invaluable resource when individuals with these challenges are admitted. Residents' interview support staff are available if they are having difficulty in understanding. Staff interviews and training documentation further confirm the staff's ability to aid the residents in all aspects of the facility's effort to have a zero-tolerance, PREA-safe environment. The Facility did not have any individuals with significant physical disabilities, hearing/sight loss, or cognitive challenges. There were also no Limited English Proficient individuals; none were reportedly admitted in the past year. The facility addressed

	<p>the Auditor’s concerns about staff knowledge of interpretive services to use with residents and provided documentation of the refresher training. Compliance is based on policy, the documentation provided, Informative documents are available to residents, and information from both staff and residents.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Pre-Employment Questionnaire</p> <p>Prior Institutional Employer Inquiry form</p> <p>Employee handbook</p> <p>Human Resources Memo</p> <p>Random Staff Files.</p> <p>Employee Standard of Conduct</p> <p>Individuals interviewed/ observations made.</p> <p>Human Resources Director</p> <p>LightHouse Reentry Center Director</p> <p>Contract Oversight Manager</p> <p>Indicator Summary determination.</p> <p>Indicator (a). The Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 2 of the policy addresses the definition of sexual abuse consistent with the federal definitions. The policy addresses this indicator's requirements. “CRJ prohibits hiring or promoting anyone</p>

who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents, who:

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

(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.

CRJ considers 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 residents.”

In using language from the standard, the policy strictly prohibits the employment or contracting of the services of individuals who have been convicted of engaging or attempting to engage in or administratively be adjudicated for sexual assault. Upon hire to LightHouse Reentry Center, all employees have signed a form that directly asks if they have engaged in prohibited behaviors. The PREA Employment Questionnaire uses language consistent with the standard. This form is also required to be filled out each time an individual is promoted. LightHouse Reentry Center does not currently hire contractors who provide direct services to residents, nor do they have any volunteers. The facility has a contracted maintenance staff person. Human Resources Staff confirm that individuals with past histories described in indicator a) would not be eligible for employment. Any one-time contractor completing service repairs would reportedly be supervised by staff while on-site. Residents confirmed when work is being done in the facility, and they are prohibited from being on the same floor of the building as the contracted workers. The contracted individuals would also be informed about PREA and the residents’ right to be free from sexual abuse or sexual harassment. The Auditor received the same notice upon entry to the facility.

Indicator (b). As noted in indicator (a), LightHouse Reentry Center does not contract with individuals who provide direct services to residents. The Human Resources Department for CRJ will review all employees who are recommended for promotion. It will require the PREA Employee Questionnaire to be completed, followed by a complete Human Resources file review. The Human Resources Director confirmed that if the Talent Acquisition Specialist identified sexual harassment concerns in the staff file, the information would be referred to the Director of Human Resources and the Contract Oversight Manager before a promotional offer would be extended. The agency is small enough that both middle and upper managers could identify historical concerns before any promotional opportunity was finalized.

Indicator c). Community Resources for Justice policy 900.00 states, "CRJ requires that before any new employee, who may have contact with residents, is hired: (1) a criminal background record check is conducted, and (2) best efforts are made 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 Auditor was provided information supporting all current employees who have had an initial criminal background check. In addition to the policy, background checks are a funding source requirement. The agency also has in place a system to make inquiries of prior institutional employees. None of LightHouse Reentry Center's current employees have had prior institutional employment other than individuals who previously worked at other CRJ facilities.

The Human Resources Director and the facility Director committed to the agency's efforts to protect clients by seeking information about previous misconduct. The Agency utilizes a background service to check criminal and employment histories. The service has a PREA-specific release they require prospective employees to sign to allow a specific inquiry into past concerns of sexual misconduct. (Prison Rape Elimination Act Questionnaire for Prior Institutional Employers). The Auditor was able to review the content and process map for new employees. The Agency has an outside provider run all potential employees before they are offered a final position. The Auditor reviewed with the Human Resources head the information types explored as part of the background investigation before an offer is made.

Indicator (d). As noted in indicator (a), LightHouse Reentry Center does not contract with any individual to provide services to the client on-site. Residents seek medical and mental health services in the community. All visitors to the facility are monitored by staff when on site. The facility has one vendor who provides food delivery to the facility daily at the kitchen who has little to no contact with the clients.

Indicator (e). The Community Resources for Justice Policy 900.00 requires all employees and contractors to undergo a criminal background check every five years. LightHouse Reentry Center has only been open for less than five years, and no individual had previously worked for the CRJ organization in any capacity; the Auditor is confident the process was in place to complete the required background checks as the agency is required in their contract to complete a criminal background check on all new hires. The agency has completed the necessary checks on individuals in their other programs when the contract renewal has gone beyond the 5-year window.

Indicator (f). Indicator (a) notes that all LightHouse Reentry Center employees are

asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. The employee signs the form after they read the information, including the following: "CRJ shall impose upon employees a continuing affirmative duty to disclose any such misconduct". The Employee Standard of Conduct document also sets forth the requirement that the employee report any criminal activity engagement. Staff understood the expectation to report any behavior by themselves or other staff. The Standard of Conduct document covers

Indicator (g). The Community Resources for Justice PREA Employee Questionnaire also contains the following passage: "Any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination." The Human Resources Director confirmed they have not had to fire any individual at LightHouse Reentry Center for any such inaccuracies related to any sexual misconduct in the past year. The staff confirmed they understood individuals who lie about the information on the application or engage in sexual misconduct would be terminated.

Indicator (h). CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allows the agency to disclose any PREA-related concerns with proper releases of information to other institutions. The policy states, "CRJ provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." Interviews with the Human Resources Director confirm they make requests to outside employers when hiring; they report they do not frequently receive similar requests for prior employees.

Compliance Determination

The Community Resources for Justice complies with the hiring and promotion decisions PREA requires. The agency has policies (900.00 and HR hiring policy) in place to address the requirements of the standard, including the screening of individuals for sexual abuse or harassment histories. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. Interviews with the Human Resources Director was completed by phone. The interview supports the agency's commitment to ensure no individuals with histories of sexual misconduct would be hired. The Auditor received electronic copies of random staff files; the Auditor picked the days before the site visit. The Auditor requested in advance of the on-site visit the following information: dates of hire, original and 5-year background check (if they existed), dates the staff signed acknowledgment on a continuing obligation to report the behaviors listed in indicator (a), and if the individual had prior institutional employment. This process

	<p>allowed the Auditor to select a diverse sample of staff to be reviewed. During the Pre-audit phase, the Auditor requested documentation of the dates. HR elements were completed for all 15 individuals employed at LightHouse Reentry Center. The Auditor reviewed a sample of 9 of the 15 current staff files matching the hard documentation dated to the previously provided dates. The process allows the Auditor to confirm the hard documentation of selected files against the previously provided dates when he was on-site. Documentation from the personnel files for LightHouse Reentry Center supported this standard's requirements, including asking employees about past sexual misconduct, responsibilities of continuous disclosure, and consequences for omission or falsification of information. Supporting LightHouse Reentry Center's compliance were the policy that agreed with the standard's elements, the interview with CRJ Human Resource staff, and the agency PREA Coordinator. The Agency has policies, procedures, and practices in place to support ongoing compliance. The Auditor also considered compliance with the CRJ Employee Handbook, which informs individuals about prohibited behaviors and conduct that can lead to discipline or the termination of employment. Interviews with HR and agency and facility administration further support the needed communication and practices are maintained.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Memo Regarding 115.218</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Director of Reentry Services</p> <p>LightHouse Reentry Center Director</p> <p>Contract Oversight Manager</p>

	<p>Indicator Summary determination.</p> <p>Indicator (a). Community Resources for Justice has operated the reentry facility for about 4 years in Buffalo. The facility is a federal reentry program for the Bureau of Prisons. No changes or modifications have been reported since the last PREA audit. The facility had undergone a major renovation when CRJ took over the facility from a previous USBOP contractor.</p> <p>Indicator (b). The LightHouse Reentry Center, as noted in indicator a), has made no new upgrades in the past three years. The Director and PREA Coordinator have reported that they have requests for capital improvement funds to add two camera locations to the exterior.</p> <p>Compliance Determination</p> <p>The Auditor finds the standard to be met. The facility has limited blind spots in common areas. CJR has worked to provide the safest environment possible. Discussions with agency leadership confirmed there is a process in place when designing or modifying any of their facilities. The Agency reportedly also completes an analysis of all critical incidents to see if there is a need to adjust physical plant or monitoring technology. The agency has a history of analysis of incidents at its facilities to ensure safe physical plants. The auditor based compliance on interviews and observations consistent with the standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Misconduct</p> <p>National Protocol for Sexual Assault Medical Forensic Exams</p> <p>Documentation from Erie County Medical Center on SAFE/SANE services</p> <p>NY Department of Health State Website (SANE Training Links, Hospital Listings with SANEs)</p>

NY Attorney General

NY Office of Victims Services

PREA Signage (English/Spanish)

Websites of Crisis Services and Erie County Medical Center

MOU with Crisis Services

MOU with Buffalo Police Department

Investigator training records

Coordinated Response Plan

Individuals interviewed/ observations made.

Erie County Medical Center Representative

Discussion with Crisis Services staff

Coordinated response plan visible in the facility.

Program Director

Summary determination.

Indicator (a). The LightHouse Reentry Center program has had no allegations of sexual abuse that required an investigation by the local police or the need to send a client for a forensic exam. The Buffalo Police Department is responsible for criminal investigations at LightHouse Reentry Center. An administrative investigation would fall under CRJ's responsibilities. LightHouse Reentry Center staff would not be involved in evidence collection but are trained as part of first responder duties to seal off potential crime scenes and instruct potential victims and perpetrators to preserve evidence. The State of New York sets forth the state protocols for the collection of evidence in a rape kit. The Department of Public Health in New York provides training for SAFE/SANE nurses in the state. The website cites the US Department of Justice's National Protocol for Sexual Assault Medical Forensic Exams as part of its source materials. The Auditor communicated with the Hospital staff about the training and confirmed that the Erie County Medical Center has access to SAFE-trained staff. The state's Attorney General Office and the Department of Public Health (DPH) websites each have information on helping victims of sexual abuse. Interviews with staff support an understanding of the importance of protecting evidence. In addition to the state protocol, the Auditor was also provided with police policy on collecting and submitting DNA evidence. CRJ provided Documentation

supporting the Buffalo police would complete sexual assault investigations at the facility. The agency also provided information on staff trained to complete administrative investigations into sexual assault. As a Federal Bureau of Prisons-funded program, investigations can also be completed the FBOP who also has the authority in the contract to remove staff access approvals during an investigation.

Indicator (b). LightHouse Reentry Center would not house any youthful adult inmates. The state of New York's Department of Health trains SANE nursing staff using the practices promulgated by state-developed protocol. The state cites the use of the DOJ National Protocol for sexual abuse patient care. The Auditor reviewed website documents, including the requirements for SAFE designated Hospitals and SANE nurses. The Auditor confirmed the use of the protocol with hospital representatives. The Erie County Medical Center is one of two hospitals in the city that are reportedly SAFE-approved hospitals in New York.

Indicator (c). LightHouse Reentry Center has documented in its Coordinated Response Plan that resident victims are sent to Erie County Medical Center. The hospital confirmed that the staff nurses are trained as SANES. The greater Buffalo area has two hospitals with SANE-trained nurses. Through interviews and website searches, the Auditor confirmed that victims of sexual assault are provided service free of charge. The cost is covered by the New York Office of Victims Services, which has a fund to pay for forensic exams. Community Resources for Justice sets forth Policy 900.00, Page 15, sets forth the requirements of using a hospital with SAFE/SANE forensic examiners. "In the event of an allegation of sexual abuse within the last 96 hours, including but not limited to those involving penetration, staff will have the resident transported to a local hospital, with the victim's permission, equipped to evaluate and treat sexual abuse/rape victims, where he/she may receive a forensic medical exam by medical personnel not employed by the Program." "Where possible, examinations performed at the community medical facility are performed by Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) nurses."

CRJ PREA Policy confirms that resident victims are provided services free of charge no matter if they agree to cooperate with an investigation or not. "The medical personnel will use an evidence collection kit for the collection of forensic evidence with the resident's consent and without financial cost when evidentiary or medically appropriate." It goes on to state, "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." The Auditor was provided with information confirming the relationship between the program and the Erie County Medical Center. The state website provides information on the regional SAFE-certified hospital throughout the state. The state websites reviewed by the Auditor support the fact that multiple medical facilities in the region have SAFE services. The information supports that there is an on-call process to ensure that

trained individuals perform the exam in most cases. The Auditor also reviewed state websites for information on who pays for the forensic exam which is covered under the law, and the auditor found in state documents. SANE services provided at Erie County Medical Center are no different for the LightHouse Reentry Center residents than they would be for any other individual living and working in the community.

Indicator (d) CRJ has entered into a working relationship with Erie County's Crisis Services. Crisis Services is a regional provider of rape crisis services to victims of sexual abuse. A letter outlines the Crisis Services' willingness to work with the LightHouse Reentry Center. The Community Resources for Justice's Policy 900.00 Staff and Resident Sexual Misconduct sets forth the agency's responsibility to provide residents with access to a rape crisis agency. There are no current residents accessing services at the Crisis Services. The Crisis Services can not only provide crisis services and supportive counseling; it also can provide clinical services to individuals struggling with their victimization history. The representative stated that the area hospitals and police allow accompaniment services for victims of Crisis Services. The agency is willing to come to LightHouse Reentry Center to support clients and provide staff training.

Indicator (e). A representative of the Crisis Services confirmed they provide support for victims of sexual abuse, including support during forensic exams, investigative interviews, and ongoing support services. The agency confirmed they would aid a resident at LightHouse Reentry Center in finding a support network if they move to another area at the time of release. Hospital Staff confirmed its protocol to offer Crisis Services to victims of sexual assault. The LightHouse Reentry Center's Coordinated Response plan requires the Residential Supervisor or Case Manager on duty to notify the Crisis Services to request they come to meet with a victim or to meet the victim at Erie County Medical Center if the client agrees to go for an exam. Crisis Services staff would be allowed professional visit status at LightHouse Reentry Center, or the residents can go to the Crisis Services Offices. The staff and residents confirmed that confidential space would be provided at the program for Crisis Services or other professionals who meet privately with residents.

Indicator (f). The Auditor was presented with documentation from the Program Director on the efforts to build a relationship with the Buffalo Police. The Buffalo Police have the responsibility to investigate sexual assault cases at LightHouse Reentry Center. The LightHouse Reentry Center Director confirmed she would be the point of contact if an investigation occurred. The Director was aware of the need to obtain sufficient information to aid any administrative investigation and ensure proper notifications are consistent with PREA standards (115.273). The LightHouse Reentry Center Director confirmed the agency has developed a good working relationship with the Buffalo Police Department.

	<p>Indicator (g). The Auditor is not required to audit this provision</p> <p>Indicator (h). The agency will make a victim advocate available through Crisis Services, so the indicator is NA. During the Post Audit period, CRJ was able to secure documentation supporting the relationship between the agency and the rape crisis service provider. Erie County Medical Center Representatives also confirmed that rape crisis services are offered to all individuals undergoing a forensic exam, no matter where the victim is from.</p> <p>Compliance Determination:</p> <p>Absent any investigations of sexual assault requiring a forensic exam, the Auditor made a compliance determination based on information provided by the facility and through research into the community-based resources available. The Auditor finds LightHouse Reentry Center in compliance with this standard's expectations. Since the program is in Buffalo, the required elements are all found in the community, including SANE services at local Hospitals, a metropolitan police force, and a Rape Crisis Agency. In addition to the interviews, the Auditor found a great deal of information on the state websites, which was consistent with the information I received verbally and in the documents provided by LightHouse Reentry Center management and the community contacts referenced above. In determining compliance, the Auditor also considered the random staff knowledge of preserving evidence, the policy, and the available resources in the community.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Misconduct</p> <p>NY State Website on SANE Services</p> <p>Individuals interviewed/ observations made.</p>

Contract Oversight Manager

Program Director

Agency PREA Coordinator.

Indicator Summary determination.

Indicator (a). LightHouse Reentry Center has policies in place to ensure that all reported incidents of sexual abuse or sexual harassment are investigated. Policy 900.00 states, "Program staff must report all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, to the local authorities and all contracting agencies for further investigation." Interview with staff confirmed they must report all allegations of sexual assault or sexual harassment, no matter the source or if they think the allegation is true or not, to the LightHouse Reentry Center Director. The staff also were able to describe the process of protecting evidence and documenting the incident. Agency response plans also ensure all allegations are investigated. An interview with the contract oversight manager and the facility director confirmed the expectation. The Director reports the agency will involve the PREA Coordinator and other leading individuals in the organization to ensure a thorough review occurs promptly. There were no allegations in the past year at LightHouse House Reentry Center.

Indicator (b). As noted in indicator (a), the LightHouse Reentry Center and Community Resources for Justice policy require all criminal investigations to be referred to the local police. The policy requires funding sources that are part of federal or state penal systems to be notified. CRJ would ensure that non-criminal acts would be investigated internally. The agency has provided the training records of multiple individuals who would complete administrative investigations in the Special Investigative training standard. The CRJ policy is available on the Agency website. The Agency PREA Coordinator receives information on all allegations, and both he and the LightHouse Reentry Center Director document the referrals to any outside investigative body. The LightHouse Reentry Center Director or the Contract Oversight Manager would ensure that the funding source is also immediately aware. Discussions with the referring authority support the agency informs them of critical incidents in a timely fashion.

Indicator (c). CRJ's PREA Policy 900.00 requires a referral of criminal acts to the local authorities who have the authority to investigate crimes at LightHouse Reentry Center." Sexual abuse allegations are referred for investigation to local law enforcement to document criminal investigations unless the allegation does not involve potentially criminal behavior. All such referrals are documented." The letter

of agreement from the Buffalo Police Department ensures that any PREA-related crime at LightHouse Reentry Center will be referred to the criminal investigative unit that investigates sex crimes in the city. The Director of LightHouse Reentry Center, who is one of the agency's trained investigators, confirmed the facility would ensure the police investigative officer is aware of the federal requirements on victim notification in PREA. She also reports there would be an expectation to set up regular calls to review the progress of the case. The LightHouse Reentry Center Director also confirmed that if an administrative investigation found information that may support a criminal finding, the police would immediately be notified.

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

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

Compliance Determination

The Auditor finds that the facility has in place trained staff who know all allegations must be referred for investigation and how to protect evidence. The Facility Director and several CRJ senior leadership staff are trained to complete administrative investigations. The new Assistant Director will also be trained to complete these investigations. The Agency also has provided evidence to support that the Buffalo Police Department is ready and willing to provide criminal investigative services. Finally, in standard 115.221, the agency provided evidence of access to trained forensic examiners at the Erie County Medical Center or other area hospitals. Interviews, documents provided, and the information stated here support a finding of compliance with this standard.

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Misconduct</p> <p>Training Records</p>

Employee signature for training

CRJ PREA Courses

LGBTQI training materials

Attendance Rosters 2023-24

Individuals interviewed/ observations made.

PREA Coordinator

LightHouse Reentry Center Director

Random Staff

Indicator Summary determination.

Indicator (a). The staff of LightHouse Reentry Center are trained using the same curriculum that other CRJ facilities use. The Agency will utilize the NIC PREA Course and the Agency's PREA Course provided on Zoom by the Agency's PREA Coordinator. A review of the PowerPoint presentation and the accompanying exercises shows the 10 topics required were addressed. The topics included 1) a zero-tolerance policy for sexual abuse and sexual harassment 2) the duty to protect, detect and respond to incidents of Sexual Assault or Sexual Harassment 3) the residents' right to be free from abuse 4) both the staff and resident right to make a report without fear of reprisal 5) the dynamics of Sexual Abuse in institutions 6) signs and symptoms of a victim of sexual abuse 7) how to act in response to a disclosure of Sexual Assault 8) How to avoid inappropriate situations with residents 9) How to effectively communicate with LGBTI and gender non-conforming residents and 10) what are mandated reporting requirements. The auditor spoke with all staff working in the facility during the two-day audit, and the staff interviewed were able to give examples of the various elements of the training. In addition to being able to recount the content of the training, the staff confirmed the frequency of the PREA training. They reported that additional related training is made available online or provided in a classroom setting, including a separate class on professional boundaries, searches, and working with LGBTI populations. The Auditor was also provided Policy 900.00 (page 5), which specifically requires the training to cover the elements described in this indicator. The Agency PREA Coordinator provides the training virtually to staff in online group sessions. Facility Directors will complete the initial PREA education if the full training course can not occur before the employee completes their onboarding period.

Indicator (b). The PREA training for staff at CRJ addresses how both male and female victims may react and why each gender may engage in sexual misconduct. The

majority of the CRJ facilities, including LightHouse House, service both male and female residents. The LightHouse Reentry Center Director confirms that if staff came from a single-gender facility, the employee would be reoriented to working in the co-correctional LightHouse Reentry Center. None of the current staff have transferred from CRJ's other programs. Policy 900.00 (page 5) sets forth the training requirement to address the gender-specific issues for the population the employee works with. The further policy states additional training will be provided when a staff person is reassigned to a different gender environment than they had previously worked. In addition to formalized PREA training, staff have access to other related coursework. In the review of staff records, there were cultural competency courses, a Boundaries and Diversity course, and a Code of Ethics training. Most employees at LightHouse were new within the past three years.

Indicator (c). LightHouse Reentry Center employees are all trained in the ten items required in indicator (a) upon hire and at a minimum of every other year. CRJ staff participates in other PREA-related topics at least once per year. CRJ also provided annual training on searches, ethics, boundaries, and working with diverse populations, as noted in indicator (b). Staff interviewed supported that PREA training and related topics occur at least annually with related topics covered during monthly staffing meetings. Training records were provided to the Auditor to support the ongoing training in addition to the file reviews. The Auditor reviewed training records provided by Human Resources in 12 individual files and reviewed the training sign-in logs for consistency of information. CRJ provides training classes that include individuals from across their 9 facilities. In doing this, CRJ can improve the class size and discussions while ensuring a consistent message of agency expectations.

Indicator (d). Employees complete onsite training in which the training form states, "By signing this training roster, we hereby acknowledge that we understood the material presented." Additional training courses, such as those provided through the National Institution of Corrections, have a score showing the individual's rate of comprehension of the materials presented. The Agency PREA training completed remotely also included a test to ensure the material was understood. Program Directors are notified when individuals do not attend their annual training, and the individual will be rescheduled. The Auditor reviewed rosters that supported the verbal information provided in the random staff interviews. There were some individuals who had not completed the agency training but the auditor was provided information from NIC courses completed.

Compliance Determination

The Auditor finds the LightHouse Reentry Center complies with this standard's requirements. Compliance is based on the materials presented relating to the training consistent with indicator (a). The agency provided documentation of all

	<p>employees' original PREA training and ongoing training in training rosters, NIC certificates, and Human Resource records. Training dates were provided for all employees who were hired at LightHouse Reentry Center in the last two years. The training records for staff, including those hired in the last year, were provided. The Auditor picked a random set of names to review the training documentation, including new hires. In addition to formal PREA training, the facility provided other related training to reinforce PREA training information. The auditor also considered random staff interviews to determine compliance. Staff spoken with were able to relate the information they learned as part of the agency training, including examples of all ten elements covered in indicator (a). The staff reported to the Auditor that the training was effective; this was evident by the knowledge staff being able to relay information to the Auditor.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Training PowerPoint</p> <p>Contractor/ Visitor log showing PREA information provided.</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>Sign-in logs at the front desk</p> <p>Summary determination.</p> <p>Indicator (a). LightHouse Reentry Center does not contract for an individual to provide direct services to their residents, and they do not currently have any volunteers. CRJ PREA Policy 900.00 addresses whether the agency hires contractors or volunteers. The policy sets forth that all individuals who have contact with residents have some level of education on the agency's Zero tolerance expectation and the efforts to prevent, detect, and respond to sexual assault and sexual harassment claims.</p>

The facility Director confirms that if the facility has volunteers with routine resident contact, they must meet with her for PREA education. Visitors who are one-time or not routine are provided the PREA brochure, which tells them about PREA and ways to report concerns. The Auditor was provided with this same material upon entry to the facility. I requested the brochure in Spanish; the staff could also provide that copy. There is a process for documentation of a one-time visitor's receipt of PREA brochures on the sign-in log. The facility has no outside contractors who work with the residents or routinely come to the site. Residents report that if a repair occurs, all residents are prohibited from being on the floor where the contractor works. The facility showed documentation of the contractor's education on PREA.

Indicator (b). The Community Resources For Justice's Policy 900.00 states, "All volunteers and contractors shall have at least been notified of the agency's zero-tolerance stance regarding sexual abuse and sexual harassment and informed how to report such incidents." The Director reports and material presented confirmed that one-time visitors like the Auditor are given a PREA Brochure upon entry as part of the signing-in process. Individuals providing more frequent visits who have contact with residents get a more formal discussion about PREA with an administrator. If they have interns or contractors working with the residents, they receive the full PREA training course like any new employee. The trifold provided the reader with quite a bit of information on the resident's rights to be free from sexual harassment, red flags to be looking for, how to maintain professional boundaries, and how to report a concern.

Indicator (c). All visitors are required to be registered at the front desk. They are provided with information about PREA in the form of a trifold document on the subject. The facility administration educates volunteers and contractors who provide services on PREA. Policy 900.00 states, "The program shall maintain documentation confirming that volunteers and contractors understand the training they have received." There were contractors or volunteers this year who provided direct client services. The auditor signed the form as a contractor entering the facility. The staff were able to describe to the Auditor what PREA is and provide sufficient information to ensure I understood the zero-tolerance policy of the facility toward sexual abuse.

Compliance Determination

In policy 900.00, Community Resource for Justice addresses the standard language expectations even though LightHouse Reentry Center has no contractors or volunteers. The Auditor was also able to see firsthand the process visitors are informed on residents' rights to sexual safety. Absent any contracted staff or volunteer, the information provided to the Auditor, staff knowledge of the normal practice, The Director's description of expected practices, and the interviews all

	support a determination of compliance.
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Client files</p> <p>Resident Handbook (English, Spanish, Print)</p> <p>Posters</p> <p>Individuals interviewed/ observations made.</p> <p>Posters in the Facility</p> <p>Random Resident</p> <p>Targeted Residents</p> <p>Intake and Release Coordinator</p> <p>Summary determination.</p> <p>Indicator (a). Agency policy and LightHouse Reentry Center practice support all residents are provided with PREA Education upon admission. They are educated on the client handbook, including PREA information, the facility’s Zero Tolerance for sexual misconduct, and a PREA Brochure. The Intake and Release Coordinator has the residents sign for the education they receive. The forms can be provided in multiple languages. The Auditor was provided a Resident handbook, PREA brochure, and the PREA education acknowledgment form in English and Spanish, the two most common languages spoken. Resident interviews support they know several ways they could report PREA concerns, that they would be protected from retaliation, and that being free from abuse is their right. Policy 900.00 provides specific information on the content of resident education. Residents' support they are provided information about PREA in the first hours in the facility. “Within three days after the</p>

initial intake, the facility case management staff provides a full orientation to the program, including a second review of the PREA information. The Policy states, "As part of orientation for residents during intake, staff will communicate PREA information verbally and in writing, in a manner that is clearly understood by residents. Information will include but is not limited to:

- Presentation of this policy
- Resident Grievance process
- CRJ's zero-tolerance stance
- Self-protection methods (see Section C., 8., Prevention)
- Prevention and intervention
- Treatment and counseling
- Reporting incidents
- Protection against retaliation
- Consequences of false allegations

b. Staff shall make every resident aware of PREA and the program's zero-tolerance stance prohibiting sexual contact, sexual abuse between residents or between residents and staff while at the program.

c. Staff shall communicate to residents the definitions of sexual abuse and sexual harassment violations, and information on the various reporting mechanisms for residents who believe they are a victim of or witness to this behavior.

(1) Residents will be informed about the multiple ways to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting such behavior and staff neglect or violation of responsibilities that may have contributed to such incidents.

d. Staff shall distribute to each resident a Resident Handbook, which includes the above information in language easily understood by residents. Staff shall also orient the residents to the section of the Handbook which discusses disciplinary sanctions for residents who intentionally make false allegations."

Random residents confirmed they received information from the Intake Release Coordinator on the first day at the facility. They reported that the case worker would provide a further overview of their first session. The Intake and Release Coordinator described the intake process for the Auditor, including what information was provided about PREA and the steps taken to ensure that the residents with language or other comprehension barriers are provided materials to ensure the residents comprehend. The facility has a contract with an interpretive service, documents in Spanish, a TTY machine for hearing impairment, and large print documents available to individuals with visual impairments. Residents whom the Auditor

interviewed confirmed they knew about PREA before they got to LightHouse Reentry Center. All Intakes come from Federal Correctional Centers or Federal Probation Offices. Most residents report they have been educated about PREA in previous correctional stays. The residents could describe the information they were provided at intake, consistent with the description provided by the intake staff. The Intake and Release Coordinator showed how the PREA Intake Orientation form is used to document information to the resident and how the information provided by the resident informs screening and possible referrals to community support for those with victim histories. There were no admissions during the days on-site for the auditor to observe the resident education process. The Auditor observed that the postings in the facility were easily understood and posted in English and Spanish. The Auditor confirmed understanding of the information provided in formal and informal interactions with residents. The Auditor did not have to use the interpretive services but was able to call the agency listed in standard 115.216, and staff were aware of the service. The staff reportedly would have to call the 800 number and provide the agency identification to access services. There were 96 admissions in the past year, all of whom were reportedly educated on their rights about PREA and the zero-tolerance culture expectations.

Indicator (b). The LightHouse Reentry Center facility does not routinely receive or transfer residents to or from other CRJ facilities. According to the Intake and Release Coordinator, LightHouse Reentry Center's education occurs no matter where the individual is coming from, be it the community, a correctional center, or another CRJ program. The Intake release person confirmed there is no difference in the educational process no matter where the individual is admitted from. As noted in indicator a), most residents have prior correctional experience and are quite familiar with their rights under federal law. Resident interviews support comprehension of the information provided.

Indicator (c). The Auditor received PREA materials in 2 languages. The facility has translation services to aid those with limited English proficiency and a TTY for those with a hearing disability. Individuals with visual impairments can get larger print materials. A resident confirmed there are enough staff available that someone can help him if you have trouble reading. Policy 900.00 requires that "These residents (LEP and Disabled) are provided equal opportunities to participate in or benefit from all aspects of CRJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." The Intake and Release Coordinator discussed with the Auditor steps taken to ensure individuals with disabilities or language barriers comprehend the information provided. She described how she asks individuals about their comprehension of the materials. There have been no instances where she needed to use the translation services to complete an intake with the resident. The Auditor also asked bilingual residents if they were asked which language they would prefer the materials in. The Auditor was told they have the capacity for large print materials. The residents have case workers assigned to support them if there are

reading comprehension issues. Case Workers at CRJ Programs are required to bring up PREA and ask questions about safety, sexuality, and victim history every two weeks. The Auditor reviewed information on-site in Secure Manage and uploaded records of current and former residents.

Indicator (d). Each resident's PREA Intake Orientation Sheet is signed and dated by the resident in paper format, which is then placed in their file. The Auditor reviewed a sample of current resident forms. Resident interviews randomly confirmed that the orientation process occurs in most cases within the first 24 hours of admission. LightHouse Reentry Center admissions are scheduled, so it would be unlikely that they could not complete all intake paperwork in the first hours in the facility. The Intake and Release Coordinator uses the PREA Intake Orientation Sheet to review and document the information he provides to the residents as well as documenting the information received from residents.

Indicator (e). The Auditor confirmed that residents had handbooks, brochures, and postings (English and Spanish) about PREA and how to report a concern on each level of the facility. The resident interviews support the idea that they were aware of the information, even if they said they were not worried about PREA. Residents also supported that there are staff who were both approachable and willing to help residents who might not understand the information provided in written formats. The Auditor also confirmed with Hispanic or biracial residents if the intake staff asked if they preferred the information in Spanish.

Compliance Determination

The Auditor has determined that the LightHouse Reentry Center meets the standard expectations in policy, practice, and documentation. The random resident interviews supported all residents of LightHouse Reentry Center are provided education related to PREA. Resident interviews supported they know the zero-tolerance expectation toward sexual abuse or sexual harassment. The random residents confirmed that intake staff also educated them on how to report a concern and community-based services for those with victimization histories. Residents confirmed they did receive the information on a timely basis upon arrival. Two policies, Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pages 6-7) and Policy 1.1.6 Intake Process (pages 1-2), address the requirements of education of residents on PREA. Materials are available in more than one language, and the staff were aware of the translation services available. Residents support understanding their rights under PREA and knowing where to turn for information if needed. The residents confirmed the information provided was done in a manner consistent with the description provided by the Intake and Release Coordinator. The Auditor also considered the documents found in client files consistent with policies supporting PREA education in determining compliance.

115.234	Specialized training: Investigations
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1072 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 412 1008 448">LightHouse Reentry Center Pre-Audit Questionnaire</p> <p data-bbox="280 483 1471 519">Reviewed the NIC training on Investigating Sexual Assaults in a Correctional setting.</p> <p data-bbox="280 555 1091 591">Certificates of CRJ staff who have completed the training.</p> <p data-bbox="280 770 906 806">Individuals interviewed/ observations made.</p> <p data-bbox="280 842 1315 878">Staff trained in investigating sexual assault or sexual harassment claims.</p> <p data-bbox="280 985 635 1021">Summary determination.</p> <p data-bbox="280 1057 1477 1469">Indicator (a). LightHouse Reentry Center and CRJ would not be responsible for completing criminal investigations. The Buffalo Police Department would have the primary responsibility for completing criminal investigations at LightHouse Reentry Center. The program's funding source and the residents' referring authority are informed of PREA-related investigations. The agency has trained multiple staff in completing an administrative investigation in a reentry facility. The agency has used the NIC training to investigate sexual assault in a confinement setting. All investigations go through a multi-level review within the agency to ensure thorough investigations are completed. All investigative reports are also provided to the funding source.</p> <p data-bbox="280 1576 1484 2078">Indicator (b). The NIC training provides the individual with the required content of the standard indicator. The information includes interviewing techniques with victims of sexual abuse, how to provide a Garrity or Miranda warning, the importance of sexual abuse evidence collection in a confinement setting, and the factors used in substantiating a finding in an administrative or criminal case. The Auditor reviewed the NIC course to ensure the course content met the standard's obligations. Garrity does not apply as a private agency; the agency staff would only be responsible for conducting an administrative investigation. The investigative staff interviewed were aware that if an administrative investigation unveiled a potentially criminal act, the event would immediately be referred to the police. The investigative staff was aware of the importance of working communication with the local police to ensure the administrative investigation did not impede the criminal</p>

investigation.

Indicator (c). The Community Resources for Justice has provided the Auditor with certificates supporting investigator training. The agency has multiple staff members who would be able to complete investigations at LightHouse Reentry Center. The individuals have completed the training, and the Auditor reviewed the certificates (Investigating Sexual Assault in a Confinement Setting) of the individuals most likely involved in a PREA investigation at LightHouse Reentry Center. The Auditor's interview with the director, who is one of the trained investigators, supports that she understands the key aspects of the training related to indicator b). The Director and Assistant Director positions are usually trained, but the Assistant Director is new. The investigators from CRJ would only be responsible for completing an administrative investigation of staff misconduct or investigations of client-on-client incidents that are clearly not criminal in nature. The funding source also reports they would be informed of any sexual abuse allegations and would get a copy of the investigation from both a criminal and administrative.

Compliance Determination

The Auditor finds LightHouse Reentry Center compliant with the standard requirements. In determining compliance, the Auditor took into consideration the materials provided in the NIC course. The Auditor also used the certificates provided as proof of training. The Auditor considered the interviews with the Contract Oversight Manager and the agency's PREA Coordinator, all of whom received the NIC training. Absent any criminal investigations, the Auditor relied on agency policy and the NIC training materials. The Director was able to describe in 115.271 the application of the materials provided in the training. , the administrative, investigative file and the staff interviewed knowledge of the agency investigator in determining compliance. The investigator understood the importance of preserving evidence, how to communicate with victims of recent trauma, how communication with the Buffalo Police Department would be maintained, and how to determine a finding. Absent an investigation in the past year, the Auditor relied on policy, training documents, and interviews with the Facility Director, who has completed the appropriate training to determine compliance. Interviews with the PREA Coordinator and other trained CRJ staff further support compliance.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

LightHouse Reentry Center Pre-Audit Questionnaire

New York SANE services webpage

Websites of community medical and mental health services

MOU with Erie County's Crisis Services

Website of the local rape crisis agency Crisis Services

Individuals interviewed/ observations made.

None

Indicator Summary determination.

Indicator (a). The indicator does not apply. LightHouse Reentry Center does not employ any medical staff or Mental health staff. As a community confinement center, the residents can seek services in the greater Buffalo area. The residents' support staff can assist them in finding resources. The Auditor was able to identify numerous resources within 1 to 2 miles of the facility. Residents with a victimization history can also seek services through the local rape crisis agency, the Crisis Services.

Indicator (b). The indicator does not apply. LightHouse Reentry Center does not employ any medical staff or Mental health staff. As a community confinement center, the residents can seek services in the greater Buffalo area. The residents' support staff can assist them in finding resources. The Auditor was able to identify numerous resources within 1 to 2 miles of the facility. Residents with a victimization history can also seek services through the local rape crisis agency, the Crisis Services.

Indicator (c). The indicator does not apply. LightHouse Reentry Center does not employ any medical staff or Mental health staff. As a community confinement center, the residents can seek services in the greater Buffalo area. The residents' support staff can assist them in finding resources. The Auditor was able to identify numerous resources within 1 to 2 miles of the facility. Residents with a victimization history can also seek services through the local rape crisis agency, the Crisis Services.

Indicator (d). The indicator does not apply. LightHouse Reentry Center does not

	<p>employ any medical staff or Mental health staff.</p> <p>Compliance Determination</p> <p>The Auditor confirmed with the facility Director that residents can access the required services in the area. Mental health services and medical services are provided in the community if the resident chooses. The Auditor confirmed that residents in the program access several community medical and mental health clinics. Some of these services are available through Federal Probation or the Federal Bureau of Prisons.</p> <p>Hospital staff confirmed the capacity of client victims to receive follow-up services at the hospital and referrals to a specialist when needed. The Erie County Medical Center has SANE/SAFE trained hospital staff who can provide SAFE/SANE services to sexual abuse victims. Compliance is based on the services available to residents in the community.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Policy 1.1.6 Intake Process</p> <p>LightHouse Reentry Center case files in Secure Manage</p> <p>LightHouse Reentry Center case notes</p> <p>PRC Screening explanation</p> <p>Memo on the use of screening information</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>PREA Manager</p>

Intake and Release Coordinator

Random file review completed onsite.

Indicator Summary determination.

Indicator (a). All residents admitted to LightHouse Reentry Center are direct community or federal correctional center admissions. Transfer within the CRJ system would be rare and require the approval of the funding source, the Federal Bureau of Prisons. Policy 900.00 requires all admissions to be screened upon admission. " All residents arriving at the Program shall be assessed during an intake screening (and upon transfer to another facility) for their risk of being sexually abused by other residents or sexually abusive toward other residents, using the PREA Possible Victim/Predator Screening and Scoring Checklist. The Intake Release Coordinator and Case Managers are trained by the Program Director and/or designee on how to administer the Screening Assessment. Training includes a review of the assessment tool, a video from the PREA Resource Center, and shadowing trained staff for two weeks before they complete their first assessment. Intake screening shall ordinarily take place within 72 hours of arrival at the Program." The Auditor reviewed the files of 19 clients admitted in the past year, with 10 admitted in the first Quarter of this year. All files reviewed confirmed that the clients were screened at admission on their risk of victimization or perpetrating behaviors. The Auditor was able to see files in the agency's electronic case management system.

Indicator (b). Consistent with the standard, the Agency policy requires the assessment to occur in the first 72 hours. "Intake screening shall ordinarily take place within 72 hours of arrival at the Program. Such assessment shall be conducted using an objective screening instrument." The Auditor reviewed admissions over the previous year. The Auditor asked for open and closed files. Residents interviewed confirmed they met with the intake coordinator, who asked questions about PREA that were consistent with the required element. Residents clearly understand PREA and related prior education provided during their stay in other correctional centers. A review of the current files showed that the population was completed on time. The Community Resources for Justice has a Standards and Quality Assurance Department that monitors compliance indicators, including screenings' timeliness. The PREA Coordinator who oversees this department shared internal audit reports that showed how deficiencies in screening timeliness were addressed between the fall and the winter reviews. He reports that he instituted action plans to improve the facility's metrics.

Interviews with residents confirm they are asked questions consistent with screenings. The Auditor met with the Intake and Release Coordinator, who completes all screenings. Absent a new intake, the auditor had this staff person

walk him through the intake process and the documentation used in determining how the PREA screening tool is completed. The Auditor asked for the sources used (interviews, historical documents, observations) and how he screens for language and literacy issues. The PREA Intake Orientation checklist provides an outline of information and discussions used to open the client to conversations, including their perception of safety and past abuse.

Indicator (c). The PREA screening tool used in all CRJ facilities is broken into two sections, one looking at victimization potential and the other looking at predatory behaviors. All residents are scored with the designation as either a known victim, a potential victim, or a non-victim. Similarly, all residents are given a designation as a known predator, a potential predator, or a non-predator. The Auditor reviewed with the Intake and Release Coordinator the process by which the tool is completed. During the screening process, residents are asked a series of questions that cover the standard's requirements. Depending on the resident's answers, direct observation, and information obtained through the file, the screener scores either yes or no for each category. Utilizing the number of yes answers in each section determines the resident's level of risk of being a victim or perpetrator of sexual violence. Information from the scoring is then used to determine the most appropriate housing given the current population makeup, offer referrals for treatment, and when approved for work, the case management team will consider how scoring might impact vocational opportunities. The Auditor confirmed with the PREA Coordinator that he provides training to new case managers and Intake and Release Coordinators on how to use the tool. The individuals are also expected to shadow a senior staff member while learning the process. The PREA Coordinator also reports he will do additional spot reviews to ensure the individual understands the process and how to document and score the responses.

Indicator (d). The Intake and Release Coordinator confirmed, consistent with policy 900.00 and the CRJ screening tool, that elements of indicator d) are all considered in determining a score. The following elements are included: if the resident has been a prior victim of rape or sexual assault in an institution, if they are significantly younger or older than the current population, if the physical stature of the individual is smaller than the average population, if the individual has any developmental or mental health issues, if the resident is (or is perceived to be) LGBT or gender non-conforming, has a prior history of sexual abuse, has a prior history of engaging in sexual acts in prison, has a history of protective custody and finally if the resident perceives that he or she would be at risk in the institution. Interviews with residents confirm they are asked similar questions to the ones described by the Intake and Release Coordinator.

Indicator (e). The PREA Screening tool also looks for predatory factors, including a history of predatory sexual behaviors in prison, a history of physical or sexual abuse

toward adults or children, a current gang affiliation, a history of consensual sex in institutions, and a history of violent criminal behavior. As a Community Confinement facility, it would be unlikely that an individual with a current or recent history of sexual violence is allowed in the program. Individuals with past histories are allowed as long as deemed appropriate by the referring agency. The screening will ensure they are not housed with any individual with a victim history. The program has multiple floors for the male residents. Individuals who might be at greater risk can be separated by floors in the house if they have conflicting PREA risk screenings. Individuals with positive scores for sexually aggressive behaviors and who also score as potential victims will be reviewed on a case-by-case basis.

Indicator (f). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) set forth the requirements that all residents be reassessed within 30 days.

“Within a set period, not to exceed 30 days from the resident’s arrival at the Program, staff will reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the Program since the intake screening.

- A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.
- Using the PREA Possible Victim/Predator Screening and Scoring Checklist, the Program Director, or designee, will conduct the 30-day reassessment of the resident’s risk level of victimization or abusiveness.”

At LightHouse Reentry Center, the reassessments are completed with information obtained by the case management staff. Weekly case review team meetings allow for additional information to be communicated about the client’s progress in the environment. Case management staff routinely ask residents about their perception of safety, which is documented in the Secure Manage case file. The files reviewed supported compliance with screening and reassessments.

Indicator (g). As noted in indicator f), the facility case management teams are expected to reassess an individual PREA score when new or clarifying information or observation impacts the accuracy of the scoring results. The PREA Coordinator, facility administrators, and the Intake and Release Coordinator are aware that reassessments should occur whenever appropriate information is obtained that might impact a resident’s scoring. Reasons for additional screenings can be new information that has been obtained supporting aggressive or victimization histories, behavioral observations, or actual incidents related to sexual abuse or sexual harassment in the facility. Though there have not been any situations where additional information or client behaviors have required any additional reassessments, the screening staff and case management staff spoke with were aware of when to perform reassessments. PREA Policy 900.00 addresses this

indicator when it says, "A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness." Interviews with the case management staff confirmed that new information or behaviors in the facility that would impact the scoring would be grounds for a reassessment. These individuals address PREA on a bi-weekly basis with the residents.

Indicator (h). The Auditor confirmed with an Intake and Release Coordinator that at no time would residents be disciplined for failing to answer questions related to their physical or mental disabilities, their victimization history, their sexuality, or being perceived as LGBTI. Policy 900.00 also states (on page 8) "Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to:

- (1) Whether the resident has a mental, physical, or developmental disability
- (2) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
- (3) Whether the resident has previously experienced sexual victimization
- (4) The resident's own perception of vulnerability

In addition to the Intake and Release Coordinator, the program's case management staff also confirmed there is no consequence for the resident not answering the above-named questions. As noted previously, the case managers routinely ask residents these related questions.

Indicator (i). Through interviews with the PREA Coordinator and the Intake and Release Coordinator, the Auditor confirmed that PREA-sensitive information used in the scoring process is kept confidential. Secure Manage has levels of security preventing unauthorized information sharing. The Intake and Release Coordinator, Case Managers, and Program Director are the individuals with access to a client's scoring reasoning. Residential Counselors would not have access to anything more than the resident's scoring classification to ensure known or potential victims are kept from known or potential aggressors.

Compliance Determination

The screening instrument used at LightHouse Reentry Center provided an objective scoring process, and the individuals charged with administering it were consistent with the policy on the description of scoring and security of information. The Auditor reviewed case files to confirm the screenings' timeliness and confirmed the timeliness of assessments. The Auditor reviewed a random sample of admissions.

	<p>Compliance is based on the information provided in advance, the files reviewed on-site, and the policy language supporting the standard expectations. The Auditor also considered an interview with residents who confirmed elements of the screening are asked at intake and every two weeks. The Auditor also relied on the interview with the intake and release coordinator, which showed how interviews and reviews of historical documents allow for informed and objective screening to occur. Finally, the Auditor considered the PREA Coordinator's interview. He completes Quality Assurance audits of staff files to ensure compliance. When a problem with a compliance indicator is identified, the PREA Coordinator will notify the Director, address the concern, and complete follow-up monitoring until compliance is met.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Memo from Facility Director</p> <p>Resident casefiles</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>Assistant Director</p> <p>PREA Coordinator</p> <p>Intake and Release Coordinator</p> <p>Random Residents</p> <p>Random Staff</p> <p>Summary determination.</p> <p>Indicator (a). The LightHouse Reentry Center administration uses the PREA Screening information to inform housing/ bed assignments and recommendations for treatment or vocational decisions. LightHouse Reentry Center does not provide</p>

residents with on-site educational services or work opportunities. Work and treatment programming are available in the community. The facility uses screening information to identify the most appropriate bedroom for the resident. The facility will not put known or potential victims in the same sleeping space as those who are known or potential perpetrators of sexual violence. Residents with prior histories of sexual violence may be required to attend specific treatment if required by the referring authority. Agency policy 900.00 states, "The program uses information from the PREA Possible Victim/Predator Screening and Scoring Checklist to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The program makes individualized determinations about how to ensure the safety of each resident." Interviews with the Director and case management staff report that there are routine meetings where possible conflicts of residents going into the community could be discussed. If a resident has concerns about another resident, the facility can consider each resident's schedule to allow for reduced potential contact out in the community while housing them apart on-site. Those individuals admitted to LightHouse Reentry Center with sexually aggressive histories would not be referred unless their current risk was determined to be minimal. As a community confinement center, the agency will not allow any aggression and will work with the referral sources to remove clients displaying any aggression. The Program does not run programming, education, or work assignments, so the scoring is primarily used for housing and bed placement. The program will monitor interactions and can adjust residents' time in the community if a concern arises. There is zero tolerance toward any form of aggression at any CRJ program.

Indicator (b). LightHouse Reentry Center's Intake and Release Coordinator is responsible for utilizing the screening information to provide the most appropriate housing in each population. The screening instrument helps identify parameters that ensure potential victims are not housed with individuals prone to aggression. Residents can be moved when needed to ensure the most comfortable setting possible. All rooms moved would be approved by facility leadership, who would have knowledge of risk screening results. If needed, the facility can create single-room-only situations that could be used in transgender or intersex residents' housing. There was one transgender individual in the facility who was housed in a smaller, two-person room. The individual was comfortable with the roommate they had and the accommodations the facility provided. As noted in indicator (a) policy, 900 sets forth an expectation of individualized planning based on individual residents' needs. With three housing floors and rules preventing residents from going into other rooms, the facility can separate individuals who may be likely victims from those with aggressive histories or histories of sexual relationships in an institution.

Indicator (c). Policy 900.00 states, "The program makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case

basis considering whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems." In the past year, the facility has housed two transgender individuals. Discussions with agency and facility leadership confirm that they considered how to handle a transgender or intersex resident at time of referral. If the individual is known at the time of referral as transgender or intersex, discussions can be had to understand the resident's housing needs and history of requests in previous institutional settings and provide them with a description of the facility's plan to accommodate them. The intake and release coordinator confirmed that, as a reentry facility, they would likely receive information on the client's sexuality in the referral packet. The Program Director confirmed that a two-person room would likely be used.

Indicator (d). Transgender and intersex residents entering LightHouse Reentry Center would be asked about their feelings of safety and where they would feel more comfortable being housed. Page 8 of Policy 900.00 states, "A transgender or intersex resident's own views with respect to his or her (if applicable) own safety shall be given serious consideration." CRJ and LightHouse Reentry Center management staff confirmed that a short time after admission, transgender or intersex residents are met with to discuss their needs as it relates to providing a comfortable setting from which they can participate in the program. It was reported the facility would meet with the transgender clients individually to determine what was needed to support their feeling safe in the environment both before placement and in the first days after arrival. The facility did have a transgender individual in the current population for the Auditor to interview. The resident supports the idea that they had a meeting on the first day. The Auditor discussed with the Assistant Director that there should be reviews at least every 6 months and as needed.

Indicator (e). Transgender or intersex residents referred to LightHouse Reentry Center would be housed in one of the smaller rooms to provide the most significant privacy level. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) ensures the residents can shower and change by themselves. The policy states, "transgender and intersex residents will be given the opportunity to shower separately from other residents." In LightHouse Reentry Center, each housing floor has a bathroom. The current transgender resident was housed near a multi-person bathroom. The resident stated they shower when others are less likely to be using the shower, and the toilet has sufficient privacy barriers. The resident did confirm that one bathroom is larger than the other so the use the smaller one in most cases.

Indicator (f). LightHouse Reentry Center does not use an individual's LGBTI status as a mechanism to place all similar-status individuals together. There is no state law in New York requiring the housing of LGBTI individuals together. Policy 900 0.00

prohibits this practice, “The placement of lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely on the basis of such identification or status, (unless such placement is in a dedicated unit or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents) is prohibited.” LGBTI residents confirm that they are not housed based on their identification. Random staff interviews and interviews with the Intake and Release Coordinator who assigns rooms also support that LGBTI clients would not be segregated from the population. Discussion with various LGBTI residents supports they are not housed together and that they feel supported in the facility by both staff and other residents.

Compliance Determination

Compliance determination is based on policy language, interviews with screening staff, and case file review. Interview with the LightHouse Reentry Center Director supports they utilize the screening information to protect all residents from sexual assault or sexual harassment. Interviews confirm there are weekly case management review meetings where key elements of the screening information or observations of the client’s behaviors in the environment are discussed if it impacts screening results. File reviews support that screening information is used for housing (including bed assignments). If there is a conflict between residents, the Auditor confirmed, and the Director or the Intake and Release Coordinator must make bed reassignments. This process ensures that victims and perpetrators are not together and that information about client dynamics learned in weekly case reviews is also considered. In determining compliance, the Auditor relied on policy, the facility's thought process for handling transgender residents, and interviews with current residents and staff.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Posters</p> <p>CRJ Website with ways to report</p> <p>LightHouse Reentry Center Handbook</p>

Memo from Director

Memo from PREA Coordinator

Individuals interviewed/ observations made.

PREA Coordinator

LightHouse Reentry Center Director

Interview with FBOP Representative

Phone Call to the OIG Hotline

Postings up in the facility

Indicator Summary determination.

Indicator (a). The Community Resources for Justice and the LightHouse Reentry Center facility provide the residents with multiple ways to report sexual harassment, sexual abuse, retaliation, or the neglectful acts of staff that could contribute to such harassment or abuse. Policy 900.00 (page 15) utilizes the standard indicator's language, setting forth the expectation. "The program shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents." Facility brochures, posters, and residents confirm they can tell any staff person, any facility administrator, or the Agency PREA Coordinator. The Auditor confirmed with both residents and staff in interviews the multiple internal ways an individual may report a concern. Residents could give multiple examples of how they could make anonymous reports and reports on behalf of other residents. The Auditor also tested the agency's reporting system, which was noted on their website, for making complaints to the agency PREA Coordinator, which could include anonymous or third-party reports. Residents of LightHouse Reentry Center often stated that PREA was not a concern of theirs in this facility. They would tell staff if they were a victim and were aware of the multiple other avenues. Residents are provided information in their orientation to LightHouse Reentry Center, through their handbook, on posters throughout the facility, and on the CRJ website. The Posters were available in English and Spanish, the most common languages spoken at the facility. Observation of the locations of posters and their content confirmed there was no barrier to residents' access. Individuals supported they understood the content of the PREA education and the materials posted or provided in the handbook. The residents are allowed to have their own phones in the program, and they go into the community, furthering the ability to

make confidential communications. If they do not have a personal phone, they may use the facility phones that are not recorded. The Auditor saw a box near the entrance where confidential communication could be placed. Residents also understood they could report any retaliation or staff neglect after reporting a PREA concern. Residents support that the Director, and Assistant Director make themselves available if they have conflicts with residential monitoring staff. Random residents reported that if staff failed to protect a resident, they would speak to the supervisors.

Indicator (b). LightHouse Reentry Center utilizes the US Department of Justice Office of Inspector General (OIG) or the Regional Federal Bureau of Prisons (FBOP) office as an outside option for reporting a concern. Any complaints to the OIG will also be forwarded to the FBOP Regional Office, which oversees the contract. The FBOP would inform the facility of the allegation and ensure the appropriate level of investigation is achieved. The information is posted in the facility, and the resident interviews supported knowledge of these reporting options. Policy language also addresses the indicator, "The program also shall inform residents of at least one way to report sexual abuse or sexual 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 resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request." The residents also knew they could report to local law enforcement if they did not trust telling staff. The Auditor called the OIG and the FBOP Regional Office to confirm that they would field the call and make appropriate notifications. The FBOP confirms there are site visits to the facility to meet with clients. These visits can be scheduled or unannounced reportedly. As noted in indicator a), the Auditor tested many functions, allowing residents to report a PREA concern on-site or in the community. This includes phone, mail services, and agency reporting mechanisms. The Auditor was informed that staff does not read mail at the facility. Residents support if they are indigent, the facility will provide them with postage to mail letters.

Indicator (c). Policy 900.00 requires all staff to accept a report of sexual abuse, sexual harassment, or concerns of retaliation from any resident or a third party and to report them to the supervisor and document the information. Interviews with random staff confirm that they know they must receive and document an allegation of sexual misconduct, no matter the source, immediately. The agency policy states, "As soon as practical, Program staff must report all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, to the appropriate local authorities and contracting agencies for further investigation." The auditor also confirmed with staff that they must report these actions and any concerns related to retaliation immediately to their supervisor no matter if they believed the allegation to be valid. Staff understood that such reporting should be done to their supervisor as soon as possible and that a written incident report is required by the end of the shift. Discussions with facility leadership confirmed this expectation.

Indicator (d). CRJ provides the staff of LightHouse Reentry Center with multiple ways in which a staff person can report a concern about PREA in the facility. As noted in the previous indicator, staff interviews confirmed they could go outside the chain of command if they felt they needed to without cause. Staff recognized they could report a concern directly to the LightHouse Reentry Center Director, the agency PREA Coordinator, the Director of Reentry Operations, or the Human Resources Department. Staff confirmed they would not get in any trouble for reporting outside the chain of command. The Human Resources staff also confirmed staff reports made in good faith are not subject to any consequences. Staff members spoken with confirmed that they are expected to not only report sexual abuse, harassment, or retaliation but are also expected to report on a coworker's actions or inaction that led to such incidents.

Compliance Determination

The Auditor finds the standard is compliant based on policy language, client and staff knowledge of reporting options, educational material, agency website, handbook, and posters observed in the facility. The Auditor also tested the posted methods of reporting. The agency and facility have put in place multiple avenues for staff and residents to report concerns of sexual misconduct. The agency PREA Coordinator also confirmed there were no hotline calls from a resident or third-party individual at the LightHouse Reentry Center. Interviews with residents, staff, and agency administration supported that the necessary resources were in place to ensure a timely response. Most residents confirmed they would go to a staff they trust as a primary option if they felt a need to report a concern and believed it would be taken seriously. The Auditor also considered communication with the FBOP Regional representative and the OIG hotline staff on residents' ability to seek outside assistance if they had a concern reporting to CRJ staff. Compliance is based on policy, interviews with the Director, staff, and residents, observation and testing of resources by the Auditor, and conversation with both internal and external reporting options.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	LightHouse Reentry Center Pre-Audit Questionnaire
	Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

LightHouse Reentry Center Handbook

Individuals interviewed/ observations made.

Resident Interviews

Staff Interviews

Director Interview

Contract Oversight Manager Interview

Observation of information posted

Indicator Summary determination.

Indicator (a). This indicator applies to LightHouse Reentry Center. Residents can file a grievance internally with the facility director, which can be appealed to the director's supervisor. Residents can also file a grievance internally with the facility director, or as a Federal Bureau of Prison client, they may file a grievance form (BP-8) with the Bureau of Prison. The facility has a policy on grievances (policy 1.1.8) in addition to the information provided in the resident handbook that supports the standard on exhaustion of administrative remedies. There were no PREA-related grievances in the past year. Policy 900.00 addresses the requirements of this standard.

"Exhaustion of Administrative Remedies

1. The program ensures a formal administrative process to address resident grievances regarding sexual abuse and sexual harassment. The program prohibits an informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse or sexual harassment.
2. The program shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment.
3. A resident who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint.
4. Such grievance is not referred to a staff member who is the subject of the complaint.
5. CRJ shall 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.
6. Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

7. CRJ 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; CRJ shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

8. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

9. Emergency Grievances

a. The program shall provide procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment.

b. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, the program shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse or sexual harassment) 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 decision shall document the program's determination of whether the resident is in substantial risk of imminent sexual abuse or sexual harassment and the action taken in response to the emergency grievance.

10. Unsubstantiated Grievances

a. The program may discipline a resident for filing a grievance related to alleged sexual abuse only where the program demonstrates that the resident filed the grievance in bad faith."

Indicator (b). As noted in indicator a) Policy 900.00, Staff and Resident Sexual Abuse and Sexual Harassment (PREA) provide direction related to residents filing a grievance. Consistent with the policy, the facility handbook states that residents are not required to resolve incidents through an informal process. "LightHouse House ensures a formal administrative process to address resident grievances regarding sexual abuse and sexual harassment based on the PREA standards.

LightHouse House prohibits an informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse or sexual harassment. LightHouse House shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse or sexual harassment. A resident who alleges sexual abuse or sexual harassment may submit a grievance without submitting it to a staff member who is the subject of the complaint. Such a grievance is not referred to a staff member who is the subject of the complaint." The policy and handbook also state there is no time frame for the sexual misconduct-related grievance to be filed. The Auditor's Review found the resident

handbook had language consistent with the standard's various indicators. No resident has filed a grievance related to sexual assault or sexual harassment in the past year.

Indicator (c). Grievances at LightHouse Reentry Center are generally submitted directly to the Facility Director or Assistant Director. If the Facility Director is the subject of the grievance, it may be submitted to either an Assistant Director, the Contract Oversight Manager or the CRJ PREA Coordinator. The policy acknowledges there is no requirement for an informal resolution attempt, and the resident handbook states there is no time frame requirement for filing a PREA-related grievance. The Handbook provides information to residents that there are others that do not have to be filed with the staff who is the subject of the grievance or that that individual will be the person reviewing the grievance. "A resident who alleges sexual abuse or sexual harassment may submit the grievance without submitting it to a staff member who is the subject of the complaint such grievance is not referred to a staff member who is the subject of the complaint". Residents spoken with confirmed they understood they had an option of whom to submit the grievance to. Most residents felt they would go straight to the Director if they had a concern and bypass a grievance process for something as serious as sexual harassment or sexual assault.

Indicator (d). LightHouse Reentry Center PREA policy 900.00 addresses the maximum time frames in which a grievance must be resolved. The time frames include an initial response within 7 days with an extension of an additional if notice is given in writing. LightHouse Reentry Center's short length of residents' stay (86-day average) means they reportedly try to resolve concerns expeditiously. The Director and Contract Oversight Manager confirmed that all allegations of sexual assault would be handled immediately and that most other sexual harassment claims would be responded to in a timeframe more consistent with an emergency grievance.

Indicator (e). Random staff interviewed confirmed that third-party grievances are possible. Staff acknowledged that complaints and/or grievances might be filed by the resident's family members, attorneys, community agencies, or other professionals working with the client. Interviews with residents and staff confirmed no formal policy prohibits a resident from filing a grievance on behalf of another resident or assisting a fellow resident in the preparation of a grievance. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 15) also covers the requirements of this indicator. According to this policy, the alleged victim in a third-party grievance has a right to decline the grievance to be processed. The PREA Coordinator confirms there were no grievances filed related to any sexual misconduct or retaliation for prior reporting.

Indicator (f). As shown in indicator a), Policy 900.00 defines the conditions for emergency grievances related to sexual assault or sexual harassment cases. The policy addresses time frames in which emergency grievances must be responded to, including an initial response within 48 hours and a final resolution within five days. A policy also covers the requirements of determining if the imminent or substantial risk of sexual abuse exists for the client. The resident handbook also outlines the emergency grievance procedures “procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse or sexual harassment, LightHouse House shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse or sexual harassment) 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 decision shall document LightHouse House’s determination whether the resident is in substantial risk of imminent sexual abuse or sexual harassment and the action taken in response to the emergency grievance.” Interviews with staff confirmed they understood how to protect residents who allege a concern about imminent danger related to any form of physical or sexual abuse or harassment. The staff stated that they would protect the residents, keep them separated from the parties they're having difficulty with, and immediately report the concern to a supervisor who will come and investigate the situation to see if a resolution can be worked out. As noted previously, the LightHouse Reentry Program is a community program, and if there is believed to be any aggression, the individual will be removed.

Indicator (g). Language in policy 900.00 states that residents who file a grievance can only be disciplined if, after an investigation, it is determined that the grievance was filed in bad faith. It says, “The program may discipline a resident for filing a grievance related to alleged sexual abuse only where the program demonstrates that the resident filed the grievance in bad faith.” LightHouse Reentry Center has not had any cases in which a PREA grievance was purposefully filed in bad faith. As a result, there is no disciplinary process to review. Interviews with program residents confirmed they understood the only way they could get in trouble for filing a PREA grievance is if they were found to have purposefully lied about the situation through an investigation.

Compliance Determination

LightHouse Reentry Center has had no cases in which a grievance related to PREA was filed, including any third-party grievance complaints. The Auditor considered determining compliance, interviews with staff, residents, the Director, The Contract Oversight Manager, the resident handbook, and policy. Staff interviewed were aware

	<p>that they must accept all grievances, including those from third-party individuals like other residents or family members. Residents were aware of their rights under the grievance policy and the related language in PREA policy 900.00. The Director was familiar with PREA requirements related to time and response requirements. The Auditor also took into consideration the program's actions to provide an improved mechanism to file grievances after the Auditor's tour. Residents interviewed support that they understand their right to file a grievance, but most report they prefer to go to a trusted staff. The Regional FBOP Office would review grievance files with the FBOP, and their field representative would be involved in the complaint resolution.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Brochure (English and Spanish)</p> <p>Resident Handbook (English and Spanish)</p> <p>PREA Postings (English and Spanish)</p> <p>MOU with Crisis Services.</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Case Manager</p> <p>Random residents</p> <p>Resource binder- Information on community Mental Health Providers near the program</p> <p>PREA-related postings in the facility</p>

Indicator Summary determination.

Indicator (a). At LightHouse Reentry Center, residents are provided information on accessing services for individuals who may have been the victim of sexual abuse. These organizations include the Crisis Services and local mental health clinics that are available to residents in the community. The Agency has an MOU with Crisis Services, which also has clinical services in their Buffalo Office. The residents are provided information in written form as part of their initial packet upon admission. The Auditor Also found a resource binder in the common areas with numerous community resources. The facility's PREA brochure and the resident Handbook also have information about these organizations. The Auditor also saw information posted about these organizations in hallways, common areas, and case management staff offices.

Residents of LightHouse Reentry Center have access to a phone on-site that is not recorded. Residents may also have cellular phones, which would allow private communication with representatives of these organizations. Residents confirm they can make confidential calls on-site or make arrangements to seek counseling services in the community. They report that the staff is helpful to those who are less familiar with the area and will provide you with information on how to contact and find local services. Some residents were already involved in the community in group and individual therapy before entering the program. Crisis Services information was posted in the facility, and the Auditor confirmed the number.. Residents can mail letters from the program, or when they are in the community, incoming mail would not be read from a treatment provider or rape crisis center as it would be treated as professional mail, as confirmed in conversations with staff and administration.

Indicator (b). LightHouse Reentry Center residents are made aware of all staff member's duty to report any incident of sexual abuse. Residents of LightHouse Reentry Center have access to unmonitored communication with outside agencies. The Phone system of LightHouse Reentry Center is not monitored, and residents are allowed to have cellular phones. The residents interviewed understood the limitations of confidentiality if they disclosed a crime or significant risk to an individual in the house. Crisis Services, the local rape crisis agency, confirmed the ability to provide confidential support to the resident and provide those support directly at the agency's offices or through phone contact with residents. The Crisis Services office is approximately 3 miles away. The MOU speaks to some direct services provided, and interviews with the representative confirmed a willingness to aid in the referral process as residents prepare to move home.

Indicator (c). The Community Resources for Justice has entered into a relationship

with Crisis Services. Crisis Services' MOU supports the provision of comprehensive, free services, including a 24-hour hotline, advocacy, individual and group counseling, and case management. The Auditor confirmed in phone interviews the ability to provide accompaniment services during forensic exams and police interviews of a victim. The representative confirmed they do not have any current concerns of LightHouse Reentry Center being a hotbed of sexual assault allegations. Crisis Services also provides community awareness and prevention services through partnerships and training with organizations and communities.

Compliance Determination

Residents at LightHouse Reentry Center are provided access to outside confidential support services. The residents have access to in-house clinical services, community mental health services, and the services available through Crisis Services. The agency provided documentation that supported the appropriate relationships required in indicators (a) and (c), which are in place. Interviews with the LightHouse Reentry Center Director, the Mental Health Clinician, and case management staff confirm how residents can be assisted in making an appointment for counseling. Observation during the tour supported the fact that information about services was available in both English and Spanish. These languages are the two most common languages spoken by residents entering LightHouse Reentry Center. Resident interviews supported victims of sexual abuse could get supportive confidential counseling services in the community or from the 'hotline.' Compliance is based on the materials available, the relationships developed with community providers, and the resident's knowledge of how to access the resources.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Agency Web Site (third-party reporting form)</p> <p>Brochures for Residents and Visitors on PREA</p> <p>Resident Handbook</p> <p>Memo on Third-Party Reporting</p>

Individuals interviewed/ observations made.

PREA Coordinator

Facility Director

Resident Interviews

Staff Interviews

Visitor sign-in process showing the distribution of Brochure on PREA

Signage posted throughout the facility.

Summary determination.

Indicator (a). Community Resources for Justice has established systems to receive third-party reports on sexual assaults or sexual harassment. The agency website provides a phone number, email address, and a printable form to aid in filing a complaint on behalf of a resident. The agency PREA policy 900.00, page 15, states that the program is to distribute information on reporting concerns related to PREA. This is accomplished by distributing brochures on PREA, which provide information on how to report a concern internally to the agency-wide PREA Coordinator. Residents are also provided information on how to report a concern related to PREA in their handbook and postings in the facility. The random residents interviewed supported they could make a complaint on behalf of a peer if they were too fearful for some reason. They also reported confidence that the situation would be investigated if a family member called on their behalf. Residents also knew they could make reports through the CRJ website, outside agencies, or to the FBOP. The staff interviewed were aware that all third-party complaints needed to be taken seriously and that they needed to be referred immediately to the facility Director and the agency PREA Coordinator. The Auditor also reviewed the agency website and recognized multiple avenues available to residents, families or other interested parties to receive complaints about sexual misconduct. The Auditor tested the third-party reporting system and received notification from the agency PREA Coordinator confirming he had received my message.

Compliance Determination:

The LightHouse Reentry Center and Community Resources for Justice have successfully provided multiple means for residents and other interested parties to make a PREA complaint as a third party. The information is publicly available on their website and is provided to visitors in brochures and postings as they enter the facility. The facility has trained the LightHouse Reentry Center staff to accept all complaints, no matter the source, and refer them to be investigated. Interviews with

staff and residents support that policy 900.00 expectations are understood. The Facility Director, random staff, and the agency PREA Coordinator reported not receiving any third-party PREA-related complaints in the past year. Interviews with residents confirmed that they could report on behalf of a peer or a family member could report on their behalf, and they believed the situations would be investigated. As noted above, the Auditor tested the third-party reporting system by emailing the address listed on the website. Compliance is based on all the factors listed here, which support multiple avenues to report a concern about sexual harassment or sexual assault.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Staff PREA Training materials</p> <p>NY Department of Public Health website</p> <p>NY Office of Elder Abuse</p> <p>NY Office of Adult Protective Services</p> <p>CRJ Monitoring forms</p> <p>Individuals interviewed/ observations made.</p> <p>CRJ PREA Coordinator</p> <p>LightHouse Reentry Center Director</p> <p>Random Staff</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Community Resources for Justice Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) repeatedly requires the immediate reporting of sexual abuse and sexual harassment claims, retaliation, and staff actions that may have contributed to such behaviors. Page 13 of the policy states,</p>

“Staff Reporting Allegations of resident Sexual Abuse or Sexual Harassment

- a. Program staff who learn of alleged sexual abuse, sexual harassment, any sexual contact between residents, or retaliation for previously reported PREA incidents must immediately report the allegations to a supervisor.
- b. The initial report to a supervisor may be verbal, but it must be followed up with a written incident report, authored by the staff involved in the incident, prior to the end of the shift.
- c. The appropriate staff must file a report as required by facility procedures.
- d. Failure of staff to report allegations of resident or staff sexual abuse or sexual harassment or sexual contact will result in disciplinary action, up to and including termination.”.

The policy goes on to state, “Upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse or harassment occurred.” The policy addresses the reporting of abuse that occurred in previous institutions and the duty to report retaliation incidents and incidents where staff duties may have contributed to abuse occurring. In random interviews, staff consistently reported they understood their responsibility to report in the areas described in Indicator (a). The staff knew they must report all allegations of sexual assault or sexual harassment no matter the source of the allegation or even if they had questions on the validity of the allegations. The policy also requires the Program Director to notify the local authorities to begin the criminal investigation.

Indicator (b). Policy 900.00 requires the staff to keep any PREA disclosure confidential except to agency administrators and supervisors to facilitate treatment. The policy states, “Apart from reporting to designated supervisors or agency officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.” Staff in random interviews repeatedly confirmed their awareness of the importance of protecting the victim and the investigative process by limiting the disclosure to those with a need to know. They were also aware of documenting the incident in an email or written document to their supervisor but not to put it in the SecureManage electronic case management system where others could read.

Indicator (c). LightHouse Reentry Center does not employ staff in medical or Mental Health services. Clients could be referred to the local medical or mental health clinics for physical or mental health issues. These facilities are where possible disclosures could be made. The Bureau of Prisons funds some of these facilities.

Indicator (d). LightHouse Reentry Center would not receive a resident under the age of 18. Staff are trained in mandatory reporting laws, and the local police could apply additional charges to crimes against these protected populations. The State of New York website confirms that residents over the age of 60 and those with disabilities have special protection under the law from sexual abuse. Crimes of this nature will be reported to local police and the appropriate state agency. The Websites reviewed support mechanisms are in place to report if those who are targeted for their age, their disabilities, or if they have a diminished capacity.

Indicator (e) CRJ PREA Policy 900.00 covers the requirements of this indicator. “As soon as practical, Program staff must report all allegations of sexual abuse or sexual harassment, including third-party and anonymous reports, to the appropriate local authorities and contracting agencies for further investigation.” Interviews with staff confirmed they must report all allegations no matter the source or their own belief in the validity of the allegation to agency leadership so an investigation can happen. Staff also supported they are to call 911 for criminal allegations of sexual assault of current residents.

Compliance Determination

The Auditor concludes the standard is compliant based on training materials, policy, sexual harassment investigations, and interviews completed. There were no individuals in the current population with an allegation, and there was no staff who had acted as a first responder to an allegation of sexual assault. None of the incidents required first responders to perform any actions beyond keeping the person safe and reporting to a supervisor. The Auditor spoke with the Facility Director, the CRJ PREA Coordinator, and random staff. The policy addresses the staff’s need to report all incidents of Sexual Assault or Sexual Harassment while protecting the resident victim’s privacy and the investigative process. Further supporting compliance is the interview with staff who consistently understood their duty to report while also understanding the need to protect victims’ privacy.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	LightHouse Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

PREA Memo from Program Director

Individuals interviewed/ observations made.

Contract Oversight Manager

Program Director

Random Staff

Random Residents

Indicator Summary determination.

Indicator (a). CRJ PREA Policy sets forth requirements that are consistent with the standard. "Substantial Risk of Imminent Sexual Abuse - When the Program learns by any means of notice listed in this policy or by any other means that a resident is subject to a substantial risk of imminent sexual abuse, staff must take immediate action to protect the resident." LightHouse Reentry Center has not had a situation where a resident has needed protective services from substantial or imminent risk of sexual assault in the past 12 months. The facility has trained its staff to handle these situations consistent with first responder expectations, including taking immediate actions to ensure safety, keeping them apart from any perceived threat, and noticing supervisory staff. The facility takes all resident conflicts seriously and tries to work with the individuals so they can complete their respective stays. It is clear, though, that no aggression would be tolerated. The residents spoken to did not report any concerns about sexual aggression in the environment. Staff interviewed were able to describe the steps they would take to protect a resident who had concerns about potential abuse. They know how to keep individuals apart, support the individual reporting the risk, and notify the Program Director of the resident's stated concern.

Compliance Determination

Since LightHouse Reentry Center has not had to provide protection duties for a resident in danger of sexual assault, the Auditor relied extensively on interviews and policy to determine compliance. Residents who display any form of aggression would be removed from LightHouse Reentry Center rather quickly, so protection duties would be limited as compared to a correctional setting. Interviews with the Contract Oversight Manager and Program Director confirmed multiple steps that would be enacted to ensure the safety of all clients involved. Random staff who were interviewed stated they would immediately respond to any concern related to

	residents' safety. Absent any imminent risk situations; compliance is based on policy and interviews supporting plans are in place, and staff is aware of how to respond.
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA Memo from Program Director</p> <p>Individuals interviewed/ observations made.</p> <p>Program Director</p> <p>CRJ PREA Coordinator</p> <p>FBOP Representative</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Community Resources for Justice policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) requires that the Director of LightHouse Reentry Center notify the director of another facility if a resident reports previous sexual assault incidents at the other facility. An interview with the LightHouse Reentry Center Director confirms she is aware of this responsibility. The agency policy states, "Upon receiving an allegation that a resident was sexually abused or sexually harassed while confined at another facility, the Program Director that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse or harassment occurred." The Program Director of LightHouse Reentry Center confirmed that all allegations are reported through the Federal Bureau of Prisons. The representative of FBOP did not report any complaint to or from LightHouse Reentry Center for abuse at other institutions.</p> <p>Indicator (b). In the interview, the LightHouse Reentry Center Director was aware that notifications must be made within 72 hours of his staff being made aware of a sexual assault at another institution. Policy 900 goes on to state the requirement to</p>

report to the institution where the abuse occurred is “as soon as possible but no later than 72 hours after receiving an allegation.” She would also report the concern to the CRJ Contract Oversight Manager and the CRJ Director of Reentry Operations.

Indicator (c). The Program Director confirmed she would document the notification by sending a follow-up email after making initial contact with the Director of the other facility unless the facility is a federal institution, at which time she would notify the regional FBOP office. Indicator (b) noted that copies of the informational notice would be sent to the CJR Contract Oversight Manager.

Indicator (d). As noted in indicator (a), the LightHouse Reentry Center Director and PREA Coordinator confirmed that an investigation would be enacted immediately upon notice from another institution of any criminal behavior at LightHouse Reentry Center. Agency policy states, “The agency head or program director that receives such notification shall ensure that the allegation is investigated in accordance with these standards.” No such allegations were received at LightHouse Reentry Center. Currently, the administrative investigation will be completed by the contract oversight manager or the Program Director. The Assistant Program Director has yet to complete the investigator training.

Compliance Determination

CRJ had received no reports from other correctional institutions about claims of sexual assaults at LightHouse Reentry Center. The facility did not have to report any claims of sexual assault to any other correctional institution. Absent a claim; compliance relied on the LightHouse Reentry Center Program Director, Contract Compliance Manager, and PREA Coordinator’s knowledge of the standard's requirements, including timeframes for reporting to other institutions. The Auditor also considered CRJ’s PREA policy, which addresses the standard language requirements, and I spoke with the Regional Federal Bureau of Prisons representative.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. LightHouse Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

LightHouse Reentry Center Coordinated Response Plan

CRJ PREA Training materials

PREA Memo

Individuals interviewed/ observations made.

Random Staff

Case Management Staff

LightHouse Reentry Center Director

PREA Coordinator

Indicator Summary determination.

Indicator (a). LightHouse Reentry Center has not had a case requiring a staff member to act as a first responder to a sexual assault complaint. The Auditor had to rely on random staff's ability to explain their first responder responsibilities. The random staff interviewed described the steps they were trained on, including separating the victim and the potential threat and securing the crime scene. They also knew to ask both the victim and the accused perpetrator not to shower, wash, brush, eat, drink, or take any other actions that would affect the evidence on them or their clothes. CRJ Policy 900 also sets forth expectations for staff consistent with this indicator (page 12). The policy states, "Upon learning that a resident was sexually abused, the first staff member to respond to the scene must:

- a. Separate the alleged victim and alleged abuser (to protect the victim and prevent further violence);
- b. Not leave the alleged victim alone;
- c. Ensure no one else enters the area to preserve and protect the crime scene;
- d. Check victim for immediate medical attention and call 911 if warranted.
- e. Contact the Person-in-Charge (Program Director or designee) to request the assistance;
- f. If the abuse occurred within a time period that would still allow for the collection of physical evidence (up to 96 hours), request that the alleged victim not take any action that could destroy physical evidence, including washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting."

Indicator (b). All staff at LightHouse Reentry Center are trained to be first responders. All staff are trained in the facility's Coordinated Response Plan. The first four steps of the plan described the actions that a person could undertake in a sexual assault as a first responder. The Auditor confirmed with Case Management staff and the Intake and Release Coordinator that they are also trained as first responders. These staff understood the need to encourage the victim not to do anything to compromise evidence and to report to the agency's administration and the local police. The OAS questionnaire states no non-custodial staff had responded to a sexual assault situation.

Compliance Determination

Absent any sexual assault cases in the past year, the Auditor had to rely on random staff interviews to determine compliance with the standard. The Auditor relied on the staff's ability to describe their duties in a way that was consistent with the training materials reviewed. The staff were well versed in the expectations of a First Responder. They described protecting the potential victim and preserving evidence in a physical space or on an individual. Individual staff also noted that the Coordinated response plan could be used as a reference if they were not sure what to do. The plan was visible on tour in several locations. The Auditor also reviewed the PREA training to get an understanding of the information provided to all staff.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>LightHouse Reentry Center Coordinated Response Plan</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Individuals interviewed/ observations made.</p> <p>Facility Director</p> <p>Random Staff</p>

Indicator Summary determination.

Indicator (a). The Community Resources for Justice PREA Policy 900.00 describes the roles of line staff, facility, and agency administrative response to incidents of sexual misconduct. The Policy gives direction to first responders, facility, and agency administration. It also speaks to the coordination of services of local medical, mental health, emergency response agencies (police, ambulance), and hospital and rape crisis advocates. It states, "Coordinated Response to Alleged Incidents of Sexual Abuse/Staff First Responders

1. The program will work towards providing a coordinated response to all allegations of sexual abuse, including interventions by first responder staff, medical facility staff, mental health practitioners, local law enforcement, investigators and program staff. This policy and procedure serves as a written plan for providing coordinated actions taken in response to an incident of sexual abuse.

2. Upon learning that a resident was sexually abused, the first staff member to respond to

the scene must:

a. Separate the alleged victim and alleged abuser (to protect the victim and prevent further violence);

b. Not leave the alleged victim alone;

c. Ensure no one else enters the area to preserve and protect the crime scene;

d. Check victim for immediate medical attention and call 911 if warranted.

e. Contact the Person-in-Charge (Program Director or designee) to request the assistance (including notifying funding source of incident);

f. If the abuse occurred within a time period that would still allow for the collection of physical evidence (up to 96 hours), request that the alleged victim not take any action that could destroy physical evidence, including washing or showering, drinking or eating (unless medically indicated), brushing teeth, changing clothes, or toileting.

(1) If toileting needs to take place, the resident should be instructed to not wipe.

3. In the event of an allegation of sexual abuse within the last 96 hours, including but not limited to those involving penetration, staff will have resident transported to a local hospital, with the victim's permission, equipped to evaluate and treat sexual abuse/rape victims, where he/she may receive a forensic medical exam by medical personnel not employed by the program.

a. Staff will not allow the resident to wash, shower, toilet, change clothes, brush teeth, eat or drink (unless medically indicated) before examination, as evidence

	<p>may be destroyed.</p> <p>b. The medical personnel will use an evidence collection kit for the collection of forensic evidence with the resident’s consent and without financial cost where evidentiary or medically appropriate.</p> <p>c. Program staff are prohibited from providing forensic medical examinations to any victim of sexual abuse.</p> <p>4. Where possible, examinations performed at the community medical facility are performed by Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) nurses”</p> <p>The facility has a Coordinated Response Plan available to staff that reduces the policy information to a step-by-step action plan in responding to a sexual assault. The plan focuses on the first responder's actions and includes information on the hospital the victim is to be sent and the number for the local Rape Crisis agency. Since the agency does not employ medical or mental health staff, these positions have no specific duties in the plan. The facility also has postings in staff areas with a brief understanding of what steps should occur in the event of a sexual assault. The document covers the aspects covered in the policy and critical information for responding staff to know, including the phone number and address of the hospital with SANE services and the phone number to the local rape crisis agency so an advocate can be informed.</p> <p>Compliance Determination</p> <p>The LightHouse Reentry Center coordinated response plan is available to all staff. Each step indicating a required action and the individual responsible for ensuring it occurs is listed on the chart. The staff’s awareness of the coordinated response plan supports compliance. The Auditor believes that LightHouse Reentry Center staff are sufficiently trained to implement the plan if an incident occurs. The LightHouse Reentry Center Program Director further supported compliance by her knowledge of the plan and the expectation that multiple individuals will have responsibilities.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p>

CRJ Employee handbook

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Individuals interviewed/ observations made.

Contract Oversight Manager

Program Director

Indicator Summary determination.

Indicator (a). CRJ, the parent organization of LightHouse Reentry Center, does not employ unionized employees. The agency's employee handbook does state that individuals can be placed out of work during an investigation. Page 15-16 of the Agency employee handbook defines the right to discipline employees who engage in "gross misconduct." The document goes on to state CRJ's right to place employees on administrative leave during investigations into their actions. Agency policy 900 addresses the standard when it states,

"a. If there appears to be evidence of sexual abuse or sexual harassment between staff and resident, supervising staff shall take steps to separate them so there is no possibility of further unmonitored contact between them until an investigation is completed.

b. The appropriate staff shall determine if the staff member should be placed on administrative leave pending the results of an investigation."

The facility Director and the Contract Oversight manager confirmed their ability to immediately place a staff person out on leave in an investigation. In the past year, there were no allegations of sexual abuse or harassment requiring a staff member's removal during an investigation.

Indicator (b). The Auditor is not required to audit this provision.

Compliance Determination:

The Auditor finds the standard to be compliant. The agency has an employment policy that allows LightHouse Reentry Center to put an accused staff person out of work on administrative leave. In doing so, they would be able to protect a resident from any further abuse or subsequent harassment. The employee handbook also supported that there were no collective bargaining contracts and defined that

	<p>individuals who are subject to an investigation can be placed out of work. The Director confirmed that she would notify the Director of Reentry and the Contract Oversight Manager. Absent a case, compliance was based on policy and Interviews with facility and agency leadership.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ Employee Handbook</p> <p>CRJ Retaliation Monitoring form</p> <p>Memo</p> <p>Individuals interviewed/ observations made.</p> <p>Program Director</p> <p>PREA Coordinator</p> <p>Contract Oversight Manager.</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) establishes, on pages 4 and 5, an expectation to keep both staff and residents who report or corroborate with an investigation into sexual assault or sexual harassment from any form of retaliation. The policy states, “The program must employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by:</p> <p>(1) Consultation with the referral source;</p> <p>(2) Removing alleged resident abusers from contact with victims;</p>

- (3) Removing alleged staff abusers from contact with victims;
- (4) Monitoring resident rooms, including by direct observation, if necessary;
- (5) Transferring potential victims/abusers to other facilities, if operationally possible;
- (6) Actively monitoring, for at least 90 days, the conduct and treatment of residents or staff who reported abuse or harassment, and, of residents who were reported to have suffered abuse to see if there are changes that may suggest possible retaliation by residents or staff;
- (7) Promptly remedying any signs of retaliation detected;
- (8) Monitoring any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff;
- (9) Continuing monitoring beyond 90 days if the initial monitoring indicates a continuing need;
- (10) Providing monitoring that includes periodic status checks for residents; and
- (11) Protecting individuals who cooperate in investigations who express fear of retaliation. The program's obligation to protect against retaliation ends if any allegation is unfounded."

The Contract Oversight Manager says he would expect the Program Director to be the facility's primary individual responsible for monitoring any adverse outcomes after a claim has been made. The Facility had one case 18 months prior where the individual had made a claim that was unfounded against a staff person but the facility initiated monitored the individual to ensure no retaliation. The resident was monitored until they exited the program before the 90-day period ended.

Indicator (b). The Director of LightHouse Reentry Center and the Contract Oversight Manager both spoke about Community Resources for Justice's multiple options to protect residents from retaliation. This includes reassigning rooms or in more extreme cases, the agency can explore with the funding source permission to have a client move to another CRJ facility, to home confinement, or the individual be removed from the program altogether. PREA Policy 900 also speaks to efforts to separate individuals to protect them from retaliation. "In less serious abuse situations (administrative), the appropriate staff shall consider whether to separate the residents or take other steps for their safety, to prevent intimidation or retaliation. Staff may move residents to another location within the program. The Deputy Director of Social Justice Services or designee shall assist the Program Director with this decision. Staff should also consider whether there are any resident witnesses who should be relocated to ensure their safety and protect them from intimidation."

Indicator (c). As noted in indicator (a), the agency policy addresses the requirements of this indicator. The Program Director was aware that staff and residents who report or cooperate with a PREA investigation should be monitored for a period of 90 days. She was able to describe things that would be reviewed as possible symptoms of retaliation. Examples include monitoring for discipline, changes in attitude or behaviors, and changes in interactions with peers. Though there has been no retaliation monitoring in the past year, the agency has forms to document the residents' progress consistently.

Indicator (d). The Program Director for LightHouse Reentry Center reports there would be periodic check-ins made by her or the appropriate case management staff to any individual who cooperated in the investigation. The reported contact with clients would be in addition to the regular case management check-ins required for residents. LightHouse Reentry Center's meetings with residents is usually based on needs. The Director reported all resident victims or witnesses would be seen at least once a week after a PREA event. By practice, LightHouse Reentry Center case management staff routinely ask all residents about their feelings of safety as it relates to sexual misconduct. The retaliation monitoring form has a space for documenting the clients' monitoring process and boxes that coincide with elements to be considered.

Indicator (e). As noted in indicator (b), the protections enacted by Community Resources for Justice would extend to any individual who cooperated in the investigation of sexual misconduct.

Indicator (f). The Auditor is not required to audit this provision.

Compliance Determination

The Auditor finds that LightHouse Reentry Center complies with this standard's expectations. Absent a case in the past year requiring monitoring, the Program Director and the Contract Oversight Manager's Interviews both support policy expectations. The Program Director understood the monitoring should continue even if the perpetrating individual has been removed. The policy statement, the monitoring form in place, documentation of past monitoring, the counseling services available to staff and residents, and the interview results support this determination of compliance. Included in consideration were the residents who consistently supported in interviews they could approach staff and believed they would be kept safe.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

LightHouse Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

CRJ Employee Handbook

CRJ Retaliation Monitoring form

Memo

Individuals interviewed/ observations made.

Program Director

PREA Coordinator

Contract Oversight Manager.

Indicator Summary determination.

Indicator (a). Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) establishes, on pages 4 and 5, an expectation to keep both staff and residents who report or corroborate with an investigation into sexual assault or sexual harassment from any form of retaliation. The policy states, "The program must employ all available measures to protect vulnerable residents from abuse or prevent abusers from having the opportunity to abuse by:

- (1) Consultation with the referral source;
- (2) Removing alleged resident abusers from contact with victims;
- (3) Removing alleged staff abusers from contact with victims;
- (4) Monitoring resident rooms, including by direct observation, if necessary;
- (5) Transferring potential victims/abusers to other facilities, if operationally possible;
- (6) Actively monitoring, for at least 90 days, the conduct and treatment of residents or staff who reported abuse or harassment, and, of residents who were reported to have suffered abuse to see if there are changes that may suggest possible retaliation by residents or staff;

- (7) Promptly remedying any signs of retaliation detected;
- (8) Monitoring any resident disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff;
- (9) Continuing monitoring beyond 90 days if the initial monitoring indicates a continuing need;
- (10) Providing monitoring that includes periodic status checks for residents; and
- (11) Protecting individuals who cooperate in investigations who express fear of retaliation. The program's obligation to protect against retaliation ends if any allegation is unfounded."

The Contract Oversight Manager says he would expect the Program Director to be the facility's primary individual responsible for monitoring any adverse outcomes after a claim has been made. The Facility had one case 18 months prior where the individual had made a claim that was unfounded against a staff person but the facility initiated monitored the individual to ensure no retaliation. The resident was monitored until they exited the program before the 90-day period ended.

Indicator (b). The Director of LightHouse Reentry Center and the Contract Oversight Manager both spoke about Community Resources for Justice's multiple options to protect residents from retaliation. This includes reassigning rooms or in more extreme cases, the agency can explore with the funding source permission to have a client move to another CRJ facility, to home confinement, or the individual be removed from the program altogether. PREA Policy 900 also speaks to efforts to separate individuals to protect them from retaliation. "In less serious abuse situations (administrative), the appropriate staff shall consider whether to separate the residents or take other steps for their safety, to prevent intimidation or retaliation. Staff may move residents to another location within the program. The Deputy Director of Social Justice Services or designee shall assist the Program Director with this decision. Staff should also consider whether there are any resident witnesses who should be relocated to ensure their safety and protect them from intimidation."

Indicator (c). As noted in indicator (a), the agency policy addresses the requirements of this indicator. The Program Director was aware that staff and residents who report or cooperate with a PREA investigation should be monitored for a period of 90 days. She was able to describe things that would be reviewed as possible symptoms of retaliation. Examples include monitoring for discipline, changes in attitude or behaviors, and changes in interactions with peers. Though there has been no retaliation monitoring in the past year, the agency has forms to document the residents' progress consistently.

Indicator (d). The Program Director for LightHouse Reentry Center reports there

would be periodic check-ins made by her or the appropriate case management staff to any individual who cooperated in the investigation. The reported contact with clients would be in addition to the regular case management check-ins required for residents. LightHouse Reentry Center's meetings with residents is usually based on needs. The Director reported all resident victims or witnesses would be seen at least once a week after a PREA event. By practice, LightHouse Reentry Center case management staff routinely ask all residents about their feelings of safety as it relates to sexual misconduct. The retaliation monitoring form has a space for documenting the clients' monitoring process and boxes that coincide with elements to be considered.

Indicator (e). As noted in indicator (b), the protections enacted by Community Resources for Justice would extend to any individual who cooperated in the investigation of sexual misconduct.

Indicator (f). The Auditor is not required to audit this provision.

Compliance Determination

The Auditor finds that LightHouse Reentry Center complies with this standard's expectations. Absent a case in the past year requiring monitoring, the Program Director and the Contract Oversight Manager's Interviews both support policy expectations. The Program Director understood the monitoring should continue even if the perpetrating individual has been removed. The policy statement, the monitoring form in place, documentation of past monitoring, the counseling services available to staff and residents, and the interview results support this determination of compliance. Included in consideration were the residents who consistently supported in interviews they could approach staff and believed they would be kept safe.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	LightHouse Reentry Center Pre-Audit Questionnaire
	Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

	<p>Memo from the Director on the standard used to determine the outcome.</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>Trained staff Investigator</p> <p>Indicator Summary determination.</p> <p>Indicator (a). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 18) stated that no greater standard than a preponderance of evidence would be used in substantiating an administrative investigation. “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.” The Interview with a trained CRJ investigator confirmed this expectation. The facility director described how she came to a conclusion from the administrative investigations she had completed.</p> <p>Compliance Determination</p> <p>The Auditor spoke with the facility director, PREA Compliance Manager, and the Contract Oversight Manager as the trained investigators. CRJ has several staff trained in completing an administrative investigation of PREA claims of sexual abuse or sexual harassment. The Auditor confirmed there is no greater standard in determining the investigation outcome than a preponderance of the evidence. The Agency policy and investigation file reviewed by the Auditor also supports a determination of compliance.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p>

CRJ Client Notification Form

Administrative Investigations Notification form 2022

Individuals interviewed/ observations made.

Interview with the LightHouse Reentry Center Director

Interview with Assistant Director

Interview with PREA Coordinator

Indicator Summary determination.

Indicator (a). At the conclusion of an investigation, the LightHouse Reentry Center and CRJ administration will ensure, according to interviews, that resident victims are informed of the outcome, including a determination that the claim is substantiated, unsubstantiated, or unfounded. Policy language is descriptive to who is responsible and how it is to be documented. "At the conclusion of the investigation, whether it is substantiated, unsubstantiated, or unfounded, the Program Director, Assistant Program Director, or designee shall notify the resident of the outcome of the investigation in writing through the Resident Notification Form." The Program Director or designee shall complete a PREA Retaliation Monitoring Form to ensure the resident who made a PREA allegation is free from retaliation. The Agency PREA Policy requires notification to the victim, the Agency PREA Coordinator, and the agency's executive team. The facility has a form for the notification of the resident on the outcome of sexual assault complaints. The agency form is to be used to inform residents of the outcome of both sexual assault allegations and allegations of sexual harassment. There were no cases in the past year in which the form was completed. In the case of one administrative investigation from 2022, the agency provided documentation to support notifications.

Indicator (b). As noted in 115.271 (l), if the Buffalo Police Department is completing the criminal investigation, the facility director would open up communication channels to ensure sufficient information is obtained in a timely fashion to report to victim residents. CRJ would complete administrative investigations into sexual assault where appropriate. Such investigations would determine whether the staff's actions or inactions played a part in the assault. Absent a criminal case, the Auditor asked the Director of LightHouse Reentry Center and the Contract Oversight Manager about how they would stay informed on a PREA criminal investigation. The facility reported no sexual assaults on the form, but the agency did substantiate staff breached ethics and personal boundaries. The Federal Bureau of Prisons can

potentially reopen the case if the resident cooperates in the future.

Indicator (c). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (page 11) states, "Following an allegation of abuse by a staff person, supervising staff shall take steps to separate them, so there is no possibility of further unmonitored contact between them until an investigation is completed. The appropriate staff shall determine if the staff member should be placed on administrative leave pending the results of an investigation". The Program Director of LightHouse Reentry Center is aware of the required notifications to the victim. If the allegation involves a staff person, the victim will be told if the staff is no longer at the facility, when the staff person is no longer employed, has been indicted, or when the staff person is convicted. Given the short-term nature of the program, most likely, indictments and convictions might not happen while the resident victim was still in custody. In the case described above, the agency stopped the employee's access once the potential ethics violations were discovered on the client's phone.

Indicator (d). The Program Director of LightHouse Reentry Center is also aware of notification to a victim when a resident perpetrator has been indicted or convicted. Since the length of stay at the LightHouse Reentry Center is usually under six months, notification on convictions would be unlikely and would become the responsibility of the Victims' Assistance Office of the Court system.

Indicator (e). The facility will provide the resident with a written notification of the investigative outcome. This will also go into the client's permanent record, and a copy will be forwarded to the PREA Coordinator. Documentation can also be written into Secure Manage. The agency will complete the form to document the findings and why if the resident was not informed, such as being no longer in custody.

Indicator (f). The Auditor is not required to audit this provision.

Compliance Determination

The Community Resources for Justice has put in place mechanisms to ensure residents are told of the outcome of sexual assault and sexual harassment claims. In determining compliance, the Auditor reviewed policies, websites, and reporting forms and conducted interviews with the Program Director, Contract Oversight Manager (administrative Investigations), and the agency's PREA Coordinator. Based on the above-stated factors, LightHouse Reentry Center is compliant in its ability to report to residents. LightHouse Reentry Center had used the form to document resident notifications or why they did not occur. The agency policy requires

	<p>notifications to be made on sexual harassment cases. The Auditor relied on the interviews, the reporting forms to be completed for sexual harassment cases, and the policy to determine compliance.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ Employee handbook</p> <p>Memo from Director</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Director of LightHouse Reentry Center</p> <p>Interview with Human Resources staff.</p> <p>Interview with PREA Coordinator</p> <p>Indicator Summary determination.</p> <p>Indicator (a). CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) states staff can be subjected to “disciplinary sanctions up to and including termination for violating CRJ sexual abuse or sexual harassment policy.” CRJ employee handbook (page 15) further informs staff of potential discipline. “The agency reserves the right to discipline or discharge any employee for violating any agency policy, practice, or rule of conduct.” The handbook states, “Employees may also be disciplined or terminated for gross misconduct.” There were no staff disciplined in the past year for any form of sexual misconduct. The Agency Discipline Policy, under a section describing Progressive Discipline, makes the following statement. “The appropriate disciplinary action imposed will depend on the nature of the conduct or action. CRJ does not imply, represent or promise that one form of disciplinary action will proceed another, and the agency reserves the right to terminate employment any time it deems proper.”</p>

Indicator (b). CRJ Policy 900.00 states, "Sexual abuse, sexual harassment or sexual contact with residents shall subject staff to appropriate discipline, up to and including termination." The Employee handbook states, "Gross misconduct, including, but not limited to violations listed below, may result in the employee being terminated for a single violation." Gross Misconduct includes acts that are criminal or present a threat to the agency, its residents, or its staff. Human Resources staff and the Director of LightHouse Reentry Center confirmed that employees who engage in sexual misconduct with a resident can be terminated for the first offense.

Indicator (c). Community Resource for Justice is an at-will employer that can determine appropriate sanctions for non-criminal behavior. Policy 900.00 utilizes the standard language to state consequences should be commensurate with the nature of the offense and the employee's history with the agency. CRJ Employee handbook notifies staff that they can be terminated "All CRJ employees are at-will, which means they may be terminated at any time and for any reason, with or without advance notice. Employees are also free to quit at any time." Interviews confirmed that discipline for non-criminal behaviors would be based on the employee's overall history and the nature of the offense.

Indicator (d). LightHouse Reentry Center does not employ any individuals who perform duties in a licensed capacity. The facility will notify the Police Department of all sexual assaults or sexual harassment behavior that appears to be criminal in nature, even if the employee has left the agency. The Director of LightHouse Reentry Center confirmed that outcomes of administrative or criminal investigations related to sexual abuse or sexual harassment of clients would be forwarded to Human resources to become part of their employment record. Determination on all formal discipline is made at an agency level.

Compliance Determination

The Community Resources for Justice has a policy in place that states staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action (900.00 pages 20). Disciplinary actions, up to and including termination, will be taken for a substantiated finding of sexual abuse. Discipline, per policy, will be proportional to the nature and circumstances of the acts committed and comparable to other staff with similar histories. All sexual abuse allegations will be reported to the local authorities regardless of whether the staff resigns or is terminated.

Compliance was based on policy and the interview with the Program Director of

	<p>LightHouse Reentry Center, the agency PREA Coordinator, and the Human Resources staff. The Auditor also took into consideration the agency PREA policy and CRJ employee handbook, which described the discipline process for staff, including grounds for immediate termination for “gross misconduct.”</p>
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115.277	Corrective action for contractors and volunteers
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	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>PREA training record for contractors</p> <p>Individuals interviewed/ observations made.</p> <p>LightHouse Reentry Center Program Director</p> <p>PREA Coordinator</p> <p>Indicator Summary determination.</p> <p>Indicator (a). LightHouse Reentry Center does not employ any individual contractor to provide direct service to residents in a licensed capacity. Maintenance contractors entering the facility are supervised by staff as one-time individuals. The food service contractor drops off meals daily but does not interact directly with the residents. Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) allows for the immediate cessation of visits by any contractor or volunteer accused of engaging in sexual misconduct. “Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from entry to any CRJ programs and shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.” The agency policy requires all criminal behavior to be reported to the police, no matter if the individual is an employee, a contractor, a volunteer, or a visitor. Residents report if an individual is in completing a repair, the residents are prohibited from being on the same floor as the workers. The program has no volunteers currently but would train</p>
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volunteers or interns in PREA in a manner consistent with regular staff.

Indicator (b). According to CRJ and LightHouse Reentry Center policy 900.00 (pages 20-21), in the case of any violation of boundary issues by any contractor or volunteer, the Facility Director will determine if the violation is non-criminal actions should result in the termination of their contact with residents. "The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of CRJ sexual abuse or sexual harassment policies by a contractor or volunteer." According to the Program Director, criminal actions would result in the notification of the Police and the funding source. She confirms the individual would have an immediate termination of access to residents during the investigation.

Compliance Determination

LightHouse Reentry Center currently employs no contractors or volunteers who provide direct services to the clients. CRJ policy 900.00 Resident and Staff Sexual Abuse and Sexual Misconduct (PREA) (page 18) requires the notification to law enforcement of any PREA violations, and the misconduct would be grounds for barring admission to the facility (page 20). All non-employees (food vendors) entering the site are supervised while on location. As noted in 115.232, all individuals entering the facility are educated about PREA, and Contractors or volunteers are supervised. The facility has not employed or received any voluntary services from a professional to whom a licensing board would be required to be informed of violations of PREA. The Agency PREA Coordinator reports that no volunteer or contractor was the subject of any PREA-related investigation in the past year or required any corrective actions. Compliance, absent any discipline of volunteers or contractors, is based on the policy that supports investigation discipline and removal of contact.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. LightHouse Reentry Center Pre-Audit Questionnaire Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

Resident Handbook

Memo from the Director

Example of discipline process (non-PREA)

Individuals interviewed/ observations made.

Program Director

Residents

Indicator Summary determination.

Indicator (a). Policy 900 Staff and Resident Sexual Abuse (PREA) sets forth the requirement that any resident found to have engaged in resident-on-resident sexual abuse can be subject to discipline. It states, "Residents will be subject to disciplinary sanctions pursuant to a formal disciplinary proceeding following an administrative finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment or following a criminal investigation" (page 21). At LightHouse Reentry Center, there have been zero resident-on-resident sexual abuse or resident-on-resident sexual harassment cases. The Auditor reviewed the policy and resident handbook information defining discipline and facility leadership. As a Community Confinement Center, the belief is that a new criminal charge would likely result in an immediate placement in a higher custody level. The information on the 2023 sexual harassment case supported quick action to support Zero tolerance toward any form of sexual misconduct. The LightHouse Resident Handbook provides a complete description of consequences for sexual assault, sexual harassment or any sexual acts involving residents.

Indicator (b). The Facility Director reports that the discipline process is fair and has consequences that vary based on the severity of guideline violation. The resident handbook outlines prohibited actions and types of sanctions for non-criminal acts. As a community confinement center, the local police or referring authority would immediately remove residents engaging in sexual abuse. An interview with the Program Director confirms that the individual's prior disciplinary history could weigh in the process and that sanctions would be consistent with those who committed similar offenses.

Indicator (c). Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA), page 21, requires consideration of the resident's mental illness or disability

in determining appropriate sanctions. The policy states, "The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." An interview with the facility's Program Director confirms that before enacting any discipline of the resident for actions outside of sexual abuse, she would take into consideration the resident's ability to comprehend their actions. As noted above in cases where sexual abuse has occurred, the individual would be removed from LightHouse Reentry. The Auditor was provided with an example of a disciplinary case that was not related to sexual assault or sexual harassment but allowed him to see the process.

Indicator (d). As a community confinement facility, it would be unlikely that the perpetrator of sexual abuse or aggression would stay in the facility. Individuals who engage in such actions would likely be returned to higher levels of custody. LightHouse Reentry Center can refer individuals with sexual abuse histories to outside counseling at the local Rape Crisis Center or other mental health programs in the area.

Indicator (e). Policy 900.00 confirms on page 21 that residents will not be disciplined for engaging in consensual sexual contact with the staff. "The program may discipline a resident for engaging in sexual contact with a staff only after an investigation finding the staff did not consent." The Auditor also confirmed with the Program Director that residents in these situations would be considered victims and not be subjected to disciplinary actions.

Indicator (f). Community Resources for Justice Policy 900.00 and the LightHouse Reentry Center resident handbook (page 6) confirm that a resident can be disciplined if they purposefully lied in submitting a PREA-related complaint. The policy states that complaint files with a reasonable belief that the alleged conduct that occurred shall not constitute a false allegation. CRJ administration confirmed that this would only occur after the completion of an investigation, which supported such intent in its findings. Interviews with residents confirmed an understanding that PREA complaints cannot result in discipline without an investigation substantiating an intentionally false report. There were zero investigations of false reports related to sexual abuse or sexual harassment claims in the past year.

Indicator (g). LightHouse Reentry Center prohibits sexual contact between residents. It is stated in the resident handbook that residents may not engage in sexual acts. According to the facility Director, if residents have engaged in sexual activities, there would be an investigation of facts, and residents would be met with to ensure there was no intimidation by either party to claim the activity as consensual.

	<p>Residents who are disciplined through this process will have notifications sent to their referring authorities.</p> <p>Compliance Determination:</p> <p>The LightHouse Reentry Center has a policy addressing this standard's concerns. The residents are also afforded information related to sexual misconduct in the facility in the resident handbook. These documents address the conditions in which a resident could be disciplined, that sanctions are equivalent to the nature of the misconduct, the required consideration of a resident's mental health or functioning level, and the consequences for sexual misconduct between residents. Interviews with the Program Director confirmed policy expectations, including no discipline for the residents in consensual acts with staff persons.</p> <p>Interviews with residents confirm that they are told of prohibited acts at LightHouse Reentry Center at admission and are provided a handbook that outlines the discipline process. Compliance, absent a disciplinary event for sexual assault, is based on policy, handling sexual harassment claims, information available through the client handbook and administration, line staff, and resident interviews.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900 Staff and Resident Sexual Misconduct (PREA)</p> <p>NY Office of Victims Services Website</p> <p>NY Department of Health SANE hospital sites</p> <p>Buffalo Victims Services Website</p> <p>Erie County Medical Center of SAFE/SANE Services</p> <p>MOU with Crisis Services</p> <p>Memo from Director</p>

Individuals interviewed/ observations made.

The Erie County Medical Center

Representative of Crisis Services

Random Staff

Program Director

Indicator Summary determination.

Indicator (a). LightHouse Reentry Center has an agreement for the medical treatment of victims of sexual abuse. The Erie County Medical Center in Buffalo will provide victims of sexual assault appropriate services. The Erie County Medical Center can provide emergency services, including access to trained Sexual Assault Nurse Examiners. The facility's coordinated response plan requires potential victims to be sent to the hospital. Ongoing support for medical support for victims of abuse can occur at the hospital or at Community Health Center. Policy 900.00 Staff and Resident Sexual Misconduct has language requiring unimpeded access to care for victims of sexual abuse consistent with the language of the indicator. "Resident 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." Staff interviewed understood that resident victims should be offered the opportunity to go to the hospital for a forensic exam. As an open program residents can be approved to leave the facility to seek health care services. There were no cases in the past year of a resident having to go to the hospital for treatment related to sexual abuse.

Indicator (b). LightHouse Reentry Center does not employ medical staff. All victims would be sent to the hospital. All staff at LightHouse Reentry Center are trained as first responders. In their interviews, the random staff knew the need to preserve evidence and the importance of emotionally supporting the victim. LightHouse Reentry Center has a coordinated response plan that confirms this practice. Interviews with staff further confirmed the importance of an immediate response to actual sexual abuse incidents and any situation where residents state concern of potential abuse. Staff described the importance of providing physical and emotional safety to the victim and the importance of immediate access to hospital care. Residents also have access to community-based Mental Health Services the Federal Bureau of Prison provides.

Indicator (c). Interviews with staff at The Erie County Medical Center supported residents would be offered information on emergency contraception and prophylactic medication as necessary. After the emergency visit to the hospital, they may do follow-up care or at area health clinics, where they can receive appropriate services, including medication, even if initially refused.

Indicator (d). Community Resources for Justice policy 900.00 (page 14) states, “treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.” Interviews with community service providers and information on the New York Office of Victims Service website confirmed there is no cost for treating victims of sexual assault through the state’s Victim’s Compensation. The state website states the following; “The Office of Victim Services directly reimburses medical providers for forensic rape examinations (FREs) if victims of sexual assault do not have access to private health insurance or choose not to use their private health care insurance for the examination” The Victims Compensation Fund is available to ensure no cost for treatment, thus removing fiscal concerns as a barrier to seek treatment.

Compliance Determination

LightHouse Reentry Center does not employ medical staff. They have trained all staff in the duties of the first responders, including getting the victim to treatment services as soon as possible. Line staff are aware they should only ask the victim for enough information to be able to obtain appropriate treatment. They are also mindful of the importance of protecting evidence, including informing resident victims not to take any action that would degrade evidence. Victims of sexual assault at LightHouse Reentry Center have appropriate access to medical and mental health services without cost. The Auditor finds the standard to be in compliance. Absent a case requiring the plan’s implementation. The Auditor relied on policy, staff, and administration knowledge of the coordinated plan and community resource information to determine compliance.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

LightHouse Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

LightHouse Reentry Center Resident Handbook.

Erie County Medical Services

US DOJ "A National Protocol for Sexual Assault Medical Forensic Examinations."

Memo from Director

Individuals interviewed/ observations made.

Case management staff

Local rape crisis agency

Erie County Medical Center representative

Indicator Summary determination.

Indicator (a). LightHouse Reentry Center will offer medical or mental health evaluations and treatment referrals to individuals sexually abused at the facility or during a previous institutional stay. A resident who reports prior victimization history to the LightHouse Reentry Center staff would be offered a referral to community-based counseling services available in the region. Residents can locally access mental health, substance abuse, and psychiatric care in the greater Buffalo area. Residents acknowledged they believe the staff will help individual victims find services. The Erie County Medical Center and several community-based services can provide follow-up medical care. Identified residents with victimization histories interviewed confirmed their access to community-based counseling services. Representatives of the Erie County Medical Center confirmed their ongoing support for the victim's medical needs. CRJ acknowledges that residents have a right to refuse treatment but requests that they sign a form that acknowledges this fact. Case management staff will encourage treatment and explain why it is important. The Case Management staff will provide support and referrals at a later date if the victim changes their mind. There have been no cases to date of any resident being sexually abused at the LightHouse Reentry Center.

Indicator (b). Local medical and mental health clinic representatives confirm they can provide ongoing services while the individual remains at LightHouse Reentry Center. LightHouse Reentry Center does not subcontract for these services, but they

are available to the residents through various local service providers. Some services are funded through the US FBOP. If the resident leaves the area, these agencies confirm they will aid in the continuity of services by making referral recommendations close to the community where they will be living. The representative of Crisis Services also confirmed that individuals with whom they have provided supportive services would be offered information about the availability of support in the community in which the individual was going to live.

Indicator (c). Medical and mental health services are available at several community-based providers. Representatives told the Auditor of these facilities that LightHouse Reentry Center clients receive the same services that all individuals living in the community seeking services would receive. In addition to the interview with community agency representatives, the Auditor reviewed several agencies' websites for information on service availability.

Indicator (d). The Erie County Medical Center staff confirmed residents of LightHouse Reentry Center who were victims of sexual assault would be offered pregnancy testing. The New York state training program for forensic examiners supports the recommendations found in the US DOJ's "A National Protocol for Sexual Assault Medical Forensic Examinations."

Indicator (e). The Erie County Medical Center staff confirmed if the sexual assault results in pregnancy, the victim would receive counseling on pregnancy-related medical services. The New York state training program for forensic examiners supports the recommendations found in the US DOJ's "A National Protocol for Sexual Assault Medical Forensic Examinations."

Indicator (f). The Erie County Medical Center staff confirmed HIV testing is available to all victims of sexual abuse. The New York state training program for forensic examiners supports the recommendations found in the US DOJ's "A National Protocol for Sexual Assault Medical Forensic Examinations."

Indicator (g). Treatment services are provided to victims even if they do not name the abuser or cooperate fully with the investigation. Interviews confirmed the stated CRJ policy (900.00 (page 14), "treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation." The Program Director confirmed the agency's commitment to removing any barrier to preventing a victim from pursuing treatment. New York has put in place financial resources to support victims and ensure that fiscal considerations are not a barrier to an individual seeking treatment.

Indicator (h). The CRJ's PREA policy 900.00 (page 14) would put in place a follow-up assessment requirement if a perpetrating individual were to remain in custody. "The program will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." As a Community Confinement Facility, it would be unlikely a perpetrating individual would remain in such a level of custody. Such individuals would most likely be in local police custody as part of the ongoing criminal case.

Compliance Determination

The Community Resources for Justice is committed to ensuring residents in all their programs have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. Agency Policy 900.00 speaks to each aspect of this standard. The residents have access to area service providers who can provide victims of abuse with the appropriate ongoing support and treatment. Interviews with local hospitals and community health providers confirmed that resident victims could receive free-of-charge services, including HIV testing, prophylactic treatment, pregnancy testing, and related services. In determining compliance, the Auditor considered conversations with the community service providers, the Program Director, interviews with case management staff and residents with victimization histories, and resident records. The Auditor also completed internet research on the various health service agencies, which supported the finding of compliance.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>Policy 221 Emergency Plans</p> <p>PREA Incident Review forms</p> <p>Annual reports</p> <p>Director's Memo</p>

Individuals interviewed/ observations made.

LightHouse Reentry Center Director

Contract Oversight Manager

Director of Reentry Operations

PREA Coordinator

Indicator Summary determination.

Indicator (a). the Community Resources for Justice Policy 900.00 Staff and Resident Sexual Misconduct (page 21) set forth the obligation to have a critical review of all incidents of sexual abuse unless the allegation has been unfounded. "The facility shall conduct a sexual abuse or sexual harassment incident review at the conclusion of every sexual abuse/harassment investigation, including where the allegation has not been substantiated." The agency policy goes beyond the standard requirement as it requires reviews of sexual harassment cases in addition to sexual abuse cases. The Agency's Emergency Plan policy 2.2.1 page 3 also sets forth a practice of critical incident reviews. There were two allegations in the year prior to the site visit; one was resident-on-resident sexual harassment, and the other was potential staff-on-resident sexual misconduct. Both cases were substantiated, and the agency completed a post-investigation review of the incidents.

Indicator (b). Policy 900.00 states the review "will normally occur within 30 days of the conclusion of an investigation." An interview with the Facility Director and the PREA Coordinator confirmed that all investigations would undergo such reviews. The Auditor also reviewed the requirements with the new Assistant Director.

Indicator (c). The PREA Policy states, "The review team shall include upper-level management officials, with input from line supervisors, investigators, local law enforcement and medical or mental health practitioners." The LightHouse Reentry Center does not employ medical staff, only part-time mental Health staff. The PREA Coordinator reports, the Contract Oversight Manager, and Case Managers, when appropriate, would be added. If the case was criminal, the review would include information obtained from law enforcement or community medical or mental health service providers. The Director of Reentry Operation will also complete a critical review of the incident.

Indicator (d). The CRJ policy 900.00 (pages 21-22) defines the elements to be considered by the review team consistent with this indicator's requirement. The Policy states, "The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staffing levels in that area during different shifts;
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and current camera systems; and
 - f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to sections a. – e. (above) and any recommendations for improvement, and submit such report to CRJ's Chief Operating Officer (COO), the Program Director and the PREA Coordinator.
5. The facility shall implement the recommendations for improvement or shall document its reasons for non-compliance."

In addition to the policy, the Auditor was able to see the intended form used to record the information discussed. The Auditor also confirmed the elements that would be discussed with the Facility Director and the PREA Coordinator." The agency has developed a review form that ensures consistent information, including the required elements of this indicator.

Indicator (e). Policy 900.00 states, "The facility shall implement the recommendations for improvement or shall document its reasons for non-compliance." Interviews with the facility Director and Agency PREA Coordinator support understanding how information from incident reviews would spur action. Discussions with the contract oversight manager further support an immediate response to an identified need and the agency's overall process of using a critical review as a mechanism for overall improvement.

Compliance Determination

The LightHouse Reentry Center ensures allegations of sexual assault have a review. The agency policy states reviews will occur on sexual harassment and sexual abuse cases that are substantiated or unsubstantiated. Interviews with senior

	<p>management of the agency and facility support an understanding of the requirements of the indicators. The Interviews supported an understanding of how critical review could be used to implement policy or procedure changes if needed. CRJ's upper Administration reportedly looks at incident reviews as an opportunity to improve the program in question and raise the bar of safety across the agency. Absent a current investigation, the auditor relied on policy and interviews to support knowledge of the requirements for determining compliance.</p>
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115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ PREA Annual Report</p> <p>LightHouse Reentry Data Spreadsheet</p> <p>Quality and Compliance Audit reports</p> <p>Online review of the USDOJ SSV-4 form (other correctional facilities)</p> <p>Individuals interviewed/ observations made.</p> <p>PREA Coordinator</p> <p>BOP Representative</p> <p>Contract Oversight Manager</p> <p>Indicator Summary determination.</p> <p>Indicator (a). CRJ collects uniform data on all its facilities. The Auditor was provided with a spreadsheet of data, which includes 56 data points related to PREA. The spreadsheet collects information on PREA complaints/investigations and tracks screening information, population, grievances, searches, and a number of notifications of investigation outcomes, to name a few items. The definitions used by the Agency in Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) are consistent with the PREA guidelines for Sexual Abuse and</p>

Sexual Harassment. Agency Policy states, "CRJ shall collect accurate, uniform data for every allegation of sexual abuse and sexual harassment at all facilities under its direct control using a standardized instrument and set of definitions. CRJ shall aggregate the incident-based sexual abuse data at least annually." The PREA Coordinator receives monthly data from each of the agency's programs, allowing him to track progress/ trends at both the facility and agency levels as the Assistant Director of Quality & Compliance (Q&C). The PREA Coordinator meets routinely with the CRJ Social Justice Leadership Team, where these trends and potential solutions can be further assessed.

Indicator (b). The agency collects aggregate data at the facility and agency levels to identify trends. The PREA Coordinator receives information on a monthly basis from each of the Social Justice Services Programs. CRJ management interviews support an active review of all incidents to determine trends or needs. A client safety issue identified in non-PREA incidents could result in a solution that could also benefit sexual safety (i.e., Camera purchases, procedural changes). The facility has completed an annual report which shows aggregate data. The PREA Coordinator also produces a report on a monthly basis that includes performance measures that can be shared with agency senior leadership and the board of Directors. The Auditor was provided with several quality insurance reports that can be helpful in both tracking PREA incidents and identifying trends that may need to be addressed.

Indicator (c). The Auditor compared interviews with the Agency PREA Coordinator and information from the PREA DATA Spreadsheet to the SSV-4 form. The Auditor was able to identify the key elements of the Survey of Sexual Violence in the CRJ data report. Each reentry facility is required to forward this information to the Quality and Compliance Department. The PREA Coordinator is the Assistant Director of Quality & Compliance (Q&C). In this role, the Q&C team produces reports for the agency management team. The Auditor was provided information from Audits, further supporting how CRJ's central administration can obtain data. The Community Resources for Justice PREA Policy (900.00) addresses the requirements of this indicator, "CRJ shall aggregate the incident-based sexual abuse data at least annually. 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." Interviews with the PREA Coordinator and the Facility Director confirm there is regular communication on all aspects of the agency's efforts to ensure a zero-tolerance culture.

Indicator (d). All incident reports and investigations are forwarded to the Agency PREA Coordinator for the required storage. Policy 900.00 states, "CRJ shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews." As noted in indicator a), the PREA Coordinator and the agency's Social Justice Services leadership regularly review information related to sexual misconduct.

	<p>Indicator (e). N/A- the facility does not contract for the confinement of residents. The Information it receives from its own facilities is sufficient to complete the SSV-4 form.</p> <p>Indicator (f). N/A- The Department of Justice has not asked LightHouse Reentry Center for the SSV data, though the elements collected by the facility and the PREA Coordinator support an ability to complete said report. Discussions with the Federal Bureau Prison’s regional monitor confirmed that the facility and agency do communicate critical incidents to the FBOP.</p> <p>Compliance Determination</p> <p>The Community Resources for Justice collects information sufficient to complete the Survey of Sexual Victimization (SSV) in all its programs, including the LightHouse Reentry Center. Indicator (e) does not apply as CRJ does not contract for beds. LightHouse Reentry Center has not been requested to complete the SSV report or provide other related data to the Department of Justice (indicator (f)). The Auditor also saw a summary report of all programs CRJ runs and their incidents of PREA-related events. The report ensures uniformity of data and incident-based tracking of sexual assaults and sexual harassment complaints. The agency policy 900.00 (page 22) commits the agency to comply with the standard’s data collection requirement. Compliance is based on the information provided to the Auditor and the interview with the Agency PREA Coordinator, who oversees Quality and Compliance in the Reentry facilities. The agency PREA Coordinator is responsible for maintaining the Agency aggregate data on all facilities.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ Website with PREA Annual Report</p> <p>Documentation of CEO approval of the annual report</p> <p>Individuals interviewed/ observations made.</p>

PREA Coordinator

Contract Oversight Manager

Program Director

Vice President of Social Justice Services

Indicator Summary determination.

Indicator (a). CRJ's PREA Coordinator reportedly meets with the Social Justice Services leadership monthly. The group reviews any PREA-related concerns or other client safety issues and looks for trends. If a sexual abuse incident review identified a concern, this group would further assess the nature of the corresponding response at the agency level. Since this group member would also be involved in the facility-level reviews, they would enable change, when needed, across all facilities. These steps provide the basis for the annual report analysis. The PREA Policy addresses the standard requirements, "CRJ shall review data collected and aggregated pursuant to Section Q. in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

a. Identifying problem areas

b. Taking corrective action on an ongoing basis, and

c. Preparing an annual report of its findings and corrective actions for each Program and for CRJ as a whole."

As previously stated, the PREA Coordinator reports the information in developing an annual report is reviewed with the Social Justice Services leadership, the agency's Senior leadership and the Board of Directors.

Indicator (b). The Auditor's annual report review revealed the document compares last year's data with the prior year's data. Policy 900 states, "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 CRJ's progress in addressing sexual abuse." The PREA Coordinator reports they track trends at facility and agency levels and review the incident review findings, which help to identify training needs, staffing needs, and technology needs.

Indicator (c). The Annual Report is on the agency's website. The reports from the last nine years are currently available.

Indicator (d). To date, the agency has not had to redact information that would impact the security of the facility. Policy 900.00 states, "CRJ may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a Program but must indicate the nature of the material redacted."

Compliance Determination

LightHouse Reentry Center and the Community Resources for Justice policy (900.00) addressed the standard's requirements on the use of data for corrective action. CRJ's Standards and Quality Assurance Department has developed a database that supports corrective action by monitoring routine elements. The department collects over 50 factors related to PREA and has a mechanism to assess agency-wide needs/improvements. The features look at various indicators in the facility's efforts to prevent, detect, and respond to PREA incidents, including education, screening, and investigatory requirements. Since the facility does not have a history of PREA incidents, there is limited data from which to make a critical analysis. As a result, the agency looks at these events and other non-PREA events when determining safety concerns. The PREA Coordinator leads the agency's standards and accreditation process and has created a system to identify problem areas and monitor corrective action plans. The agency PREA Coordinator, the Program Director, the Vice President of Social Justice Services, and the Contract Oversight Manager all committed in interviews to using data to inform practice and identify change when needed. The agency has posted an annual report approved by the agency's chief executive officer on the website. The report looks at the data across the system and points toward the agency's ongoing efforts to be responsive. Compliance is based on the data provided, the information posted to the agency website, and the interviews. The interviews supported a consistent message that data analysis for program improvement is an agency-wide practice.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)</p> <p>CRJ website</p>

Annual PREA reports

Individuals interviewed/ observations made.

PREA Coordinator

Facility Director

Tour of LightHouse Reentry Center

Indicator Summary determination.

Indicator (a). Agency records are maintained securely in the SecurManage software program. The system reportedly utilizes access controls to different fields of information based on an employee's job description. CRJ PREA Policy 900.00 (page 22) states, "CRJ shall ensure that data collected pursuant to Section Q. are securely retained. CRJ shall make all aggregated sexual abuse data from programs under its direct control readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available, CRJ shall remove all personal identifiers. CRJ shall maintain sexual abuse data collected pursuant to Section Q. for at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise."

Indicator (b). The Auditor's review of the CRJ Website found the last nine years of annual reports available to the public. This also supports the policy language provided in indicator (a).

Indicator (c) The Auditor's review of aggregate reports shows no identifiers are used that could result in the identification of any victim of sexual abuse. Agency policy requires the redaction of personal identifiers. "Before making aggregated sexual data abuse data publicly available, CRJ shall remove all personal identifiers."

Indicator (d). The PREA Coordinator reports that PREA data will be maintained for at least ten years. As shown in indicator (a), Agency Policy requires the data to be maintained for ten years. CRJ PREA Policy 900.00 states, "CRJ shall maintain sexual abuse data collected pursuant to section Q. for at least 10 years after the date of the initial collection unless Federal, State, or Local law requires otherwise.

Compliance Determination

	<p>The Community Resources for Justice PREA policy 900.00 addresses this standard's requirements. All facility data is provided to the agency's PREA Coordinator, who is responsible for maintaining and securing all data. In the event of an incident, all identifying information would be removed before any information is made public. CRJ has a unit dedicated to Standards and Quality Assurance; it is this unit's responsibility to maintain data for a minimum of 10 years. No state or local law requires more extended maintenance of the records. The PREA Coordinator works with the Agency's Head and the Contract Oversight Manager to develop an annual report.</p> <p>Compliance is based on the information in the annual report, which includes no identifiers and information on all PREA-required facilities run by CRJ. The policy indications on handling information support compliance, as did interviews with the Agency's PREA Coordinator and Facility Director. The interviews support an understanding that all data is maintained for at least ten years. The annual report is posted on the agency website as required.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>LightHouse Reentry Center Pre-Audit Questionnaire</p> <p>CRJ Website/ PREA</p> <p>Individuals interviewed/ observations made.</p> <p>Tour of LightHouse Reentry Center</p> <p>General observation of staff and resident interactions by the Auditor</p> <p>Indicator Summary determination.</p> <p>Indicator (a). CRJ is in its fourth cycle of audits to ensure compliance with Federal Law. In the last three years, the agency had all of its adult Reentry programs, all of which were audited on compliance with the Prison Rape Elimination Act.</p> <p>Indicator (b). CRJ has Audits spread out over all three years of the Audit cycle. The agency has added and lost programming but has still maintained audits in each of</p>

the cycle years. In the last few years, the agency has added or reopened residential programs that are required to be PREA Compliant. LightHouse Reentry Center has been one previous time since CRJ took over the contract in Buffalo.

Indicator (h). The Auditor was provided access to all areas during the tour and could move freely around the facility to observe staff and resident interactions. The interviews occurred in a private office away from other residents and staff.

Interviewees were informed of the confidentiality of the interview process unless abuse was occurring in the facility.

Indicator (i). The Auditor was permitted to request and receive copies of relevant documents. Information was provided in advance, and more was furnished onsite at the Auditor's request. The Agency PREA Coordinator provided additional clarity as needed during the post-audit period. The Auditor was able to see the secure manage electronic case management system used in the facility. Additional documentation was asked to be uploaded after the site visit.

Indicator (m). The Auditor was able to meet with clients and staff in a private space. The Auditor was provided with use of the Intake /Release Coordinator's Office. Residents were told they could leave the door open if it made them more comfortable.

Indicator (n). Posting with the Auditor's contact information was found throughout the facility. The Auditor confirmed the postings were up for weeks prior to the site visit through interviews with staff and residents. The Program Director was reminded that the notices must stay up until the final report is issued.

Compliance Determination

The standard is Compliant based on evidence that the organization Community Resources for Justice has consistently applied PREA, including required audits over the last ten years. As an auditor, I found the facility helpful in preparing documents and supporting staff to get the identified individuals to the interviews in a timely manner. An opening and a closing meeting allowed leadership from across the agency to participate through Zoom.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

LightHouse Reentry Center Pre-Audit Questionnaire

Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)

CRJ website

Individuals interviewed/ observations made.

PREA Coordinator

Summary determination

Indicator (f). The Community Resources for Justice has posted on its agency's website (CRJ.org) PREA Audit reports Dating back to 2015. The PREA Audits cover all the facilities in Social Justice Programs required to meet PREA.

Compliance determination

The Community Resources for Justice is compliant based on the agency website's review, which showed prior PREA reports posted.

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

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

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

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

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

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	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.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes