

# PREA Facility Audit Report: Final

**Name of Facility:** Topeka Residential Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 10/24/2022

**Date Final Report Submitted:** 11/19/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Julie A Salmi	<b>Date of Signature:</b> 11/19/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Salmi, Julie
<b>Email:</b>	jasalmi.prea@gmail.com
<b>Start Date of On-Site Audit:</b>	09/27/2022
<b>End Date of On-Site Audit:</b>	09/29/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Topeka Residential Reentry Center
<b>Facility physical address:</b>	2201 Southeast 25th Street, Topeka, Kansas - 66605
<b>Facility mailing address:</b>	2201 SE 25th st, Topeka, Kansas - 66605

Primary Contact	
<b>Name:</b>	Melissa Goodman
<b>Email Address:</b>	mgoodman@mirrorinc.org
<b>Telephone Number:</b>	17857833274

Facility Director	
<b>Name:</b>	David Arellano
<b>Email Address:</b>	darellano@mirrorinc.org
<b>Telephone Number:</b>	7857833274

Facility PREA Compliance Manager	
<b>Name:</b>	Sarah Thompson
<b>Email Address:</b>	sthompson@mirrorinc.org
<b>Telephone Number:</b>	O: (785) 276-9013
<b>Name:</b>	David Arellano
<b>Email Address:</b>	darellano@mirrorinc.org
<b>Telephone Number:</b>	O: (785) 581-3616

Facility Characteristics	
<b>Designed facility capacity:</b>	46
<b>Current population of facility:</b>	36
<b>Average daily population for the past 12 months:</b>	41
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	20-52
<b>Facility security levels/resident custody levels:</b>	Community confinement
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	21
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	11
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

AGENCY INFORMATION	
<b>Name of agency:</b>	Mirror, Inc. Residential Reentry Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	130 E 5th Street, Newton, Kansas - 67114
<b>Mailing Address:</b>	
<b>Telephone number:</b>	3162836743

Agency Chief Executive Officer Information:	
<b>Name:</b>	Des Martens
<b>Email Address:</b>	dmartens@mirrorinc.org
<b>Telephone Number:</b>	316.283.6743

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Melissa Goodman	<b>Email Address:</b>	mgoodman@mirrorinc.org

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
2	<ul style="list-style-type: none"> <li>• 115.231 - Employee training</li> <li>• 115.242 - Use of screening information</li> </ul>
<b>Number of standards met:</b>	
39	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-27
2. End date of the onsite portion of the audit:	2022-09-29

### 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:	YMCA Center for Safety and Empowerment

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	46
15. Average daily population for the past 12 months:	41
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	37
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	22
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:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	12
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The auditor used a roster of residents to select residents from each of the two buildings housing the residents to ensure diversity in regard to race, gender, and ethnicity. The auditor chose every other name on each building's roster until 12 names were selected. All random residents willingly participated in the interview process.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	During the facility tour, the auditor had several informal conversations with residents regarding sexual safety, including education, reporting, communication, responses, etc. During formal interviews, the auditor explained to the residents at the beginning of each interview why she was at the facility, what her role was in the PREA process, and explained by interviews were needed. The auditor also discussed the resident's participation as voluntary and, while helpful, was not required, and they would not be disciplined for opting not to participate. After explaining the reasoning, the auditor asked the residents if she could ask them a few questions. The auditor then used the random resident interview protocols. All residents participated in the interview process and were forthcoming. During the random interviews, no targeted protocols were used. All residents reported they were aware of the zero-tolerance policy; they knew how to report an incident. They felt they could report anonymously, knew they had a right to be free from sexual abuse and sexual harassment, and retaliation, and they felt the staff at the RRC took PREA very seriously. All residents stated they felt safe from sexual abuse and sexual harassment at the facility and that staff would help them if needed. The auditor was afforded a private conference room to conduct the interviews and did not experience any barriers to completing the interviews or barriers to ensuring representation. The conference room was large enough to offer 6 ft of separation for Covid 19 protocols and masks were optional for the auditor and the residents.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	

<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	There were no residents with physical disabilities at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. Staff interviewed were unaware of any residents with physical disabilities at the facility.
<b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	There were no residents with a cognitive or functional disability at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. Staff interviewed were unaware of any residents with physical disabilities at the facility.
<b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who were blind or had low vision at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. The staff interviewed were unaware of any residents with physical disabilities at the facility.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who were deaf or hard-of-hearing at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. The staff interviewed were unaware of any residents meeting this criterion.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who were Limited English Proficient at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. Staff interviewed were unaware of any residents meeting this criterion.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>



<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who identified as gay, lesbian, or bisexual at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. The staff interviewed were unaware of any residents meeting this criterion.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who reported sexual abuse at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. The staff interviewed were unaware of any residents meeting this criterion.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>There were no residents who disclosed prior sexual victimization during risk screening at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. The staff interviewed were unaware of any residents meeting this criterion.</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>There were no residents who were in or ever placed in isolation for risk of sexual victimization at the time of the onsite visit. The auditor reviewed PAQ information and documentation, requested documents provided by the facility, and discussions with staff both pre-onsite and onsite. The facility is community-based and does not have an isolation room.</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>The auditor explained to the residents at the beginning of each interview why she was at the facility, what her role was in the PREA process, and why interviews were needed. The auditor also discussed the resident's participation as voluntary and while helpful, was not required and they would not be disciplined for opting not to participate. After explaining the reasoning, the auditor asked the residents if she could ask them a few questions. The auditor then used the random resident interview protocols followed by the targeted protocols. The auditor was afforded a private conference room to conduct the interviews and did not experience any barriers to completing the interviews or barriers to ensuring representation. The conference room was large enough to offer 6 ft of separation for Covid 19 protocols and masks were optional for the auditor and the residents.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</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 <b>RANDOM STAFF</b> interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor interviewed a cross-section of staff from all three (3) shifts. Random staff was selected from the staff available on each shift during the on-site portion of the audit. One randomly selected staff for the interview was replaced due to scheduling changes. The auditor was afforded a private conference room to conduct the interviews and did not experience any barriers to completing the interviews or barriers to ensuring representation. The conference room was large enough to offer 6 ft of separation for Covid 19 protocols and masks were optional for the auditor and the residents.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a <b>SPECIALIZED STAFF</b> role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input checked="" type="radio"/> No</li> </ul>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input checked="" type="radio"/> No</li> </ul>

<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Using the list of specialized staff provided, the auditor could select employees to interview. All specialized staff provided answers based on specific interview protocols for their position and responsibilities. The auditor interviewed eleven (11) employees utilizing nine (9) protocols. The auditor also interviewed the agency head, PC and PCM, and facility director. During interviews with specialized staff, the auditor learned that PREA investigations could be initiated in several ways, including mailing confidential letters out of the facility, written notes given to trusted staff, verbal reports, or third-party reporting. Additionally, any resident or staff member may write a note, letter, grievance, or other types of correspondence and place it in any locked correspondence box located in each dayroom. Utilizing Covid-19 pandemic precautions, the auditor interviewed agency leadership, supervisory, and some specialized staff and contractors (i.e., case managers, mental health) pre-onsite. No volunteers or contractors were assigned to the facility at the time of the audit.</p>
--	---

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

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

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The auditor was provided unfettered access to all areas of the facility and grounds while at the facility and could have informal discussions with staff and residents. The Topeka RRC is a nonsecure community-based facility with the capacity to house 46 residents. There are two buildings, 3 and 4, which house residents. Building three consists of both male and female residents. A total of 3 female dorms and 5 male dorms allows for a total of 16 males and 6 females. A separate handicapped room and restroom are available on the female wing. Separate restroom accommodations and laundry services are available in each building. Privacy curtains cover shower areas and bathroom stalls have doors for privacy. Building 3 typically houses residents with a high risk of sexual victimization. Building 4 consists of only male residents, with 10 rooms accommodating up to 28 residents. The facility tour encompassed all interior and exterior areas of the facility: all living areas, group rooms, kitchen and dining area, and outdoor sitting and recreation areas. During the tour, the auditor reviewed PREA-related documentation and materials located on bulletin boards. Telephone lines were tested for access to outside reporting entities. The auditor observed the facility's camera surveillance, physical supervision, and electronic monitoring capabilities. Other areas of focus during the facility tour included but were not limited to levels of staff supervision and limits to cross-gender viewing. Residents affirmed the ability to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal conversations with employees and residents regarding the PREA standards were conducted. Residents expressed knowing about PREA and how to make a report if something happened to them or another resident. Postings regarding how inmates can report PREA violations and the agency's zero-tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living areas and dayrooms. Opposite-gender staff announced their presence before entering resident rooms, as witnessed by the auditor. The auditor did not see any physical line-of-sight issues. The facility was well-kept and sanitized appropriately. Mirror Inc. also operates a substance-use residential housing program on the grounds of the RRC. RRC residents cannot access their programs, living units, or staff offices. The only shared service is the kitchen and dining area.</p>
--	---

**Documentation Sampling**

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

<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

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

The auditor encountered no barriers regarding documentation selection. Facility staff were forthcoming and accommodating to all auditor requests. Personnel and Training Files: The auditor selected eleven (11) files: new hires, newly promoted employees, and tenured employees. All records contained the required documentation, i.e., initial criminal history check, administrative adjudication, and five-year criminal history checks, when applicable; initial PREA acknowledgments, PREA annual and refresher training. Resident Files: The auditor reviewed twelve (12) resident files. All files had a signed acknowledgment of receipt and understanding of the facility's Zero-Tolerance for sexual abuse and sexual harassment policies. They also contained documentation of receiving Comprehensive PREA education, which consists of viewing the PREA video, "Safeguarding Your Sexual Safety." All residents received PREA information during intake and had their PREA screening within 72 hours of admission. Grievances: The facility reported that no grievances were received alleging sexual abuse during this audit cycle. Investigation Files: Information received regarding the allegations of sexual abuse indicate that in the past twelve months, zero (0) allegations of sexual abuse and zero (0) allegations of sexual harassment were made.

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

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

### Sexual Harassment Investigation Outcomes

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



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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	No sexual abuse allegations were made.
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

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

<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

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

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

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

### Non-certified Support Staff

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

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?	<input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other
--	--

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 528 300"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 445" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Mirror Inc. Organizational Chart</li> </ul> <p data-bbox="242 472 363 501"><b>Interviews:</b></p> <ul data-bbox="284 551 547 580" style="list-style-type: none"> <li>• PREA Coordinator (PC)</li> </ul> <p data-bbox="242 607 389 636"><b>Provision (a):</b></p> <p data-bbox="242 663 1489 960">Mirror Inc.'s Topeka Residential Reentry Center (RRC) has a written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual, which describes its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment and how the facility will implement Mirror, Inc.'s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, it includes staffing plans, technological advances, facility improvements, unannounced rounds, cross-gender viewing, and searching restrictions, screening, and assessments, hiring and promotion practices, and addressing the disabled or those with limited English proficiency. The PREA Manual defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for residents if, upon investigation, these behaviors are found to be coerced. Disciplinary action will be initiated against staff members up to termination of employment.</p> <p data-bbox="242 987 1425 1052">The auditor finds the facility in compliance with PREA Provision 115.211 (a) based on the documentation provided and interviews conducted.</p> <p data-bbox="242 1079 389 1108"><b>Provision (b):</b></p> <p data-bbox="242 1135 1489 1366">A review of Mirror Inc.'s organizational chart revealed there is an upper-level agency-wide PREA Coordinator. Mirror Inc.'s Vice President of Corrections also serves as the agency PREA Coordinator, is considered senior management, and reports directly to the President/CEO. Interviews with the PREA Coordinator revealed that her duties include the authority to develop, implement and oversee PREA requirements in the facility, and she has enough time to carry out those duties. The auditor's observations of the facility's preparation for the PREA audit, training documentation, PREA materials, and interviews with random staff gave credence to the PREA Coordinator for having the time to institute, delegate and review all PREA matters at Topeka RRC.</p> <p data-bbox="242 1393 1425 1458">The auditor finds the facility in compliance with PREA Provision 115.211 (a) based on the documentation provided and interviews conducted.</p> <p data-bbox="242 1485 376 1514"><b>Conclusion:</b></p> <p data-bbox="242 1541 1465 1637">Based upon the review and analysis of all the available evidence, the auditor has determined the agency/facility meets Standard 115.211 requirements which address zero tolerance of sexual abuse and sexual harassment; PREA coordinator. No corrective action is required.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 528 300"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 412" style="list-style-type: none"> <li data-bbox="284 349 1273 378">• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li data-bbox="284 383 1273 412">• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p data-bbox="240 441 363 470"><b>Interviews:</b></p> <ul data-bbox="284 519 496 548" style="list-style-type: none"> <li data-bbox="284 519 496 548">• PREA Coordinator</li> </ul> <p data-bbox="240 577 424 607"><b>Provision (a)-(c):</b></p> <p data-bbox="240 636 1497 763">The facility reported in its response to the Pre-Audit Questionnaire (PAQ) that they do not contract with any private entities for the confinement of residents. An interview with the PREA coordinator indicated that Mirror Inc. and the Topeka RRC do not contract with any private entities for the confinement of residents. Provisions (a-c) are not applicable; therefore, they are not relied upon to determine compliance with this standard.</p> <p data-bbox="240 792 376 822"><b>Conclusion:</b></p> <p data-bbox="240 851 1497 943">Based upon the review and analysis of the available evidence, the auditor has determined that this standard is not applicable; therefore, the agency/facility meets Standard 115.312, which addresses contracting with other entities for the confinement of inmates. No corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- 2022 Annual Review of Staffing Plan

**Interviews:**

- Facility Director
- PREA Coordinator

**Facility Tour Observations:**

- Staffing Pattern on Shifts
- Locations of Video Surveillance Equipment

**Provision (a):**

Mirror Inc.'s PREA Manual (p. 4) states the following: "...In the process of creating and revising a staffing plan to provide for adequate levels of staffing and video monitoring to protect residents against sexual abuse, Mirror shall ensure the following factors are taken into consideration:

- (a) Generally accepted detention and correctional practices;
- (b) Any judicial findings of inadequacy;
- (c) Any findings of inadequacy from Federal investigative agencies;
- (d) Any findings of inadequacy from internal or external oversight bodies;
- (e) All components of the facility's physical plan;
- (f) The composition of the resident population;
- (g) The number and placement of supervisory staff;
- (h) Programs occurring on a particular shift;
- (i) Any applicable State or local laws, regulations, or standards;
- (j) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (k) Any other relevant factors.

The facility uploaded its staffing plan in response to the PAQ. The auditor reviewed the staffing plan and found it lacking in identifying information specific to the facility, with only requirement generalities identified. It does not document overall staff coverage in correlation with the facility's physical layout or resident composition; it does not discuss the prevalence of substantiated and unsubstantiated incidents of sexual abuse. There is no indication of how many residents the staffing plan is predicated on. The staffing plan documentation provided does not meet the intent of this Standard. Interviews with the facility director and PREA coordinator revealed that staffing patterns are reviewed via its Quality Control Program annually, and they ensure the staffing needs are met in compliance with the correct gender and shift per building on an ongoing basis. The auditor reviewed the facility staff schedule and determined that the staff-to-resident ratio of 24:1 is sufficient, which includes a male and female on each shift. Additionally, during the facility tour, the auditor observed numerous cameras in the facility used to detect and prevent sexual abuse and harassment. Multiple cameras are deployed in the hallways containing the resident dorms, the dayrooms, food service, and front entrances. Video monitoring is conducted daily. The facility also identified and rectified an area of potential concern. Residents are not allowed in the basement of building 4 unless during an emergency; however, in the event of an emergency, there is the potential that the staff-to-resident ratio could be reduced. The additional surveillance provided by these two additional cameras ensures residents and staff receive extra protection against any potential assaultive activity. The facility installed 2 motion-activated cameras. The cameras will alert the facility director and deputy director when activated. All unauthorized areas in the facility are locked to prevent any access by

residents unless accompanied by a staff member. The auditor did not identify any line-of-sight concerns. The auditor reviewed the facility's 2019 staffing plan and found it to be compliant with the intent of the standards and recommends that the facility return to that format or similar that will meet requirements. The auditor also recommends that the agency PREA coordinator provide additional training in preparing and completing the staffing plan to the new relevant facility staff responsible for this task. The auditor requires corrective action for this provision. Specifically, the facility must develop a written staffing plan that encompasses and addresses this provision's requirements.

**Provision (b):**

In response to the PAQ, the facility reported that deviations from the staffing plan during the pandemic were not documented. The interview with the facility director revealed that if the facility was short-staffed, several supervisors could cover shifts to remain in compliance. The auditor requires corrective action for this provision. Specifically, the facility must develop a system to document all deviations from the staffing plan.

**Provision (c):**

At least once every year, the facility is required to review its staffing plan to see whether adjustments are needed in the plan itself, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The auditor saw no evidence that an annual review is being conducted yearly. The auditor was provided a copy of a September 2022 *Staffing Plan Review* form; however, it lacked any discussion regarding the year's review and did not demonstrate a consistent practice of reviewing the staffing plan annually. An interview with the agency PREA coordinator indicated she prepares a quality control report annually and that there were no suggested changes this year due to multiple facility improvements. The auditor requires corrective action for this provision. Specifically, the facility is to document a review of its staffing plan that addresses the requirements in this provision.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined that the facility does not meet Standard 115.213 requirements which address supervision and monitoring. Corrective action is required.

**Corrective Action:**

1. Develop a written staffing plan that encompasses and addresses all the requirements of provision (a) of this Standard.
2. Develop procedures to ensure the facility documents all deviations from the staffing plan pursuant to provision (b) of this Standard.
3. Develop procedures to ensure the facility documents an annual review of the staffing plan pursuant to provision (c) of this Standard.

**Recommendations:**

1. Provide additional training in preparing and completing the staffing plan for the new staff responsible for completing a comprehensive staffing plan.

**CORRECTIVE ACTION TAKEN SINCE THE INTERIM REPORT:**

During the corrective action phase, the facility and auditor worked together and devised a plan to address and rectify this deficiency. A written staffing plan that encompasses and addresses all the requirements of provision (a) of this Standard has been developed, and staff responsible for completing the annual staffing plan has been trained in its preparation. A *Staffing Plan Deviation Log* has been developed to document any deviations from the staffing plan. New procedures require staff responsible for preparing staffing schedules to notify the facility director and agency PREA coordinator immediately of any deviations to the schedule. The facility director will then document the deviation on the log and note the reasoning. The facility developed a *Staffing Plan Annual Review* form complete with the four elements of review required in the standard: The staffing plan, prevailing staffing patterns, deployment of video monitoring systems and other monitoring technologies, and resources ensuring adequate staffing levels.

Based on the corrective action taken, the auditor has determined that the facility meets Standard 115.213 requirements which address supervision and monitoring, and the matter is considered closed.



**115.215 Limits to cross-gender viewing and searches**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- PREA Training Curriculum
- Video: PRC Guidance on Cross-Gender and Transgender Pat Searches

**Interviews:**

- Random Staff (12)
- Targeted Residents - Transgender/Intersex (1)
- Random Residents (12)

**Facility Tour:**

- Observations of Cross-Gender Announcements
- Observations of Hallways and Living area Layouts

**Provision (a):**

The facility does not conduct cross-gender strip or visual body cavity searches of residents. The facility reports zero (0) such searches have been undertaken in the past 12 months in its response to the PAQ. Mirror PREA policy (*p. 5*) prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances. As such, there were no documents for the auditor to review. Interviews with two (2) random female residents indicated they had never been pat searched by a male staff member. Random interviews with staff revealed that they do not conduct cross-gender searches.

The auditor finds the facility in compliance with PREA Provision 115.215 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

The facility houses male and female residents and strictly prohibits cross-gender pat-down searches of residents per its PREA policy (*p. 5*). In practice, the facility does not conduct cross-gender pat-down searches and reports zero cross-gender pat-down searches within the past 12 months in its response to the PAQ. The facility does not r does not restrict the movement or programming of any resident if a staff member of the same gender is unavailable to search. If a staff member of the same gender were unavailable, a search would be conducted using the metal detector and handheld metal detector. During interviews with two (2) random female residents, both stated they had not been pat searched by a staff of the opposite gender and had never been restricted for lack of pat searching. During interviews with random staff members, all (100%) indicated they do not conduct pat searches on residents of the opposite gender.

The auditor finds the facility in compliance with PREA Provision 115.215 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror PREA Policy (*p. 5*) prohibits all strip and body cavity searches. The facility requires cross-gender pat searches to be documented. There were no instances of cross-gender pat searches of female residents during this audit cycle, and there were no documents for the auditor to review. As indicated in provision (b), female residents denied being pat searched by male staff.

The auditor finds the facility in compliance with PREA Provision 115.215 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

The facility has a policy that protects residents from being viewed in any state of undress except in incidental view on security rounds. Mirror PREA Policy (*p. 5*) requires that staff enable residents to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (this includes viewing via video camera). Included in the policy is a requirement for staff of the

opposite gender to announce their presence when entering a resident's housing dorm. During the facility tour, the auditor observed opposite-gender staff knocking and announcing themselves before entering bedrooms or bathrooms. Video surveillance cameras do not extend into resident rooms or communal bathrooms. All residents interviewed stated that opposite-gender staff knock on their doors and announce themselves before entering their rooms or bathrooms. All confirmed they could dress without being viewed by a staff of the opposite gender and that they were never naked in full view of the opposite-gendered staff member. All random staff interviewed reported that opposite-gender staff announcements are made when entering the bedrooms or bathing areas, and residents are allowed privacy to dress, shower, and toilet without the view of any opposite-gendered staff.

The auditor finds the facility in compliance with PREA Provision 115.215 (d) based on the documentation provided, facility tour observations, and interviews conducted.

**Provision (e):**

Mirror PREA Policy (p. 5) prohibits its facilities from searching or physically examining a transgender or intersex resident for the sole purpose of determining the student's genital status. Topeka RRC is a community confinement facility; all admissions are scheduled, and residents' information would likely be obtained in advance. In response to the PAQ, the facility reported zero (0) searches of transgender or intersex residents to determine the resident's genital status. Random staff members were interviewed and questioned about transgender and intersex resident searching procedures. All staff unanimously indicated they do not perform such searches. The auditor interviewed a transgender resident who indicated he had never been searched.

The auditor finds the facility in compliance with PREA Provision 115.215 (e) based on the documentation provided, facility tour observations, and interviews conducted.

**Provision (f):**

Mirror Inc ensures all staff at the Topeka RRC have been trained in performing cross-gender searches or searches of transgender persons professionally and respectfully and in the least intrusive manner possible, consistent with security needs. Training records and training materials provided staff they have received appropriate training. A review of employee training records and training curricula verified this practice. Interviews with random security staff members revealed that 100% had the training as required. The training documents reviewed verified that all staff received the training. All staff interviewed recalled training on opposite gender pat searches and searches of transgender and intersex residents.

The auditor finds the facility in compliance with PREA Provision 115.215 (f) based on the documentation provided, facility tour observations, and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined agency/facility meets Standard 115.215 regarding limits to cross-gender viewing and searches. No corrective action is required.

**115.216 Residents with disabilities and residents who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Brochure: Sexual Assault
- Sexual Abuse PREA Poster (Bi-lingual)
- Resident Handbook
- Mirror Inc. Annual Training Curriculum
- PREA in Community Corrections Contractor's Training (2016)

**Interviews:**

- Agency Head
- Random Staff (12)
- Residents with Disabilities: (0)

**Facility Tour:**

- Observations of PREA poster locations
- Critical Functions Test (Interpretive Services)

**Provision (a):**

On the PAQ, the facility reported established procedures to provide disabled residents with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. Mirror PREA Policy (6) addresses the facility's responsibility to take appropriate steps to ensure residents with disabilities; including those with intellectual, psychiatric, or speech difficulties, or are blind or have low vision, have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy defines residents with disabilities to include "residents who are deaf, hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities." An interview with the agency head revealed the facility has a contract with Universal Translation Services, which they utilize upon intake and while meeting individually with case managers to go over information in the resident handbook to ensure understanding or in any other circumstance where the translation is necessary to communicate. Residents are provided with the number and PIN to access the system. The auditor called the interpretive service phone number to test functionality and spoke with a representative who explained the process. The facility also utilizes bi-lingual staff when needed. At the time of the on-site audit, Topeka RRC did not have any disabled or LEP residents to interview. An interview with the PC indicated with blind, intellectually challenged or residents with low reading skills, case management staff read aloud policies and procedures in a one-on-one setting to ensure residents completely understand the material. The PCM indicated one-on-one settings have proven beneficial for residents with these types of disabilities. The facility has partnered with YWCA: Sexual Assault & Domestic Violence Prevention Center for services for disabled residents with mental health/psychiatric conditions and/or intellectually challenged residents. The facility provided the auditor with numerous community resources available to the residents, including ASL for those who are deaf or hard of hearing and Braille for those who are blind or struggle with limited vision.

The auditor finds the facility in compliance with PREA Provision 115.216 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

The facility has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility utilizes *Universal Translation Services*, which is utilized upon intake and while meeting individually with case managers to review information in the resident handbook, if necessary, to ensure understanding. In addition to translation services, the facility has bilingual posters, information, and brochures displayed prominently and available throughout the facility, which the auditor observed during the facility tour.

The auditor finds the facility in compliance with PREA Provision 115.216 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror PREA Policy (p. 6) requires the facility not to rely 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 a resident's safety, the performance of first responder duties, or the investigation of a resident's allegations. Random staff interviews revealed that the facility does not use resident interpreters or other resident assistants or readers. There were no LEP residents residing at the RRC during the audit. The facility reported in its PAQ response that the Topeka RRC reported zero instances when residents or other types of resident assistance were used during the past 12 months.

The auditor finds the facility in compliance with PREA Provision 115.216 (c) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.216 requirements which address residents with disabilities and residents who are limited English proficient. No corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Mirror Inc. Employment Application
- Employee Personnel Files (12)
- Mirror Inc. Personal Inquiry Waiver, Authority for Release of Information
- Contractor Background Verification (Prior to working with residents)
- Bureau of Prisons (BOP) Conditional and Final Approval Letters

**Interviews:**

- Human Resources Staff

**Provision (a):**

Mirror Inc. PREA Policy (*pp. 8-9*) addresses this provision in detail. The auditor reviewed employee personnel records for those staff hired within the past 12-month period. All personnel records contained the required completed background documentation. Specifically, each employment application queried prospective employees if they have ever:

- (a). 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);
- (b). Have 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
- (c). Have been civilly or administratively adjudicated to engage in the activity described above.

The policy also notes that they shall impose a continuing affirmative duty to disclose such misconduct upon employees. Upon interview of prospective employees, these questions are asked again and answered by the applicant. An interview with human resources staff and the facility director verified this information.

The auditor finds the facility in compliance with PREA Provision 115.217 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

Mirror Inc. PREA Policy (*pp. 8-9*) requires its facilities to consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the service of any contractor who may have contact with residents. The auditor interviewed human resources staff regarding the hiring practices at Topeka RRC. She indicated that the facility is required to consider incidents of sexual harassment before hiring applicants or contractors or promoting active employees.

The auditor finds the facility in compliance with PREA Provision 115.217 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror Inc. PREA Policy (*pp. 8-9*) requires a background investigation be completed on all prospective employees before having contact with residents. The policy also reflects that Mirror Inc. will run child and adult abuse registries as well. An interview with the human resources staff verified this information. She indicated facility utilizes the "Paycom" system to run the following background checks on prospective staff: national criminal record check, sex offender registry check, motor vehicle check, and Child and Adult abuse checks through the State of Kansas. Further, the facility adheres to the BOP's Statement of Work requirement that all employees be conditionally and finally approved before hiring any staff. Conditional approval consists of an NCIC/NLETS computer check, and final approval is contingent upon receipt of clear FBI Rap sheets after a complete fingerprint check. All personnel files reviewed contained verification by the BOP that prospective employee background checks were completed. File documentation revealed that no staff was hired to work with residents until they received final approval from the BOP indicating all background checks, including FBI fingerprint checks, were completed. These are performed on all employees every five years. In response to the PAQ, the facility indicated that eight (8) staff were hired within the past 12 months, which required background investigations.

The auditor finds the facility in compliance with PREA Provision 115.217 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

Mirror Inc. PREA Policy (p. 9) requires its facilities to perform a criminal background records check before retaining the services of any contractor who may have contact with residents. In response to the PAQ, the facility reported that in the past 12 months, there had been zero (0) contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents. The interview with human resources staff indicated the facility utilized the "Paycom" system to run the following background checks on potential contractors: national criminal record check, sex offender registry check, motor vehicle check, and Child and Adult abuse checks through the State of Kansas.

The auditor finds the facility in compliance with PREA Provision 115.217 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

Mirror Inc. PREA Policy (p. 9) requires its facilities to perform a criminal background records check every five (5) years on current employees and contractors who may have contact with residents. Of the 12 employee files reviewed, two were in the category of needing a five-year background re-investigation conducted. File documentation confirmed both had background re-investigations completed. Mirror Inc.'s contract with the BOP is for five years, and the BOP must conduct background investigations on all staff at the facility, regardless of whether they are new employees or have been employed during the previous contract. If an employee's five years of employment elapse before starting a new contract, the facility sends a new request to complete a background investigation to the BOP for processing. The facility does not retain contractors for ongoing services for five years but rather hires on an as-needed basis. The facility reported having no contractors at the facility during the past 12 months.

The auditor finds the facility in compliance with PREA Provision 115.217 (e) based on the documentation provided and interviews conducted.

**Provision (f):**

Mirror Inc. PREA Policy (p. 9) requires its facilities to ask all applicants and employees who may have contact with residents about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotion, and any interviews or written self-evaluations conducted as part of reviews of current employees. The agency's employment applications and files for two (2) staff receiving promotions containing the form *Personal Inquiry Waiver, Authority for Release of Information* contained all the required information. The interview with the human resources staff indicated sexual misconduct history is asked of potential employees and those vying for promotion.

The auditor finds the facility in compliance with PREA Provision 115.217 (f) based on the documentation provided and interviews conducted.

**Provision (g):**

Mirror Inc. PREA Policy (p. 9) stipulates that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The auditor finds the facility in compliance with PREA Provision 115.217 (g) based on the documentation provided.

**Provision (h):**

Mirror Inc. PREA Policy (p. 9) stipulates that Unless prohibited by law, Mirror shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Human Resources staff advised that upon receipt of a signed authorization form, the facility 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 the employee has applied to work.

The auditor finds the facility in compliance with PREA Provision 115.217 (h) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.217, which addresses hiring and promotion decisions. No corrective action is required.

115.218	<p><b>Upgrades to facilities and technology</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• 2020 Annual Report</li> </ul> <p><b>Provision (a):</b></p> <p>Mirror Inc. has not acquired a new facility or substantially expanded or modified existing facilities since the last PREA Audit in 2019. During the facility tour, the auditor observed the finalized modifications to the entrances in Buildings 3 and 4 that were in progress during the previous audit. There were no additional physical modifications to the facility. The agency head indicated Mirror Inc. considers all substantial modifications carefully to ensure there would be no potential issues or vulnerabilities stemming from the modifications.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.218 (a) based on the documentation provided and interviews conducted.</p> <p><b>Provision (b):</b></p> <p>The auditor interviewed the program director and agency head, who advised that Mirror uses monitoring technology to enhance the protection of all residents and staff. Considerable upgrades were made to replace the entire monitoring system at the RRC. Through facility updates, modifications, and state-of-the-art surveillance, the agency invests in the safety and security of its programs. During the facility tour, the auditor observed numerous cameras strategically located throughout the facility.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.218 (b) based on interviews conducted and auditor observations.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.218 requirements which address upgrades to facility and technology. No corrective action is required.</p>
---------	--

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Memorandum of Understanding with the Stormont Vail Hospital (*eff. 2019*)
- Memorandum of Understanding with the Topeka Police Department (*eff. 2016*)
- Memorandum of Understanding with the YWCA Center for Safety and Empowerment (*eff. 2022*)

**Interviews:**

- Random Staff (12)
- SAFE/SANE Staff
- PREA Coordinator
- Residents who Reported Sexual Abuse: (None)

**Provision (a):**

In response to the PAQ, the facility only conducts administrative investigations of alleged sexual assault and sexual harassment. Allegations that appear criminal in nature are referred to the Topeka Police Department (TPD). Mirror Inc.'s PREA Policy (*p. 15*) in part states, "...Mirror shall ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). As outlined in our Statement of Work with the Bureau of Prisons, Mirror will collaborate with the Bureau to conduct any and all investigations including sexual abuse or sexual harassment" and "It is Mirror policy to ensure allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior." The agency PREA coordinator investigates administrative allegations of resident-on-resident sexual abuse and staff sexual misconduct administrative cases. The local law enforcement agency responsible for conducting criminal investigations of sexual abuse is the Topeka (TPD). When conducting sexual abuse investigations, the local law enforcement agency investigators follow a uniform evidence protocol. The auditor interviewed random staff regarding the rules of evidence and their understanding of the process should a resident report alleged sexual abuse. All staff interviewed could articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to investigative staff. The facility director and director of security complete the NIC course for investigations in a confinement setting during the post-onsite phase of the audit. Both staff will now be conducting administrative investigations.

The auditor finds the facility in compliance with PREA Provision 115.221 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

In response to the PAQ, the facility indicated they accept adults between the ages of 19 and 64 years; therefore, there are no youthful offenders applicable to this provision. Mirror Inc.'s PREA Policy states, "Where sexual abuse is alleged, Mirror shall use law enforcement officials to investigate. Mirror shall request the investigating agency follow the DOJ requirements pertaining to investigations of incidents."

The auditor finds the facility in compliance with PREA Provision 115.221 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

The Mirror Inc. Topeka RRC offers all victims of sexual abuse access to forensic medical examination at Stormont Vail Hospital in Topeka, Kansas, without financial cost, where evidentiary or medically appropriate. These examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The auditor ascertained this information from Mirror Inc.'s PREA Manual (*p. 13*), which in part states, "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. At Stormont Vail (Topeka), examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs)...Forensic medical examinations are offered without financial cost to the victim. The facility



responded in the PAQ that there had been no forensic examinations conducted by either SAFE/SANEs or by a qualified medical practitioner. An interview with the SAFE/SANE staff at Stormont Vail confirmed this information.

The auditor finds the facility in compliance with PREA Provision 115.221 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

Mirror Inc. PREA Policy (p. 14) stipulates that Mirror shall attempt to make available to the victim an advocate from a rape crisis center (YWCA in Topeka). If a rape crisis center cannot provide victim advocacy services, a qualified staff member from a community-based organization or a qualified agency staff member will be made available to provide these services. By definition, "a qualified agency staff member" or a "qualified community-based staff member" means an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. In the facility's response to the PAQ, they provided a copy of the Memorandum of Understanding (MOU) between the Topeka RRC concerning investigations, the YWCA Center for Safety and Empowerment concerning victim advocacy and sexual abuse reporting, and Stormont Vail Hospital for forensic examinations. An interview with the PREA Coordinator revealed that if an incident were to occur, the facility would reach out to YWCA for support services. The auditor spoke with a YWCA representative, who indicated an interest in collaborating further with the facility and streamlining internal procedures regarding facility reports of sexual abuse or sexual harassment. The facility has met with representatives from the YWCA during the post-onsite phase of the audit and has scheduled additional meetings in the coming months. The purpose is to maintain an ongoing collaborative relationship.

The auditor finds the facility in compliance with PREA Provision 115.221 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

Mirror Inc. PREA Policy (p. 14) addresses this provision in detail. Specifically, when requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim throughout the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals." An interview with the PREA coordinator revealed the facility would reach out to YWCA for accompaniment with the resident during the forensic examination. An interview with YWCA staff indicated that accompanying and supporting a resident through the forensic examination process is a service they provide, as well as, providing emotional support, crisis intervention, information and reference documentation, and referrals. Staff indicated they had not received a request to accompany a resident from the Topeka RRC to a forensic examination.

The auditor finds the facility in compliance with PREA Provision 115.221 (e) based on the documentation provided and interviews conducted.

**Provision (f):**

The facility has a signed MOU with the local Topeka police department in accordance with the PREA standards.

The auditor finds the facility in compliance with PREA Provision 115.221 (f) based on the documentation provided and interviews conducted.

**Provision (g):**

The auditor is not required to audit provision (g); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.221

**Provision (h):**

Mirror Inc. PREA Policy (p. 14) stipulates by definition that "a qualified agency staff member" or a "qualified community-based staff member" means an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.221 requirements regarding evidence protocol and forensic medical examinations. No corrective action is required.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head</li> <li>• Investigative Staff (1)</li> </ul> <p><b>Provision (a):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 15</i>) requires Mirror Inc. to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). As outlined in our Statement of Work with the Bureau of Prisons, Mirror will collaborate with the Bureau to conduct all investigations including sexual abuse or sexual harassment.” In response to the PAQ, the facility reported zero (0) allegations of sexual abuse or sexual harassment. The interview with the agency head revealed that Mirror Inc. is committed to sexual safety and the well-being of the residents and that there are protocols in place for ensuring such safety. All allegations of sexual abuse and sexual assault are investigated.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.222 (a) based on the documentation provided and interviews conducted.</p> <p><b>Provision (b):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 15</i>) requires Mirror Inc. to ensure allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. This policy can be viewed on the Mirror website - <a href="http://www.mirrorinc.org">www.mirrorinc.org</a>.” The auditor verified that the PREA policy is on the facility’s website. The facility reported in its response to the PAQ that no sexual abuse or sexual harassment allegations were referred for criminal investigation. An interview with the facility investigator corroborated this information.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.222 (b) based on the documentation provided and interviews conducted.</p> <p><b>Provision (c):</b></p> <p>PREA information on Mirror Inc.’s website is comprehensive and describes the responsibilities of both the agency and external investigating entities pursuant to this provision.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.222 (c) based on the documentation provided and interviews conducted.</p> <p><b>Provision (d):</b></p> <p>The auditor is not required to audit provision (d); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.222.</p> <p><b>Provision (e):</b></p> <p>The auditor is not required to audit provision (e); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.222.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets Standard 115.222 requirements which address policies to ensure the referral of allegations for investigations. No corrective action is required.</p>

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Curriculum: PREA in Community Corrections Settings, (*dev. 2016*)
- Training: PREA: Zero-Tolerance
- Training: First Responder Duties
- PREA Refresher Training Topic and Curricula
- Employee Training Records (11)

**Interviews:**

- Random Staff (12)

**Provision (a):**

Mirror Inc. PREA Policy (*p. 19*) addresses this provision in detail and specifically requires the facility to train its employees who may have contact with residents on:

- Zero-Tolerance Policy for sexual abuse, sexual harassment, and retaliation
- How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment;
- Resident's right to be free from sexual abuse and sexual harassment;
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with residents;
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

During interviews with random staff, each recalled attending PREA training when they were hired and annually after that when applicable. All also indicated they received training on all the required elements. The auditor reviewed the agency's curriculum and training materials. The core training materials contained all ten (10) components necessary for this provision. The facility utilized Paycom Learning to assign and track all training.

The auditor finds the facility in compliance with PREA Provision 115.231 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

The policy regarding the facility's responsibility to provide training regarding sexual abuse and sexual harassment is provided in provision (a). The auditor reviewed the training materials utilized for the staff at the Topeka RRC and determined that training is tailored to the unique needs, attributes, and gender of the residents at the facility. The training curriculum covers diverse cultures and LGBTI residents. The facility houses both male and female residents. No employees were reassigned from facilities housing the opposite gender who needed additional training.

The auditor finds the facility in compliance with PREA Provision 115.231 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror Inc. PREA Policy (*p. 20*) addresses this provision in detail. Specifically, all current employees shall receive this training. The PREA Coordinator or designee shall provide each employee with refresher training every two years to ensure all employees know current sexual abuse and sexual harassment policies and procedures. Refresher information shall also be provided in annual training." In response to the PAQ, the facility indicated it provides PREA training to all staff annually. An interview with the facility director verified this information and added additional training covered during monthly staff

meetings. The auditor reviewed staff meeting documentation which contained PREA-related refresher topics. Per Mirror Inc.'s contract with the Bureau of Prisons (BOP), they must conduct annual PREA training. A review of staff training records revealed all staff had received PREA training as required. Provision (c) requires PREA refresher training every two years. The facility's practice is to provide annual PREA refresher training which substantially exceeds the provision's requirements.

The auditor finds the facility substantially exceeds PREA Provision 115.231 (c) requirements based on the documentation provided and interviews conducted.

**Provision (d):**

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging their understanding of the training they have received. Mirror Inc. PREA Policy (p. 20) addresses this provision by requiring employees to document all training through employee signature that the employee understands the training they received. The review of staff files indicates that employees sign PREA acknowledgment forms, and documentation of PREA training is maintained both in files and electronically.

The auditor finds the facility in compliance with PREA Provision 115.231 (b) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined that the facility exceeds Standard 115.231 requirements which address policies regarding employee training. No corrective action is required.

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Contractor/Volunteer Training Curriculum: A Guide for the Prevention and Reporting of Sexual Abuse with Residents and signed acknowledgments (6)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Contractors/Volunteers (None)</li> </ul> <p><b>Provisions (a)(b)(c):</b></p> <p>Mirror Inc. PREA Policy (<i>pp. 20-21</i>) addresses these provisions in detail. Specifically, all volunteers and contractors who have contact with residents will be trained on their responsibilities under the Mirror’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors are based on their services and contact level with residents. The facility reports in its PAQ that eleven (11) contractors and zero (0) volunteers are currently assigned to the facility. The auditor was provided with documentation indicating that they received PREA training in the past 12 months. PREA training documentation reviewed was comprehensive and detailed. Each volunteer/contractor was notified and acknowledged their understanding of the facility’s Zero Tolerance Policy. No contractors were available for the auditor to interview.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.232 (a)(b)(c) based on the documentation provided and interviews conducted.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets Standard 115.232 requirements, which address volunteer and contractor training policies.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse."
- Sexual Abuse/Assault/Intervention Policy (01/08; 4.10)
- Individual Program Plans
- YWCA Sexual Assault Brochures
- Resident Files (12)

**Interviews:**

- Intake Staff (3)
- Random Residents (12)

**Facility Tour Observations:**

- PREA posters, brochures
- Intake Processing (None)

**Provision (a):**

Mirror Inc. PREA Policy (*p. 20*) requires residents receive information explaining Mirror's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The reporting can include an outside third party or a crisis center. Residents are provided with policies and procedures related to PREA and the facility's zero-tolerance stance. Included are the following documents: Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual; Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse"; sexual Abuse/Assault Intervention and Sexual Abuse Intervention Policy. The Sexual Abuse/Assault Intervention document further details definitions of sexual abuse and assault and intervention protocols. The *Sexual Abuse Intervention* policy details what protocols, responses, and services RRC staff will provide if a resident believes themselves to be a victim of sexual assault. Interviews with three intake staff revealed that during the intake process, the facility provides PREA information explaining Mirror Inc.'s zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, and their rights to be free from sexual abuse and sexual harassment. They also receive information on policies and procedures for responding to incidents of this nature and their right to be free from retaliation for reporting any incidents or suspicions. The auditor's review of resident files verified this practice. The facility's response to the PAQ indicated that 172 residents were admitted to the RRC for community placement during the past 12 months, and all received PREA information at intake. Additionally, the auditor interviewed a random sample of residents, and all residents indicated they received this information during intake. No intakes were conducted during the onsite audit, so the auditor could not observe an intake; however, the process was explained in detail, and documentation was provided for review. The auditor recommended that intake screening be conducted in a private area instead of the building entrances. Even though all movement is stopped during the intake process, a more private area is more suitable. The facility adopted this new procedure and will now conduct intake processing in a private room.

The auditor finds the facility in compliance with PREA Provision 115.233 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

In response to the PAQ the facility reported 109 residents received refresher PREA education upon transfer during the past 12 months. Mirror Inc. provides PREA education/refresher education to all residents who are transferred to their facility, regardless of where they transferred from, within 24-hours of intake processing as stated in their PREA Implementation Manual (*p. 20*). Case management staff provide one-on-one PREA education to all new arrivals to the facility. PREA education is incorporated into each resident's Individualized Program Plan (IPP). The auditor reviewed a sample of Individual Program Plans (IPP) and verified that PREA education requirements were met. Interviewing intake staff corroborated this practice, as did interviews with a random sample of residents.

The auditor finds the facility in compliance with PREA Provision 115.233 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror Inc. PREA Policy (p. 20) requires that within 24 hours of intake, Mirror staff shall provide and document comprehensive education to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and Mirror's policies and procedures for responding to such incidents. Residents are informed in training that they are protected from all forms of retaliation after making a PREA report or allegation. This information is available in alternate formats for limited English proficiency, deaf, visually impaired, or otherwise disabled, and for residents with limited reading skills. Additionally, key information is continuously and readily available to residents in the participant rule book and posted on the PREA bulletin board in each facility. The policy addresses this standard and appropriately covers provision (c). The interviews with the intake staff verified this information. Case managers ensure residents on their caseload receive and understand the material and indicated that one-on-one education allows staff to be confident that the information is received and understood. During the on-site portion of the audit, no LEP, visually impaired, deaf, or residents with limited reading skills were available to interview. The resident handbook is read aloud to residents who are blind or have diminished reading skills. The facility employs bi-lingual staff to assist with translation for those residents who are LEP. The policy also indicates Mirror Inc. has a contract with *Universe Translation Services* for utilization when translation services are needed. Although the facility does not have written PREA education materials in Spanish, the auditor is confident communication is effectuated via bi-lingual staff assistance and interpretive services. The facility provided the auditor with numerous community resources available to the residents, including ASL for those who are deaf or hard of hearing and Braille for those who are blind or struggle with limited vision.

The auditor finds the facility in compliance with PREA Provision 115.233 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

The facility maintains documentation of resident participation in PREA education sessions. All PREA education documents facility case management staff discuss with and provide residents are signed and dated by both staff and residents. Documents include the Resident Handbook enclosure Resident Guide to Sexual Misconduct/Abuse, Sexual Abuse/Assault Intervention, Sexual Abuse Intervention Policy, and IPPs. All education sessions are documented on each resident's IPP. The auditor's review of resident files verified this practice.

The auditor finds the facility in compliance with PREA Provision 115.233 (d) based on the documentation provided and interviews conducted. No corrective action is required.

**Recommendations:**

1. Update language in the Resident Guide to Sexual Misconduct/Abuse to be more precise regarding resident rights to be free from sexual abuse and sexual harassment.
2. Update language in Sexual Abuse/Assault Intervention to reflect that residents may confidentially report any suspicious behavior, abuse, assaults, and sexual harassment to outside crisis centers and facility staff.
3. Provide all PREA education materials in a written format for continual accessibility for limited English proficient residents.
4. Although it is covered in the PREA education process, include more specific language in Mirror Inc.'s Resident Guide to Sexual Misconduct/Abuse on resident rights to be free of retaliation.

**Provision (e):**

The facility ensures that key information about Mirror Inc.'s PREA policies is continuously, readily available, and visible through posters and resident handbooks. The auditor observed that facility practice allows for each resident to sign for and retain a copy of the *Resident Guide to Sexual Misconduct/Abuse*, which is a comprehensive PREA informational document. During the site review, the auditor observed bi-lingual PREA posters and YWCA Center for Safety and Empowerment posters and brochures detailing reporting and advocacy services in each housing unit's entrances, day rooms, and hallway bulletin boards, and in the dining room. Posted audit notices are relevant to the current audit, and all contact information is consistent for the service provider/organization name(s), addresses, and phone numbers.

The auditor finds the facility in compliance with PREA Provision 115.233 (e) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.233 requirements which address resident education. No corrective action is required.

115.234	<b>Specialized training: Investigations</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion



**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Specialized Investigator Training Records and NIC Investigative Training Certificates

**Interviews:**

- Investigative Staff (1)

**Provision (a):**

As reported in the PAQ, the facility only conducts administrative investigations that do not rise to the level of potentially criminal in nature. The interview with investigative staff revealed she received specialized training on Sexual Assault Investigation in February 2017. A review of the investigative staff training confirmed certification of completion on February 24, 2017, for Sexual Abuse Investigation Program training and PREA: Investigating Sexual Abuse in a Confinement Setting provided through the National Institute of Corrections (NIC). The online NIC course covers the requirements for specialized investigation staff. The facility director and director of security completed the NIC course during the post-onsite phase of the audit and will assume the roles of facility investigators.

The auditor finds the facility in compliance with PREA Provision 115.234 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

An interview with investigative staff who received training on sexual abuse investigations revealed that the training included the following topics:

- Techniques for interviewing sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative action or prosecution referral

A review of the investigative staff training confirmed certification of completion on February 24, 2017, for Sexual Abuse Investigation Program training and PREA: Investigating Sexual Abuse in a Confinement Setting provided through NIC. The online NIC course covers the requirements for specialized investigation staff.

The auditor finds the facility in compliance with PREA Provision 115.234 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

In response to the PAQ, the facility reported employing one (1) investigator responsible for administrative allegations of sexual abuse and sexual harassment. Administrative investigations are conducted by facility staff, and criminal investigations are by the local police department. A review of investigative staff training files confirmed a certification of completion for Sexual Abuse Investigation Program training provided through the Massachusetts Department of Corrections and PREA: Investigating Sexual Abuse in a Confinement Setting provided through the NIC. The online course curriculum meets the requirements for specialized training for investigators.

The auditor finds the facility in compliance with PREA Provision 115.234 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

The auditor is not required to audit provision (d); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.234.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets Standard 115.234 requirements which address policies regarding specialized training: investigations. No corrective action is required.

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 344 1276 376" style="list-style-type: none"> <li data-bbox="284 344 1276 376">• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> </ul> <p data-bbox="229 403 1509 434"><b>Interviews:</b></p> <p data-bbox="229 461 638 492">Medical and Mental Health Staff (None)</p> <p data-bbox="229 519 424 551"><b>Provisions (a-d):</b></p> <p data-bbox="229 577 1468 640">In response to the PAQ, the facility indicated it does not have onsite medical or mental health departments. Therefore, the standard provisions (a-d) are not applicable in determining compliance or noncompliance with Standard 115.235.</p> <p data-bbox="229 667 1468 766">Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets all the requirements in Standard 115.235, which addresses medical and mental health specialized training policies. No corrective action is required.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 528 297"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 477" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• PREA Screening Tool</li> <li>• Resident Files (12)</li> </ul> <p data-bbox="240 506 363 533"><b>Interviews:</b></p> <ul data-bbox="284 584 708 745" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PREA Compliance Manager</li> <li>• Staff Responsible for Risk Screening (1)</li> <li>• Random Residents (12)</li> <li>• Targeted Residents: LGBTI (1)</li> </ul> <p data-bbox="240 775 539 801"><b>Facility Tour Observations:</b></p> <ul data-bbox="284 853 568 880" style="list-style-type: none"> <li>• Intake Screening Process</li> </ul> <p data-bbox="240 909 389 936"><b>Provision (a):</b></p> <p data-bbox="240 965 1485 1193">Mirror Inc. PREA Policy (<i>p. 7</i>) requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The facility utilizes an objective screening instrument to assess victimization or predation. Of the random and targeted residents interviewed regarding this standard, all were able to recall being asked questions relative to their concern for sexual safety. Staff who perform risk screening verified that all residents are screened upon arrival at the facility. A review of resident files confirmed documentation of risk assessments. The auditor observed the risk screening during an initial intake process and verified that residents are assessed for risk of being sexually victimized by other residents or sexually abusive toward other residents.</p> <p data-bbox="240 1223 1425 1283">The auditor finds the facility in compliance with PREA Provision 115.241 (a) based on the documentation provided and interviews conducted.</p> <p data-bbox="240 1312 389 1339"><b>Provision (b):</b></p> <p data-bbox="240 1368 1485 1765">Mirror Inc. PREA Policy (<i>p. 7</i>) addresses the requirement for completing intake screening ordinarily within 72 hours of arrival at the facility. Specifically, the policy states, "Intake screening shall be completed immediately upon arrival for all new residents to the facility." The facility reported in the PAQ that residents are screened immediately upon arrival as part of the intake process. The facility reported that 172 residents were admitted to the facility for over 72 hours, and 100% received screening for sexual victimization or sexual abusiveness. An interview with staff who conduct intake screening and risk assessments revealed they are conducted at arrival and a more in-depth education and orientation within 72 hours of arrival. The auditor interviewed 12 random residents and reviewed the 12 corresponding resident files for those admitted to the facility within the past 12 months. All residents verified receiving intake screening the same day of arrival, and all documentation contained evidence of intake screening within 72 hours of arrival. The auditor observed an initial intake screening and had no issue with the process. The newly arrived resident was placed in a private room with the staff member performing the assessment. The staff member asked all relevant questions on their PREA Screening Tool, and the resident answered each question.</p> <p data-bbox="240 1794 1425 1854">The auditor finds the facility in compliance with PREA Provision 115.241 (b) based on the documentation provided and interviews conducted.</p> <p data-bbox="240 1883 389 1910"><b>Provision (c):</b></p> <p data-bbox="240 1939 1485 2141">The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The auditor finds the screening tool to be an objective instrument allowing staff to assess risk levels appropriately. Risk levels for sexual victimization or sexual abusiveness are based on a scoring system determined from the answers provided by the resident, thus, making it an objective instrument. The auditor observed an intake screening process and determined that all required questions were asked of the resident. The auditor reviewed the overall assessment of the resident but did not agree with the initial risk determination. The resident disclosed sexual victimization however, the initial</p>

assessment conclusion was that of no risk of sexual victimization. After a discussion with the PC and facility director, the auditor determined this to be a procedural/training issue and recommended additional training. When residents self-disclose sexual victimization during risk assessments, they should be identified as at risk at that time by the initial screening staff. The resident file will then be highlighted for the case manager, who reviews and goes over the assessments with the residents and can override the initial designation if warranted.

The auditor finds the facility in compliance with PREA Provision 115.241 (c) based on the documentation provided and interviews conducted. No corrective action is required.

**Recommendations:**

1. Provide additional training to screening staff regarding how to apply self-disclosures of sexual victimization or abuse.

**Provision (d):**

In response to the PAQ, the facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness. The PREA Screening Tool considers the following information, consistent with the requirements of provision (d) of this standard:

- Whether the resident has a mental, physical, or developmental disability
- The age of the resident
- The physical build of the resident
- Whether the resident has previously been incarcerated
- Whether the resident's criminal history is exclusively nonviolent
- Whether the resident has prior convictions for sex offenses against an adult or child
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the resident has previously experienced sexual victimization
- The residents' own perception of vulnerability

The PREA Screening Tool additionally asks the following questions:

- Whether the resident has committed acts of sexual assault, molestation, or rape (at any time in life)
- Whether the resident has a current or prior conviction of a violent offense (in any jurisdiction)
- Whether the resident has a history of institutional violence or sexual abuse

An interview with staff who conduct risk screening also revealed that the screening tool consists of 12 questions as noted above, for residents to provide yes or no answers. Responses are evaluated to determine the risk for victimization or risk for sexual abusiveness in the following manner:

- Risk for Victimization is determined if residents answer yes to whether they have previously experienced sexual victimization and/or whether their own perception is that of vulnerability; or if they answer yes to two or more of the remaining seven questions.
- Risk for Sexual Abusiveness is determined if residents answer yes to whether they have current or prior convictions for sex offenses against adults or children; whether they have committed acts of sexual assault, molestation, or rape at any time; whether they have current or prior convictions for a violent offense in any jurisdiction or if they have a history of institutional violence.
- Risk for Victimization or Sexual Abusiveness is further determined by any non-disclosed information that may affect the overall determination. The risk screening staff indicated pre-arrival review of the resident's BOP institution transfer and/or USPO referral files is conducted to determine any historical information to further enhance the effectiveness of the screening process.

As indicated in provision(c), the auditor has recommended additional training on how to complete the PREA Screening Tool by initial intake staff.

The auditor finds the facility in compliance with PREA Provision 115.241 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The PREA Screening considers the following information, consistent with the requirements of provision (e) of this standard:

- Whether the resident has committed acts of sexual assault, molestation, or rape (at any time in life)

- Whether the resident has a current or prior conviction of a violent offense (in any jurisdiction)
- Whether the resident has a history of institutional violence or sexual abuse Interview with one staff member responsible for conducting intake and risk screening verified these questions are asked of each new arrival.

The auditor observed the intake screening process and noted that all relevant questions were addressed as required.

The auditor finds the facility in compliance with PREA Provision 115.241 (e) based on the documentation provided and interviews conducted.

**Provision (f):**

Mirror Inc. PREA Policy (p. 7) addresses the requirement for reassessing residents within 30 days after the resident's arrival at the facility. The policy states "Mirror staff shall reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Residents will receive a second screening no later than 30 days following arrival, which will be conducted again by Mirror staff." The facility reported in the PAQ 172 residents entered the facility within the past 12 months with lengths of stay over 30 days, and 100% were reassessed as required. The auditor reviewed 12 random resident files and determined that ten (10) were reassessed no later than 30 days after the initial intake screening. One (1) was still within the 30-day time frame, and one (1) was not in the file. Interviews with 12 random residents revealed that 11 were reassessed, and one said he was not.

The auditor finds the facility in compliance with PREA Provision 115.241 (f) based on the documentation provided and interviews conducted.

**Provision (g):**

Mirror Inc. Policy (p. 7) requires a resident's risk level to be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information bears on the resident's risk of sexual victimization or abusiveness." Mirror's practice is to reassess all residents within 30-days of the initial assessment. The auditor interviewed one staff responsible for conducting risk assessments who indicated there were several reasons to conduct a reassessment; including when it is warranted due to a referral, request, incident of sexual abuse, or receipt of additional information which may have an impact on a resident's risk of sexual victimization or abusiveness. Interviews with random residents revealed that 11 were reassessed. The auditor reviewed the PREA assessment instrument, which is also used for reassessments. The instrument contains various reasons for the assessment which include the following:

- Special referrals
- Identified victim
- Additional or non-disclosed information which may affect risk or victimization, or abusiveness

The auditor finds the facility in compliance with PREA Provision 115.241 (g) based on the documentation provided and interviews conducted.

**Provision (h):**

Mirror Inc. Policy (p. 7) indicates residents may not be disciplined for refusing to answer, or for not disclosing complete information related to, (d1), (d7), (d8), and (d9). "According to the facility's PREA Screening Tool the following designations are identified:

- d1 refers to whether the resident has a mental, physical, or developmental disability;
- d7 refers to whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- d8 refers to whether the resident has previously experienced sexual victimization;
- d9 refers to the resident's own perception of vulnerability."

The auditor interviewed one staff responsible for conducting risk assessments who indicated that residents are never disciplined for the above reasons.

The auditor finds the facility in compliance with PREA Provision 115.241 (h) based on the documentation provided and interviews conducted.

**Provision (i):**

Mirror Inc. Policy (p. 7) addresses the requirement of implementing appropriate controls on the dissemination of sensitive information pertaining to Standard 115.241. Specifically, "the Facility Director, Case Managers, Correctional Technician staff, Federal Probation Officer, and PCM will have access to the information from the screening instruments and shall implement appropriate controls on the dissemination of responses to questions asked pursuant to this policy to ensure

sensitive information is not exploited to the resident's detriment by staff or other residents. Release of information may also include the Federal Bureau of Prisons."

The auditor interviewed the PREA Coordinator and one staff member who is responsible for conducting risk assessments to ascertain dissemination protocols. The interviews revealed all information, including sensitive data regarding PREA is uploaded into the BOP's electronic file system R3M. The screening information is uploaded into R3M and maintained electronically. It is Mirror Inc.'s practice for all staff who have a need, based on their position at the facility, to have access to R3M to upload relevant data. Key staff personnel, including the facility director, case managers, the EPS, and PCM for access to complete and upload resident data, case management documents, assessments, etc. Correctional Technicians conduct initial intake screenings and input arrival and release data into the system. On the other hand, food service staff, contractors, and volunteers do not have a need and are not granted access by the facility or the BOP. The PREA Coordinator indicated during the interview that any staff who violates the standards of conduct and confidentiality would be terminated. There have been no instances of unauthorized release of information pertaining to residents by any staff. Access to the R3M system requires an email and password. The Login screen contains the following warning information:

You are accessing a U.S. Government Information System, which includes:

- (1) this computer,
- (2) this computer network,
- (3) all computers connected to this network, and
- (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action and civil and criminal penalties.

The auditor finds the facility in compliance with PREA Provision 115.241 (i) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined the agency/facility meets Standard 115.241 requirements which address screening for risk of sexual victimization and abusiveness. No corrective action is required.

**115.242 Use of screening information**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse"
- PREA Screening Tool

**Interviews:**

- PREA Coordinator
- PREA Compliance Manager
- Staff Responsible for Risk Screening (1)
- Facility Director
- Medical and Mental Health Staff (None)
- Staff who Supervise Residents in Isolation (0)
- Residents in Isolation (None)
- Targeted Residents - Transgender/Intersex/Gay/Lesbian/Bisexual (1)

**Facility Tour Observations:**

- Housing Units, shower/restroom areas
- Isolation Units/areas (none)

**Provision (a):**

Mirror Inc. PREA Policy (*p. 8*) stipulates that "the Mirror Facility Director or designee shall use information from the risk screening 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" and further states, "Mirror will make all effort to house high-risk abusers and high-risk victims in separate rooms. Should a resident need to be housed in the same room as high-risk victims, the resident will be housed closest to the door's entrance for high visualization by staff when doing rounds. The interview with the PC and risk screening staff revealed that the PREA Screening Tool is designed to identify residents with the potential of being sexually victimized and those with the potential of being sexually abusive. Decisions are made based on the results of the screening information. The auditor reviewed a random sampling of PREA screening documentation and was able to ascertain risk-based housing decisions. Residents who score with a higher risk of abusiveness are assigned to Building 4, and those who are potentially more vulnerable to sexual victimization are assigned to Building 3.

The auditor finds the facility in compliance with PREA Provision 115.242 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

Referral documentation provided by the Bureau of Prisons (BOP) is reviewed before the resident's arrival to have a preliminary and better understanding of the resident's history regarding sexual abuse and sexual harassment to make individual determinations to ensure their safety effectively. This information was ascertained during interviews with the PC and staff conducting risk screening. The facility's PREA Policy (*p. 7*) addresses the requirements of provision (b).

The auditor finds the facility in compliance with PREA Provision 115.242 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror Inc. PREA Policy (*p. 8*) states, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems." The interview with the PC and risk screening staff revealed that the BOP's RRC referral packet is reviewed to determine any possible security threats that may affect the resident's safety at the facility. Case-by-case decisions are made regarding the acceptance of the resident at the facility. One transgender female was interviewed

and indicated she was asked about her safety and given a choice as to where to be housed. Records and staff interviews show that the resident was housed with their preference. Discussions with agency and facility leadership confirm that they have considered how to handle a transgender or intersex resident referral. Since staff have pre-knowledge that the resident is 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 options of where to stay based on security and comfort needs.

The auditor finds the facility exceeds compliance with PREA Provision 115.242 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

Mirror Inc. PREA Policy (p. 8) states, "A transgender or intersex resident's own views with respect to his or her own safety be given serious consideration." The auditor interviewed a transgender resident who affirmed being asked about safety concerns. The PC and risk screening staff also affirmed taking transgender or intersex residents' personal views into consideration when making any decisions related to programming or housing assignments.

The auditor finds the facility in compliance with PREA Provision 115.242 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

Mirror Inc. PREA Policy (p. 8) states, "Transgender and intersex residents shall be given the opportunity to shower separately from other residents." Interviews with the PREA coordinator, risk screening staff (1), and the PCM revealed transgender and intersex residents have separate shower facilities from other residents in the building if they choose. The resident interviewed stated the showers the restrooms have individual stalls and plenty of room to change clothes. Showers are covered by drapes, and toilets are in separate stalls. She also indicated she could use the single-use restroom facilities if she wanted.

The auditor finds the facility is in compliance with PREA Provision 115.242 (e) based on the documentation provided and interviews conducted.

**Provision (f):**

Facility policy prohibits placing lesbian, gay, bisexual, transgender, or intersex residents, in particular, housing, bed, or other assignments solely on the basis of such identification or status; and prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. Specifically, Mirror Inc. PREA Policy (p. 8) states, "Mirror shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on such identification or status unless pursuant to a legal settlement or judgment. The interview with the PREA coordinator revealed neither the agency nor the Topeka RRC is under a consent decree, legal settlement, or legal judgment requiring it to establish a dedicated wing to house lesbian, bi-sexual, gay, transgender or intersex (LGBTI) residents for their protection. Further, the PREA coordinator indicated that the practice of utilizing the risk screening tool and the resident's own preference determines the basis of where LGBTI residents are housed. An interview with a transgender resident affirmed that she was asked about her safety and that her living preferences were considered. The resident opted to reside in the female portion of Building 3 in a single room with access to single-bathroom facilities. This housing assignment was determined only after asking where she would feel most comfortable. The resident was there only a short while before transferring to home confinement. During the site review, the auditor observed a room available for transgender/intersex residents and the separate bathroom/showering facilities located next to the living quarters if they choose to reside there. It is in the female wing and can accommodate more than one resident. The facility offers this option to residents who are transgender or intersex and would prefer not to be housed with other residents. They are not automatically assigned to this room. To remove any negative connotations associated with a 'separate' room, the auditor recommends assigning a transgender or intersex resident to a male or female dorm of choice rather than a single room as an initial option. If the resident has expressed difficulty adjusting or does not feel safe or comfortable during reassessment, arrangements may be made for them to move rooms.

Mirror Inc. policy also provides for Standard Provision 115.42 (d) of the Adult Prison/Jail standards, which is not required in the Community Confinement Standards and exceeds provision (b) of this standard. The provision states, "Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident."

The auditor finds the facility exceeds the requirements of PREA Provision (f) based on the documentation provided and interviews conducted.

**Recommendation:**

1. Initially assign transgender and intersex residents to general male or female rooms per their preference. A separate room could be an option if the resident is having difficulty adjusting, feels unsafe, or is generally uncomfortable because of their



identification.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the facility exceeds Standard 115.242 requirements which address the use of screening information. No corrective action is required.

**FOLLOW-UP SINCE THE INTERIM REPORT:**

The facility has accepted the auditor's recommendation and will initially assign transgender and intersex residents to general male or female housing, per their preference, upon arrival. A single room may be an option if the resident is having difficulty adjusting, feels unsafe, or is generally uncomfortable. If this scenario presents itself, staff will conduct a risk reassessment and adjust housing accordingly.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)

**Interviews:**

- PREA Coordinator
- Random Staff (12)
- Random Residents (12)

**Facility Tour Observations:**

- Posted PREA Information, including signage and educational materials on display or readily accessible
- Critical Systems Testing

**Provision (a):**

Mirror Inc. has established procedures, allowing for multiple internal ways for residents to report privately to agency officials about 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. Interviews with random staff and residents revealed that residents could privately report by approaching a trusted staff member through the grievance process or outside reporting options, including third-party or calling the sexual abuse toll-free hotline number. Residents may also report anonymously. During the facility tour, the auditor observed PREA and contact information in the administration area, all building entrances, dayrooms, hallway bulletin boards, and the dining room. Grievance boxes are located in each resident common dayroom area. The auditor placed a "test note" in the grievance box located in Building 3. The auditor did not receive a response, and when questioned, the PREA Coordinator indicated they were checked weekly. The auditor recommended that the boxes be checked daily, which the staff agreed to. Staff indicated residents could also make electronic internal reports via email; during informal interviews with residents, they indicated they were unaware of this allowance. Residents have access to email on their approved smartphones and would utilize the USPO for mail delivery as this is a community-based facility.

The auditor finds the facility in compliance with PREA Provision 115.251 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

Mirror Inc. PREA Policy (*p. 10*) stipulates that the facility will provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of Mirror and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to facility officials, allowing the resident to remain anonymous upon request. Residents may use the dayroom telephone, their cell phones, or email to make reports. Residents may call the Ombudsman, Bureau of Prisons, or YWCA to make a report of sexual abuse or sexual harassment. The interview with the PREA coordinator revealed that residents have multiple ways of reporting sexual abuse or sexual harassment to a public or private entity. In addition to the above, residents can access the Mirror Inc. website and make an anonymous report. With the use of the website or telephonic contact, staff at the Topeka RRC will immediately be able to receive the notifications and act accordingly. She also reported no instances of anonymous written or verbal reports of sexual abuse or sexual harassment with the website and hotline mechanisms. The auditor did an anonymous test report through the agency website. The PREA coordinator responded the same day within two hours. Interviews with a random sampling of residents revealed that 10 of 12 knew the avenues of reporting and that they could report without giving their names. Two residents were not sure if reports could be made anonymously. The auditor also called YWCA toll-free number for reporting and advocacy services to test functionality. The auditor had no issues making contact. Of note, the YWCA will not report any allegations of sexual abuse or harassment to law enforcement or the facility and agency unless the reporter grants permission; pursuant to federal confidentiality provisions that prevent them from disclosing (federal Victims of Crime Act (VOCA); federal Violence Against Women Act (VAWA). If the resident grants permission, YWCA will immediately report the allegation and provide any requested advocacy services.

The auditor finds the facility in compliance with PREA Provision 115.251 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

The agency has a policy requiring that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Mirror Inc. PREA Policy (p. 10) states, "staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall immediately document any verbal reports." Random staff interviews revealed that all staff would document verbal reports immediately or as soon as possible. All random residents interviewed indicated they could make reports in writing or through someone else so they wouldn't have to give their names. No reports of sexual abuse or sexual harassment were made by residents or staff during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.251 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

Mirror Inc. has established procedures for staff to privately report sexual abuse and sexual harassment of residents, as noted in the PREA Policy (p. 11), which states in part, "Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, to the Facility Director or PREA Coordinator." The policy further states, "Mirror staff may privately report sexual abuse and sexual harassment of residents to PREA Coordinator...." Interviews with a random staff sampling revealed knowledge of several mechanisms to privately any sexual abuse or sexual harassment of residents. Staff indicated they could report via email, telephone, or through the use of a grievance box system. Staff also indicated they would report to need-to-know staff only, like their direct supervisor, facility director, or PREA Coordinator.

The auditor finds the facility in compliance with PREA Provision 115.251 (d) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility does not meet the requirements of Standard 115.251, which address resident reporting of sexual abuse and sexual harassment. No corrective action is required.

115.252	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 528 300"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 443" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Resident Handbook Enclosure: Resident Guide to Sexual Misconduct/Abuse</li> </ul> <p data-bbox="240 472 363 501"><b>Interviews:</b></p> <ul data-bbox="284 551 775 680" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Director</li> <li>• Grievance Staff</li> <li>• Residents who Reported Sexual Abuse (None)</li> </ul> <p data-bbox="240 710 389 739"><b>Provision (a):</b></p> <p data-bbox="240 768 1477 862">The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse; therefore, it is not exempt from this standard. Mirror Inc.'s PREA Implementation Manual (<i>pp. 10-11</i>) addresses provision (a) by outlining its administrative procedure regarding resident grievances.</p> <p data-bbox="240 891 1385 920">The auditor finds the facility in compliance with PREA Provision 115.252 (a) based on the documentation provided.</p> <p data-bbox="240 949 389 978"><b>Provision (b):</b></p> <p data-bbox="240 1008 1485 1301">Mirror Inc. PREA Policy (<i>p. 11</i>) stipulates that Mirror shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse...Mirror shall not require a resident to use any informal grievance process, or to attempt otherwise to resolve with staff, an alleged incident of sexual abuse." Interviews with staff responsible for grievances revealed adherence to this policy and verified practice. Specifically, a grievance regarding an allegation of sexual abuse can be filed at any time, and residents are not required to use the informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Residents submit grievances to staff via the 'grievance box system. Grievance boxes are in the day rooms of both building housing units and are secured with a key-locking system. The grievance coordinator/PCM retrieves grievances once per week. Nothing in the PREA policy restricts the agency's ability to assert as an affirmative defense any applicable statute of limitations in response to a resident's lawsuit.</p> <p data-bbox="240 1330 1425 1391">The auditor finds the facility in compliance with PREA Provision 115.252 (b) based on the documentation provided and interviews conducted.</p> <p data-bbox="240 1420 389 1449"><b>Provision (c):</b></p> <p data-bbox="240 1478 1493 1740">Mirror Inc. PREA Policy (<i>p. 11</i>) stipulates Mirror shall ensure a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Interview with staff responsible for grievances revealed adherence to this policy. Specifically, the facility ensures a resident who alleges sexual abuse can submit the grievance without submitting it to a staff member who is the subject of the complaint, and the grievance will not be referred to the subject of the complaint. The procedures are explained to the resident during orientation with the case managers. Copies of the Resident Grievance form and Quality Care policy are in the resident handbook. Residents submit grievances on the Mirror Inc. Resident Grievance form and place it in a grievance box. Grievances are also accepted in any written format.</p> <p data-bbox="240 1769 1385 1798">The auditor finds the facility in compliance with PREA Provision 115.252 (c) based on the documentation provided.</p> <p data-bbox="240 1827 389 1856"><b>Provision (d):</b></p> <p data-bbox="240 1886 1485 2148">Mirror Inc. PREA Policy (<i>p. 11</i>) stipulates that "Mirror shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include the time consumed by the resident in preparing any administrative appeal." The policy allows for 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 and notify the resident in writing of any such extension and provide a date by which a decision shall be made...At any level of the administrative process, including the final level, if the resident does receive a response within the time allotted for the reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at this level. In response to the PAQ, the facility reported zero (0) grievances that alleged sexual abuse during the past 12 months were</p>

filed. Interviews with staff responsible for grievances verified this information and described the response timelines and extension periods of the grievance process in detail. There were no residents to interview who reported sexual abuse.

The auditor finds the facility in compliance with PREA Provision 115.252 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

Mirror Inc. PREA Policy (*p. 12*) allows for third-party assistance on behalf of residents in filing grievances. If a third-party (fellow residents, family members, attorneys, and outside advocates files a grievance on behalf of a resident, as a condition of processing the request, the alleged victim may have to agree to have the request filed on his behalf. If the resident declines to have the request processed on his or her behalf, Mirror Inc. will document the decision. According to the staff who handles grievances, this is documented on the actual grievance submitted and placed in the resident's file. In response to the PAQ, the facility reported zero (0) third-party grievances filed on behalf of residents.

The auditor finds the facility in compliance with PREA Provision 115.252 (e) based on the documentation provided.

**Provision (f):**

Mirror Inc. PREA Policy (*p. 12*) addresses emergency grievances. Upon receipt of a grievance marked "emergency" or "sensitive," an expedited review will be conducted, and the initial response will be provided to the resident within 48 hours of receipt, excluding weekends and holidays. The grievance coordinator will issue a final decision within five calendar days of receipt. In practice, the facility director indicated that emergency grievances are reviewed and acted upon immediately if the resident is at substantial or imminent risk of sexual abuse. Emergency grievances are immediately forwarded to the facility director for immediate corrective action that may be taken. In response to its PAQ, the facility reported zero (0) emergency grievances alleging substantial risk of imminent sexual abuse were filed in the past 12 months.

The auditor finds the facility in compliance with PREA Provision 115.252 (f) based on the documentation provided and interviews conducted.

**Provision (g):**

Mirror Inc. PREA Policy (*p. 11*) allows for resident discipline if the grievance is determined to have been submitted in bad faith. The facility director revealed that upon conclusion of an investigation if the facility determines the grievance was submitted in bad faith (resident lying or falsely accusing), the facility and/or Bureau of Prisons (BOP) may discipline the resident in accordance with the discipline policy. In response to the PAQ, the facility reported zero (0) resident grievances alleging sexual abuse that resulted in disciplinary action for bad faith filing.

The auditor finds the facility in compliance with PREA Provision 115.252 (g) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined agency/facility meets Standard 115.252 requirements which address the exhaustion of administrative remedies. No corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Resident Handbook Enclosure: Resident Guide to Sexual Misconduct/Abuse
- YWCA Center for Safety and Empowerment Brochure
- Memorandum of Understanding with YWCA Center for Safety and Empowerment (*eff. 2022*)

**Interviews:**

- Facility Director
- PREA Compliance Manager
- Random Residents (12)
- Residents who Reported Sexual Abuse (None)

**Facility Tour Observations:**

- Posted PREA Materials
- Critical Services Testing

**Provision (a):**

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing all residents with an informational guide and brochures describing available emotional support organizations for victims of sexual abuse. The facility utilizes various means to communicate the availability of emotional support services with the residents. Mirror Inc.'s PREA Implementation Manual (p. 14) outlines the availability of services by stating the following: "Mirror residents can access outside victim advocates for emotional support services related to sexual abuse by contacting the agencies on the PREA bulletin board outside the kitchen door in the main dayroom. The information contains the mailing addresses and telephone numbers of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. Reasonable communication between residents/inmates and these organizations and agencies will be available in as confidential a manner as possible. Communication between the resident and outside agencies will be monitored and forwarded to authorities in accordance with mandatory reporting laws. YWCA is the community service provider that will be used to provide inmates with confidential emotional support services related to sexual abuse." The Resident Handbook contains information titled, "Resident Guide to Sexual Misconduct/Abuse," which includes local and toll-free telephone numbers to call in the event of emotional support needs. Additionally, a brochure, YWCA Center for Safety and Empowerment, given to residents upon intake and available in Buildings 3 and 4, contains addresses and toll-free telephone numbers for emotional support services.

The auditor discovered no barriers to this information reaching the resident population. According to interviews with a random sample of residents, the majority (11 of 12) knew of information on victim advocacy and emotional support services available outside the facility for dealing with sexual abuse. No residents who reported sexual abuse at this facility were residing at the RRC for the auditor to interview. During the site review, the auditor observed Sexual Abuse and Sexual Harassment Posters complete with addresses, toll-free hotline numbers, and the YWCA brochure prominently posted behind a locked hard-plastic bulletin board enclosure. While touring the facility, the auditor informally questioned 15 random residents in buildings 3 and 4, and all indicated they knew where the information was located and how to access services if needed. Communication between residents and outside emotional support agencies can be made privately and confidentially, given the nature of the community-based facility. Contact can be made via personal cell phones, mail, or unmonitored day-room telephones. The auditor contacted the YWCA and verified that the number was operational.

**Recommendations:**

1. Incorporate specific language, including the name and address, of the victim advocacy organization referenced in the Resident Guide to Sexual Misconduct/Abuse section of the Resident Handbook.

**Provision (b):**

Mirror Inc. PREA Policy (*pp. 14-15*) allows for reasonable communication between residents and these organizations and agencies and will be available in as confidential a manner as possible. Communication between the resident and outside

agencies will be monitored and forwarded to authorities per mandatory reporting laws. YWCA is the community service provider that will be used to provide inmates with confidential emotional support services related to sexual abuse.” Random resident interviews revealed that they know about confidentiality requirements and mandatory reporting. There were no residents who reported sexual abuse to be interviewed.

The auditor finds the facility in compliance with PREA Provision 115.253 (b) based on the documentation provided and interviews conducted.

**Recommendations:**

2. Incorporate specific language regarding mandatory reporting laws in the Resident Guide to Sexual Misconduct/Abuse section of the Resident Handbook.

**Provision (c):**

The facility has provided documentation of an indefinite MOU signed in 2019 with the YMCA for emotional support services. The facility and YWCA renewed their MOU in September 2022. Any BOP commitments would also be referred through Community Treatment Services.

The auditor finds the facility in compliance with PREA Provision 115.253 (c) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined agency/facility meets Standard 115.253 requirements which address resident access to outside support services and legal representation. No corrective action is required.

**FOLLOW-UP SINCE THE INTERIM REPORT:**

The facility has adopted the auditor’s recommendations and updated its Resident Guide to Sexual Misconduct/Abuse section of the Resident Handbook with the appropriate information.

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Mirror Inc. website: <a href="https://www.mirrorinc.org">https://www.mirrorinc.org</a></li> </ul> <p><b>Provision (a):</b></p> <p>The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment and publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Mirror Inc. PREA Policy (<i>p. 12</i>) states “Third-party reports of sexual abuse and sexual harassment can be made to fellow residents, family members, attorneys, and outside advocates. Information on how to report sexual abuse and sexual harassment on behalf of a resident can be found at <a href="http://www.mirrorinc.org">www.mirrorinc.org</a>.” The auditor reviewed the website and found third party reporting information is made publicly available on the agency website, <a href="http://www.mirrorinc.org">www.mirrorinc.org</a>. Reports may be made via the “Contact Mirror Inc. Residential Reentry’ link. In response to the PAQ, the facility indicated it accepts all reports regardless of how they arrive, i.e., written, verbal or third party. All third-party reports are processed as any other allegation. The auditor placed a third-party report “test email” and received a response from the PREA Coordinator the same day within 2 hours.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.254 (a) based on the documentation provided.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.254 requirements which address third-party reporting. No corrective action is required.</p>



115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 528 297"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 412" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p data-bbox="244 441 363 468"><b>Interviews:</b></p> <ul data-bbox="284 519 703 647" style="list-style-type: none"> <li>• Facility Director</li> <li>• PREA Coordinator</li> <li>• Random Staff (12)</li> <li>• Medical and Mental Health Staff (None)</li> </ul> <p data-bbox="244 676 389 703"><b>Provision (a):</b></p> <p data-bbox="244 732 1469 927">Mirror Inc. PREA Policy (<i>p. 11</i>) stipulates, “Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, to the Facility Director or PREA Coordinator.” All random staff interviewed stated they are required to report such instances immediately when they become aware of suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff who reported such an incident, or any staff neglect.</p> <p data-bbox="244 956 1461 1019">The auditor finds the facility in compliance with PREA Provision 115.261 (a) based on the documentation provided and the interviews conducted.</p> <p data-bbox="244 1048 389 1075"><b>Provision (b):</b></p> <p data-bbox="244 1104 1458 1200">Mirror Inc. PREA Policy (<i>p. 11</i>) stipulates, “Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except those who have a need to know.” All random staff interviewed stated they would report related information to supervisors only (facility director and PREA coordinator).</p> <p data-bbox="244 1229 1461 1292">The auditor finds the facility in compliance with PREA Provision 115.261 (b) based on the documentation provided and the interviews conducted.</p> <p data-bbox="244 1321 389 1348"><b>Provision (c):</b></p> <p data-bbox="244 1377 1481 1473">Mirror Inc. PREA Policy (<i>p. 11</i>) stipulates, “Medical and mental health practitioners shall report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect pursuant to this section. This information shall be provided to residents, in writing, at the initiation of services.”</p> <p data-bbox="244 1503 1461 1565">The auditor finds the facility in compliance with PREA Provision 115.261 (c) based on the documentation provided and the interviews conducted.</p> <p data-bbox="244 1594 389 1621"><b>Provision (d):</b></p> <p data-bbox="244 1650 1485 1879">The auditor did not find a policy reference to the provision. In response to the PAQ, the facility reported its use for adult residents between 18 and 64 years old. No vulnerable residents have been designated to the Topeka RRC during this audit cycle. Interviews with the PREA coordinator and facility director indicated if a resident is considered a vulnerable adult, they would be regarded as the same as an imminent or immediate risk of sexual victimization and would take steps to ensure the resident's safety and that all needs were met. The facility would also contact the Kansas Department for Aging and Disability, a social service reporting agency, and we would notify state authorities, the Department of Children and Families, and local law enforcement.</p> <p data-bbox="244 1908 1355 1935">The auditor finds the facility in compliance with PREA Provision 115.261 (d) based on the interviews conducted.</p> <p data-bbox="244 1964 389 1991"><b>Provision (e):</b></p> <p data-bbox="244 2020 1493 2150">Per interviews with random staff, all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the facility director and PREA Coordinator. The facility investigator is also the agency PREA Coordinator. The facility director and director of security are currently attending specialized training for investigative staff. The interview with the facility director also revealed all allegations of sexual abuse and sexual harassment, including third-</p>

party and anonymous reports, are reported to the facility investigator.

The auditor finds the facility in compliance with PREA Provision 115.261 (e) based on the interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.261 requirements which address staff and agency reporting duties. No corrective action is required.

115.262	<p><b>Agency protection duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head</li> <li>• Facility Director</li> <li>• Random Staff (12)</li> </ul> <p><b>Provision (a):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 11</i>) stipulates, "When Mirror learns a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident." In response to the PAQ, the facility reported that no residents were determined by the facility to be at substantial risk of imminent sexual abuse. The interview with the agency head and facility director indicated the following protective actions would be taken upon learning a resident is at substantial risk of imminent sexual abuse: Protect the resident from any further or pending abuse by separating the resident from the aggressor and relocating to a safe place in the facility, near staff or in another building; identify locations within the area for temporary placement of the victim; transfer the aggressor to a secure facility pending investigation. Protective action includes anything to make the resident feel safe from harm. The interviews with random staff revealed that the priority would be to protect the resident by separating and keeping the victim in the staff's view.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.262 (a) based on the documentation provided and interviews conducted.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets Standard 115.262 requirements which address agency protection duties. No corrective action is required.</p>
---------	---

115.263	<b>Reporting to other confinement facilities</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 526 300"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 347 1276 414" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p data-bbox="242 439 363 468"><b>Interviews:</b></p> <ul data-bbox="284 515 470 582" style="list-style-type: none"> <li>• Agency Head</li> <li>• Facility Director</li> </ul> <p data-bbox="242 607 459 636"><b>Provisions (a)(b)(c):</b></p> <p data-bbox="242 665 1428 824">In response to the PAQ, the facility reported zero (0) allegations that a resident was abused while confined at another facility. Mirror Inc. PREA Policy (<i>p. 11</i>) requires the facility director to notify the head of the facility or agency where the alleged abuse occurred as soon as possible but no later than 72 hours after receiving the allegation. The policy further requires the notification to be documented. In response to the PAQ, the facility reported zero instances in the past 12 months where residents reported sexual abuse while incarcerated at another facility.</p> <p data-bbox="242 855 1380 884">The auditor finds the facility in compliance with the above PREA Provisions based on the documentation provided.</p> <p data-bbox="242 913 391 943"><b>Provision (d):</b></p> <p data-bbox="242 972 1492 1198">Mirror Inc. PREA Policy (<i>p. 19</i>) stipulates, "When staff receives notification a resident was sexually abused or harassed while at a Mirror facility, a review shall be done to determine if an investigation has already occurred, or, Mirror will conduct an investigation. Interviews with the agency head and facility director indicated if Mirror Inc. receives notification from another agency that an allegation of sexual abuse or sexual harassment occurred at a Mirror Inc. facility, the facility will take steps needed to investigate the allegation. Based on the interviews, the auditor is confident that the facility leadership will take appropriate action if notification is received. In response to the PAQ, the facility reported zero (0) allegations of sexual abuse from other facilities. There was no documentation of any such examples to review during this audit.</p> <p data-bbox="242 1229 1436 1288">The auditor finds the facility in compliance with PREA Provision 115.2631 (d) based on the documentation provided and interviews conducted.</p> <p data-bbox="242 1319 375 1348"><b>Conclusion:</b></p> <p data-bbox="242 1377 1484 1435">Based upon the review and analysis of all the available evidence, the auditor has determined the agency/facility meets Standard 115.263 requirements which address official response following a resident report. No corrective action is required.</p>

115.264	<b>Staff first responder duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 528 300"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 445" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Mirror Inc. Coordinated Response Plan</li> </ul> <p data-bbox="242 472 363 501"><b>Interviews:</b></p> <ul data-bbox="284 551 887 647" style="list-style-type: none"> <li>• Security Staff and Non-Security Staff First Responders (2)</li> <li>• Random Staff (12)</li> <li>• Residents Who Reported Sexual Abuse (None)</li> </ul> <p data-bbox="242 674 389 703"><b>Provision (a):</b></p> <p data-bbox="242 730 1485 927">In response to the PAQ, the facility reported zero allegations of resident sexual abuse. The interviews with security and non-security first responders revealed they knew what to do in the event of a sexual assault response. There were no residents who reported sexual abuse to be interviewed. Mirror Inc. PREA Policy (<i>p. 13</i>) denotes the facility's first responder protocols. It provides the DOJ's definition of "first responder" to be the staff person(s) who first arrives at the scene of an incident. The auditor reviewed both the First Responder Duties and Coordinated Response documents. First responder duties outlined in both documents contained appropriate response protocols to include the following:</p> <ol data-bbox="242 954 1485 1227" style="list-style-type: none"> <li>(1) Separate the alleged victim and abuser</li> <li>(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence</li> <li>(3) If the abuse occurred within a period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</li> <li>(4) Immediately notify the appropriate medical and mental health practitioners.</li> </ol> <p data-bbox="242 1254 1425 1314">The auditor finds the facility in compliance with PREA Provision 115.264 (a) based on the documentation provided and interviews conducted.</p> <p data-bbox="242 1346 389 1375"><b>Provision (b):</b></p> <p data-bbox="242 1402 1485 1565">Mirror Inc. PREA Policy (<i>p. 13</i>) requires non-security staff first responders to request the alleged victim not take any actions which could destroy physical evidence, and then notify security staff. In response to the PAQ, the facility reported zero (0) instances where non-security staff responded to an incident of sexual abuse. The interviews with one security staff first responder, one non-security staff first responder, and a random sampling of staff revealed they were all knowledgeable of all first responder response protocols as outlined in provision (a) and in accordance with Mirror Inc.'s policy.</p> <p data-bbox="242 1592 1425 1653">The auditor finds the facility in compliance with PREA Provision 115.264 (b) based on the documentation provided and interviews conducted.</p> <p data-bbox="242 1684 376 1713"><b>Conclusion:</b></p> <p data-bbox="242 1740 1437 1800">Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets Standard 115.264 requirements which address staff first responder duties. No corrective action is required.</p>

115.265	<b>Coordinated response</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 528 300"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 477" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Form A: Mirror Inc. Coordinated Response</li> <li>• Form B: PREA Checklist</li> </ul> <p data-bbox="242 506 363 535"><b>Interviews:</b></p> <ul data-bbox="284 584 464 613" style="list-style-type: none"> <li>• Facility Director</li> </ul> <p data-bbox="242 642 389 672"><b>Provision (a):</b></p> <p data-bbox="242 701 1493 960">The facility developed a written institutional plan to coordinate actions to respond to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Mirror Inc.'s PREA Policy (<i>pp. 12-13</i>) addresses coordinated response procedures outlining steps to be taken "In an effort to ensure the victim receives the best possible care and investigators have the best chance of apprehending the perpetrator...." The coordinated response will involve local law enforcement (Topeka Police Department); investigators and facility leadership, Victim Advocacy Services and Crisis Intervention Counseling (YWCA Center for Safety and Empowerment), and the local hospital for medical treatment (Stormont Vail Health). Action steps Mirror Inc. will ensure are followed and completed according to their policy are the following:</p> <ul data-bbox="284 1012 1414 1240" style="list-style-type: none"> <li>• Assess the victim's acute medical needs.</li> <li>• Inform the victim of his/her rights under relevant Federal and State law.</li> <li>• Explain the need for a forensic medical exam and offer the victim the option of undergoing one within 92 hours.</li> <li>• Offer the presence of a victim advocate or qualified staff member during the exam. Provide crisis intervention counseling through the YWCA.</li> <li>• Interview the victim and any witnesses and collect evidence.</li> <li>• Provide for any special needs the victim may have.</li> </ul> <p data-bbox="242 1270 1449 1397">The auditor reviewed Form A, <i>Coordinated Response</i> procedures, which outlines and details first responder duties, SAFE/SANE forensic examinations, and staff responsibilities by position. Coordinated Response procedures also involve completing a Form B, <i>PREA Checklist</i> to ensure all areas have been addressed. During the interview, the facility director was able to articulate and demonstrate knowledge of the coordinated response procedures.</p> <p data-bbox="242 1426 1426 1487">The auditor finds the facility in compliance with PREA Provision 115.265 (a) based on the documentation provided and interviews conducted.</p> <p data-bbox="242 1516 376 1545"><b>Conclusion:</b></p> <p data-bbox="242 1574 1468 1635">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.265 requirements which address coordinated response. No corrective action is required.</p>

115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Agency Head</li> </ul> <p><b>Provision (a):</b></p> <p>In response to the PAQ, the facility reported it does not participate in collective bargaining. Mirror Inc. does not have collective bargaining agreements. An interview was conducted with the agency head, who confirmed that Mirror Inc. does not participate in collective bargaining.</p> <p><b>Provision (b):</b></p> <p>The auditor is not required to audit provision (b); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.266.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets Standard 115.266 requirements which address preservation of ability to protect inmates from contact with abusers. No corrective action is required.</p>

**115.267 Agency protection against retaliation**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Mirror Inc. Retaliation Monitoring form

**Interviews:**

- Agency Head
- Facility Director
- Designated Staff Member Charged with Monitoring Retaliation (1)
- Residents who Reported Sexual Abuse (None)

**Provision (a):**

The agency has 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. Mirror Inc. PREA Policy (p. 17) stipulates, "Mirror shall 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. In response to the PAQ, the facility reported that the facility PREA compliance manager and PREA coordinator are the designated staff members responsible for monitoring retaliation.

The auditor finds the facility in compliance with PREA Provision 115.267 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

Mirror Inc. PREA Policy (p. 17) stipulates, "Protection measures will include 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 resident or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." Interviews with the agency head, facility director/staff responsible for monitoring retaliation revealed protective measures, including monitoring retaliation for 90 days, looking for any signs of retaliation by staff, i.e., increased disciplinary reports, loss of passes or privileges, reassignment to another building. Monitoring staff has open lines of communication with the resident and, if warranted, provides the option of relocating to another facility to create boundaries and an increased level of safety. The Whistleblower Act protects staff. If retaliation is observed, Mirror Inc. would immediately suspend pending an investigation. Emotional support services are offered to both staff and residents. The facility director reported no instances of retaliation monitoring during this audit cycle. There were no residents who reported sexual abuse at the facility to interview. No current or completed documentation was available; however, the auditor reviewed Mirror Inc.'s Retaliation Monitoring form and is confident documentation and protective measures would be in place if needed.

The auditor finds the facility in compliance with PREA Provision 115.267 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror Inc. PREA Policy (p. 17) stipulates, "For at least 90 days following a report of sexual abuse, Mirror shall monitor the conduct and treatment of residents or staff who reported sexual abuse, and of residents who were reported to have suffered sexual abuse, to see if there are changes which may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation." Policy further states, "Monitoring past 90 days shall continue if the initial monitoring indicates an ongoing need and shall include:

- Periodic in-person conversations with residents and/or staff;
- Review of disciplinary incidents involving residents;
- Review of housing or program changes; and
- Review of negative performance reviews or reassignments of staff."

In response to the PAQ, the facility reported zero incidences of retaliation in the last 12 months. The interview with the facility director, who also monitors retaliation revealed, revealed initial monitoring is for 90-days; however if warranted, there



is no maximum time limit to monitor retaliation. Retaliation monitoring for residents includes looking for housing changes, loss of passes or privileges, and/or restriction status or component changes. Retaliation monitoring for staff includes looking for increased levels of leave usage, negative performance evaluations, and/or requests for shift schedule changes.

The auditor finds the facility in compliance with PREA Provision 115.267 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

Mirror Inc. PREA Policy (p. 17) addresses periodic status checks with residents subject to retaliation monitoring. The interview with the facility director/retaliation monitor revealed there had been no incidents of retaliation monitoring during the past 12 months. If it became necessary to monitor retaliation, she would conduct weekly in-person checks with the resident or staff member.

The auditor finds the facility in compliance with PREA Provision 115.267 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

Mirror Inc. PREA Policy (p. 17) states, "Protection measures will include 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 resident or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations." The interviews with the agency head and facility director revealed if any individual, resident, or staff, fears retaliation for cooperating with investigations, protective measures as outlined in PREA Provision 115.267 (b) would be initiated.

The auditor finds the facility in compliance with PREA Provision 115.267 (e) based on the documentation provided and interviews conducted.

**Provision (f):**

The auditor is not required to audit provision (f); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.267.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.267 requirements which address agency protection against retaliation. No corrective action is required.

**115.271 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Sexual Abuse Incident Review Form
- Investigative Staff Training Records; Sexual Assault investigation Training certificate (*eff. 2/24/17*)
- Document: First Responder Duties

**Interviews:**

- Facility Director
- PREA Coordinator
- Investigative Staff (1)
- Residents who Reported Sexual Abuse (None)

**Provision (a):**

Mirror Inc. PREA Policy (*p. 14*) addresses provision (a) of this standard in detail. Specifically, it states, "All investigations into allegations of sexual abuse and sexual harassment conducted by Mirror Facility Director and PREA Coordinator services will be done promptly, thoroughly, and objectively, and include third-party and anonymous reports." An interview with the facility director revealed that the facility conducts administrative investigations only if they are not conducted by the Bureau of Prisons (BOP). The Topeka Police Department (TPD) conducts criminal investigations if deemed so by the facility and BOP. Per the contract with the BOP, Mirror Inc. must report all sexual abuse and sexual harassment allegations to the BOP to determine whether an investigation is warranted. An interview with the investigator revealed that investigations are started immediately upon notification of an allegation. There have been no investigations of allegations of sexual abuse and sexual abuse at the Topeka RRC in the past three years.

The auditor finds the facility in compliance with PREA Provision 115.271 (a) based on the documentation provided and the interviews conducted.

**Provision (b):**

During the interview with the investigator, she indicated that specialized training was received. Initial training was received through Educorr's PREA training (Educorr specializes in online PREA training for correctional facilities), and in-person training was provided to investigators in Boston, Massachusetts, in February 2017. The investigator also received online training via the National Institute of Corrections (NIC). The course was entitled PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor verified this information in the staff training file by viewing the signed Sexual Assault investigation Training certificate (*2/24/17*) and online completion documentation. Training documentation is also discussed in Standard 115.234 (c)-1. Currently, the agency's Vice President of Operations conducts the administrative investigations at the Topeka RRC until the newly appointed facility director is trained. There were no investigative records/reports for allegations of sexual abuse or sexual harassment for the auditor to review.

The auditor finds the facility in compliance with PREA Provision 115.271 (b) based on the documentation provided and the interviews conducted.

**Provision (c):**

Mirror Inc.'s PREA Policy states, "Where sexual abuse is alleged, Mirror shall use law enforcement officials to investigate. Mirror shall request that the investigating agency follow the DOJ requirements for investigations of incidents." During this audit cycle, no sexual abuse allegations were reported to the Topeka Police Department (TPD) for investigation, and there was no documentation for the auditor to review. An interview with the facility investigator revealed that the initial first step in initiating an investigation is to contact the TPD immediately. Following the initial notification, facility staff will implement first responder protocols and contact the BOP and the agency PREA coordinator. The investigator indicated that as part of first responder protocols, the victim and perpetrator are separated, and no physical evidence is destroyed. The victim and abuser are instructed not to shower, brush their teeth, wash, or clean clothing to preserve evidence, be it direct or circumstantial. Facility video monitoring is reviewed, and statements are documented. The TPD interviews alleged victims, suspected perpetrators, and witnesses; and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator as part of the investigative process. Facility staff works collaboratively with the TPD and BOP; however, they are not involved in

criminal interviewing. The investigator indicated that when the BOP instructs the facility to conduct an administrative investigation into alleged sexual abuse, the investigator would be responsible for interviewing the victim, perpetrator, and witnesses.

The auditor finds the facility in compliance with PREA Provision 115.271 (c) based on the documentation provided and the interviews conducted.

**Provision (d):**

An interview with the sexual abuse and sexual harassment investigator revealed it is the facility's practice not to conduct compelled interviews.

The auditor finds the facility in compliance with PREA Provision 115.271 (d) based on the documentation provided and the interviews conducted.

**Provision (e):**

Mirror Inc.'s PREA Policy (*p. 15*), "Where sexual abuse is alleged, Mirror shall use law enforcement officials to investigate. Mirror shall request that the investigating agency follow the DOJ requirements for investigations of incidents." When interviewed about the credibility of an alleged victim, suspect, or witness, the facility's investigator indicated a preponderance of the evidence is taken into consideration, and under no circumstances would a polygraph be utilized before proceeding with any investigation. There were no residents who reported sexual abuse occurring at this facility during this audit cycle; therefore, the auditor could not conduct interviews to ascertain this information. The facility director indicated Mirror Inc. is responsible for conducting administrative allegations that do not rise to the level of potentially criminal.

The auditor finds the facility in compliance with PREA Provision 115.271 (e) based on the documentation provided and the interviews conducted.

**Provision (f):**

Mirror Inc.'s PREA Policy (*p. 15*) requires an effort to determine whether staff actions or failures to act contributed to the abuse. Investigative staff reported all reports, and video monitoring surveillance is reviewed to determine if staff action or inaction played a role in contributing to the abuse. There were no investigative files for the auditor to review.

The auditor finds the facility in compliance with PREA Provision 115.271 (f) based on the documentation provided and the interviews conducted.

**Provision (g):**

Mirror Inc.'s PREA Policy (*p. 15*) requires that where sexual abuse is alleged, Mirror shall use law enforcement officials to investigate. Mirror shall request that the investigating agency follow the DOJ requirements pertaining to investigations of incidents. The interview with the investigator revealed that Mirror Inc. does not conduct criminal investigations. However, staff provides documentation to the investigative agency on what occurred and documentation of any collected evidence, including physical and verbal. Copies of all evidence are turned over. In the event allegations of sexual abuse rises to a criminal offense level, they are referred to TPD for investigation and potential referral for prosecution. No criminal investigations were conducted during the past three years; therefore, the auditor could not review any investigative reports.

The auditor finds the facility in compliance with PREA Provision 115.271 (g) based on the documentation provided and the interviews conducted.

**Provision (h):**

The facility reported in its response to the PAQ that there were zero (0) allegations of conduct that appeared to be criminal and referred for prosecution since the last PREA audit. As such, the auditor could not review a sample of cases referred for prosecution. The interview with the investigator verified zero (0) substantiated allegations and indicated that all allegations of sexual abuse are referred to the TPD for prosecution when deemed criminal.

The auditor finds the facility in compliance with PREA Provision 115.271 (h) based on the documentation provided and the interviews conducted.

**Provision (i):**

Mirror Inc.'s PREA Policy (*p. 17*) states that Mirror retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor finds the facility in compliance with PREA Provision 115.271 (i) based on the documentation provided and the interviews conducted.

**Provision (j):**

Mirror Inc.'s PREA Policy (*p. 15*) states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Investigative staff indicated principal (victim or abuser) is released or terminated from the agency; it does not alter the investigatory process.

The auditor finds the facility in compliance with PREA Provision 115.271 (j) based on the documentation provided and the interviews conducted.

**Provision (k):**

The auditor is not required to audit this provision; therefore, provision (k) is not relied upon for determining compliance or non-compliance with Standard 115.271.

**Provision (l):**

Mirror Inc.'s PREA Policy (*p. 17*) states that when other agencies investigate sexual abuse, Mirror shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Interviews with the director, PREA coordinator, and investigative staff verified that this is Mirror Inc.'s practice. At the Topeka RRC the agency's VP of Operations is also the facility's investigator and liaison with the TPD until the new facility director has been trained. The PREA Coordinator indicated that the facility has a positive relationship with TPD and is involved in active discussions. All communications are documented. The facility fully cooperates with the outside agency and provides access to records, files, and videos legally permissible after consultation with the BOP.

The auditor finds the facility in compliance with PREA Provision 115.271 (l) based on the documentation provided and the interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.271, which addresses criminal and administrative agency investigations. No corrective is required.

115.272	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 526 300"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 347 1276 414" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 2/24/22)</li> </ul> <p data-bbox="242 439 363 468"><b>Interviews:</b></p> <ul data-bbox="284 515 486 544" style="list-style-type: none"> <li>• Investigative Staff</li> </ul> <p data-bbox="242 571 391 600"><b>Provision (a):</b></p> <p data-bbox="242 629 1484 792">Mirror Inc. PREA Policy (<i>p. 15</i>) stipulates that Mirror Inc. impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. The interview with the facility investigator revealed that Mirror Inc. utilizes the “preponderance of the evidence” as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded. There were no investigative files to review.</p> <p data-bbox="242 822 1380 887">The auditor finds the facility in compliance with PREA Provision 115.272 (a) based upon interviews conducted and documentation provide</p> <p data-bbox="242 913 375 943"><b>Conclusion:</b></p> <p data-bbox="242 972 1492 1066">Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.272 requirements which address evidentiary standards for administrative investigations. No corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Notification of Investigative Findings: Staff on Resident form
- Notification of Investigative Findings: Resident on Resident form

**Interviews:**

- Facility Director
- Investigative Staff
- Residents who Reported Sexual Abuse (None)

**Provision (a):**

Mirror Inc.'s PREA Policy (*p. 16*) stipulates, "Following an investigation into a resident's allegation they suffered sexual abuse, Mirror shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." An interview with the investigator and facility director substantiated this practice. In response to the PAQ, the facility reported zero (0) criminal or administrative investigations of alleged resident sexual abuse that were completed past 12 months; therefore, no notifications have been made. There were no residents who reported sexual abuse during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.273 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

Mirror Inc.'s PREA Policy (*p. 16*) stipulates, "If Mirror did not conduct an investigation, it shall request the relevant information from the investigative agency in order to inform the resident." In response to the PAQ, the facility reported that no investigations were completed for which they needed to request information. There were no investigative files for the auditor to review.

The auditor finds the facility in compliance with PREA Provision 115.273 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror Inc.'s PREA Policy (*p. 16*) stipulates, "Following a resident's allegation, a staff member committed sexual abuse against the resident, Mirror shall subsequently inform the resident whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- Mirror learns the staff member has been charged with or indicted on a charge related to sexual abuse within the facility; or,
- Mirror learns the staff member has been convicted on a charge related to sexual abuse within the facility."

In response to the PAQ, the facility reported no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the past 12 months. There were no residents who reported sexual abuse at the facility to interview. An interview with the facility investigator revealed that notification to residents is completed on a *Notification of Investigative Findings: Staff on Resident* form.

The auditor finds the facility in compliance with PREA Provision 115.273 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

Mirror Inc.'s PREA Policy (*p. 16*) stipulates in part, "Following a resident's allegation they have been sexually abused by another resident, Mirror shall subsequently inform the alleged victim whenever:

- Mirror learns the alleged abuser has been charged with or indicted on a charge related to sexual abuse within the facility; or
- Mirror learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

An interview with the investigator revealed that notification to residents is completed on a *Notification of Investigative Findings: Resident on Resident* form. There were no residents who reported sexual abuse at the facility to interview.

The auditor finds the facility in compliance with PREA Provision 115.273 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

In response to the PAQ, the facility reported that zero (0) notifications had been completed. The facility utilizes the *Notification of Investigative Findings: Staff on Resident* form and the *Notification of Investigative Findings: Resident on Resident* form to document all notifications.

The auditor finds the facility in compliance with PREA Provision 115.273 (e) based on the documentation provided and interviews conducted.

**Provision (f):**

The auditor is not required to audit provision (f); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.273.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets standard 115.273 requirements, which address reporting to residents. No corrective action is required.

115.276	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p><b>Provisions (a)-(d):</b></p> <p>Per Mirror Inc. Policy (<i>p. 18</i>), all staff at the RRC Topeka will be subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of Mirror policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In response to the PAQ, the facility reported that zero (0) employees were terminated, disciplined short of termination, or reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets standard 115.276 requirements, which address discipline. No corrective action is required.</p>



115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Facility Director</li> </ul> <p><b>Provisions (a)(b):</b></p> <p>Mirror Inc. PREA Policy <i>p. 18</i>) requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and social services, unless the activity was clearly not criminal, and to relevant licensing bodies. The policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the facility director revealed any contractor or volunteer who violates Mirror Inc.'s sexual abuse and sexual harassment policies is prohibited from working with federal offenders. Violators are reported to the Bureau of Prisons and their agency supervisors. In response to the PAQ, the facility reports zero (0) volunteers or contractors were reported to law enforcement for engaging in sexual abuse of residents in the past 12 months.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.277, which addresses corrective action for contractors and volunteers. No corrective action is required.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 528 297"><b>Documentation Reviewed:</b></p> <ul data-bbox="284 349 1273 445" style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Bureau of Prison's Residential Reentry Center Statement of Work, April 2017</li> </ul> <p data-bbox="244 474 363 501"><b>Interviews:</b></p> <ul data-bbox="284 553 703 613" style="list-style-type: none"> <li>• Facility Director</li> <li>• Medical and Mental Health Staff (None)</li> </ul> <p data-bbox="244 642 389 669"><b>Provision (a):</b></p> <p data-bbox="244 698 1469 1061">In response to the PAQ, the facility reported zero (0) instances of administrative or criminal resident-on-resident allegations of sexual abuse occurring at the facility in the past 12 months. and zero (0) findings of guilt for resident-on-resident sexual abuse occurring at the facility in the past 12 months. Mirror Inc. PREA Policy (<i>p. 18</i>) requires residents to be subjected to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding or criminal finding of guilt that the resident engaged in resident-on-resident sexual abuse. The auditor reviewed <i>Chapter 13: Discipline, in the BOP's Statement of Work (pp. 78-84)</i> which the facility must adhere to. Chapter 13 details the discipline process. The BOP's Program Statement 5270.09, Inmate Discipline Program identifies sexual offenses in the Greatest and High Severity categories. Greatest and High Severity incidents cannot be informally resolved and must be sent to the BOP's Discipline Hearing Office for resolution. Sexual Assault by Force is considered a 100-level Greatest Severity offense. Engaging in Sexual Acts, Making Sexual Proposals or Threats to Another, and Sexual Assault without Force are 200-level High Severity offenses. There were no disciplinary reports for the auditor to review.</p> <p data-bbox="244 1090 1385 1120">The auditor finds the facility in compliance with PREA Provision 115.278 (a) based on the documentation provided.</p> <p data-bbox="244 1149 389 1176"><b>Provision (b):</b></p> <p data-bbox="244 1205 1481 1400">Mirror Inc. PREA Policy (<i>p. 18</i>) requires all sanctions be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories." An interview with the facility director revealed that sanctions are commensurate with the nature and circumstances of the abuse committed. Transfer to a secure facility, loss of Good Conduct Time, and loss of privileges are examples of possible sanctions. The facility director also noted no disciplinary reports written for resident-on-resident sexual abuse during this audit cycle.</p> <p data-bbox="244 1429 1358 1489">The auditor finds the facility in compliance with PREA Provision 115.278 (b) based on interviews conducted and documentation provided.</p> <p data-bbox="244 1518 389 1545"><b>Provision (c):</b></p> <p data-bbox="244 1574 1490 1769">Mirror Inc. PREA Policy (<i>p. 18</i>) requires that the disciplinary process consider whether a resident's mental disability or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed." The interview with the facility director revealed that the facility would consider a resident's mental disability or mental illness when determining sanctions. The facility would generate the discipline report and provide sanction recommendations to the BOP's Discipline Hearing Officer. The facility director also noted no disciplinary reports written for resident-on-resident sexual abuse during this audit cycle.</p> <p data-bbox="244 1798 1358 1859">The auditor finds the facility in compliance with PREA Provision 115.278 (c) based on interviews conducted and documentation provided.</p> <p data-bbox="244 1888 389 1915"><b>Provision (d):</b></p> <p data-bbox="244 1944 1477 2139">Mirror Inc. PREA Policy (<i>p. 18</i>) stipulates that on a case-by-case basis, therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, may be required as a condition of access to programming or other benefits." The interview with the facility director revealed that the facility would collaborate with the BOP's Residential Reentry Office and Community Treatment Services or the US Probation office in determining whether to require the offending resident to participate in counseling or therapy as a condition of access to programming or other benefits.</p>

The auditor finds the facility in compliance with PREA Provision 115.278 (d) based on interviews conducted and documentation provided.

**Provision (e):**

Mirror Inc.'s PREA Policy (*p. 18*) stipulates that "Mirror may discipline a resident for sexual contact with staff only upon a finding the staff member did not consent to such contact." There were no disciplinary records against a resident for sexual conduct with staff to review for this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.278 (e) based on the documentation provided.

**Provision (f):**

Mirror Inc.'s PREA Policy (*p. 18*) states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation." The interview with the facility director indicated that if an investigation concludes that the report was made in bad faith, the resident may be disciplined for lying or falsely reporting an incident.

The auditor finds the facility in compliance with PREA Provision 115.278 (f) based on interviews conducted and documentation provided.

**Provision (g):**

Mirror Inc.'s PREA Policy (*p. 18*) prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines the activity is coerced. There were no resident disciplinary reports for sexual activity between residents to review during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.278 (g) based on the documentation provided.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.278 requirements which address disciplinary sanctions for residents. No corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 2/24/22)
- Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse"

**Interviews:**

- Medical and Mental Health Staff (None)
- Security Staff and Non-Security Staff First Responders (2)
- Residents who Reported a Sexual Abuse (None)
- PREA Compliance Manager
- SAFE/SANE

**Provision (a):**

Mirror Inc. PREA Policy (*p. 13*) requires resident victims of sexual abuse to 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. In response to the PAQ, the facility indicated that medical and mental health services are not provided at the Topeka RRC. Rather, emergency medical and mental health treatment is provided by Stormont Vail Health, as reported by the PCM during the interview.

The auditor finds the facility in compliance with PREA Provision 115.282 (a) based on interviews conducted and documentation provided.

**Provision (b):**

In the absence of qualified medical or mental health staff when a recent report of sexual abuse is made, security first responders take preliminary steps to protect the alleged victim. Initial responsibilities include separating the alleged abuser from the victim and notifying medical and mental health staff. According to the Mirror Inc. PREA Policy (*p. 13*), first responders take preliminary steps to protect the alleged victim. Initial responsibilities include separating the alleged abuser from the victim and notifying medical and mental health practitioners. Interviews with one security first responder and one nonsecurity first responder revealed they were knowledgeable of first responder protocols and would be able to act accordingly in the event of an incident of sexual abuse. Specifically, they indicated that the first action would protect the victim by separating the victim from the abuser. Other duties include preserving the scene so proper evidence can be collected for law enforcement. They would also ask the victim not to take any actions that could destroy evidence, i.e., changing clothes, brushing teeth, or using the restroom. First responder staff would also ensure the alleged abuser does not take any actions that could destroy evidence. There were no residents who reported sexual abuse at the facility and no relevant investigative files to review. Interview with the PCM revealed all residents are provided with information in their Resident Handbook enclosure, "Resident Guide to Sexual Misconduct/Abuse" (*p. 3*), indicating that if they are an alleged victim of sexual assault, they "will be offered immediate protection and will be referred for a medical examination and a support/advocacy agency."

The auditor finds the facility in compliance with PREA Provision 115.282 (b) based on interviews conducted and documentation provided.

**Provision (c):**

Victims of sexual abuse are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis per Mirror Inc.'s PREA Policy (*p. 13*). Forensic examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). An interview with the SAFE/SANE supervisor at Stormont Vail Health verified that any resident sexually assaulted would receive all medications prior to discharge.

The auditor finds the facility in compliance with PREA Provision 115.282 (c) based on interviews conducted and documentation provided.

**Provision (d):**

Mirror Inc.'s PREA Policy (*p. 13*) addresses providing treatment for victims' services, including forensic examinations of

sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation. An interview with the PCM verified this information. The PCM indicated no instances involving the need for these services during or before this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.282 (d) based on interviews conducted and documentation provided.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.282, which addresses access to emergency medical and mental health services. No corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse"

**Interviews:**

- Medical and Mental Health Staff (None)
- PREA Coordinator
- Security Staff and Non-Security Staff First Responders (2)
- Residents who Reported Sexual Abuse (None)
- SAFE/SANE

**Provision (a):**

Mirror Inc.'s PREA Policy (*p. 14*) allows for access to medical care and mental health evaluations for victims of sexual abuse as it states in part, "The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility." An interview with the PC indicated residents would receive medical care at Stormont Vail Health in the event of sexual abuse victimization or learning of it occurring while in prison. For mental health care, a Medical Certification would be completed and sent to the BOP for authorization of services at Valeo Behavior Health Care for any treatment if learned they were sexually abused while in prison. The PC stated there were no instances of medical or mental health referrals related to sexual abuse victimization during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.283 (a) based on the documentation provided and interviews conducted.

**Provision (b):**

Mirror Inc.'s PREA Policy (*p. 14*) allows for follow-up services, treatment plans, and referrals for continuity of care, if needed, following transfer to other facilities or release from prison. An interview with the PCM indicated that if a Bureau of Prisons (BOP) resident returned to confinement, follow-up services would be provided while in custody. When a resident is released from the Topeka RRC, case management staff ensure referrals for continued care are completed and processed before release. The PC stated there were no instances of medical or mental health referrals related to sexual abuse victimization during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.283 (b) based on the documentation provided and interviews conducted.

**Provision (c):**

Mirror Inc.'s PREA Policy (*p. 14*) stipulates that "Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate. An interview with the SAFE/SANE supervisor at Stormont Vail Health verified that they provide pregnancy-related information and services to all residents for whom pregnancy resulted due to the abuse. The SAFE/SANE supervisor indicated no such services were needed for residents at the Topeka RRC.

The auditor finds the facility in compliance with PREA Provision 115.283 (c) based on the documentation provided and the interviews conducted.

**Provision (d):**

Mirror Inc.'s PREA Policy (*p. 14*) stipulates that "Resident victims of sexually abusive vaginal penetration at Mirror RRC shall be offered pregnancy tests, as medically necessary. An interview with the SAFE/SANE supervisor at Stormont Vail Health verified that they provide pregnancy-related information and services to all residents for whom pregnancy resulted due to the abuse.

The auditor finds the facility in compliance with PREA Provision 115.283 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

Mirror Inc.'s PREA Policy (*p. 14*) states that if pregnancy results from the conduct described in this section, victims shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services, such as prenatal care and access to pregnancy termination services, where available. An interview with the SAFE/SANE supervisor at Stormont Vail Health verified that they offer pregnancy-related information and services to all residents for whom pregnancy resulted due to the abuse. The SAFE/SANE supervisor indicated no such services were needed for residents at the Topeka RRC.

The auditor finds the facility in compliance with PREA Provision 115.283 (e) based on the documentation provided and interviews conducted.

**Provision (f):**

Mirror Inc.'s PREA Policy (*p. 14*) stipulates that "Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate." An interview with the SAFE/SANE supervisor at Stormont Vail Health verified that they offer pregnancy-related information and services to all residents for whom pregnancy resulted due to the abuse. The SAFE/SANE supervisor indicated no such services were needed for residents at the Topeka RRC.

The auditor finds the facility in compliance with PREA Provision 115.283 (f) based on the documentation provided and interviews conducted.

**Provision (g):**

Mirror Inc.'s PREA Policy (*p. 14*) stipulates that "Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The interview with the PC verified this information and added that there had been no such cases during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.283 (g) based on the documentation provided and interviews conducted.

**Provision (h):**

Mirror Inc.'s PREA Policy (*p. 14*) states, "The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The interview with the PCM revealed that their practice is to contact the YWCA Center for Safety and Empowerment or Valeo Behavioral Health Care within 60 days of learning of a resident's abuse history. The PC also stated that there had been no instances of treatment referrals under these conditions during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.283 (h) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined the agency/facility Standard 115.283 requirements which address ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.286	<b>Sexual abuse incident reviews</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion



**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- Mirror Inc.'s Sexual Abuse Investigation Report Form (SAIR)

**Interviews:**

- Facility Director
- PREA Compliance Manager
- Incident Review Team (2)

**Provision (a)(b):**

Mirror Inc. PREA Policy (*p. 16*) requires, in instances of sexual abuse, the facility to conduct a sexual abuse incident review within 30-days of the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. In response to the PAQ, the facility reported that no investigations of alleged sexual abuse were completed at the facility during the past 12 months.

The auditor finds the facility in compliance with PREA Provisions 115.286 (a)(b) based on the documentation provided.

**Provision (c):**

The facility's sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. An interview with the facility director verified this information.

The auditor finds the facility in compliance with PREA Provisions 115.286 (c) based on the documentation provided and interviews conducted.

**Provision (d):**

Mirror Inc. PREA Policy (*pp. 16-17*) requires the incident review team to review the following:

- Consider whether the allegation indicates a need for policy or practice change
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, gender identity, sexual orientation, gang affiliation, or by group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred for anything that could possibly enable abuse
- Assess the adequacy of staffing levels in areas during different shifts
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff
- Assess whether staff actions led to or could have prevented the occurrence of sexual abuse or harassment.

All findings and recommendations for improvement will be documented on Mirror Inc.'s Sexual Abuse Incident Review form. Interviews with one incident review team member, the PREA coordinator, and the facility director verified these procedures. They identified focus areas (such as motivation, deterrence and prevention, staffing analysis, training, policy revisions, and facility or area safety enhancements.) Reports are submitted to the PREA coordinator and facility director. The auditor reviewed the facility's SAIR and found it consistent with provision requirements.

The auditor finds the facility in compliance with PREA Provisions 115.286 (d) based on the documentation provided and interviews conducted.

**Provision (e):**

Mirror Inc. PREA Policy (*p. 17*) stipulates, "Following the review, a report of its findings, determinations, and any recommendations for improvement will be submitted to the CEO of Mirror, Inc. Improvements which were implemented as a result of the review will be documented in the final report."

The auditor finds the facility in compliance with PREA Provisions 115.286 (e) based on the documentation provided and interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.286 requirements which address sexual abuse incident reviews. No corrective action is required.

115.287	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> <li>• Mirror Inc. 2022 Annual Report</li> </ul> <p><b>Provision (a):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 21</i>) requires the collection of accurate and uniform data for every allegation of sexual abuse that occurs at the facility. A standardized instrument with a set of definitions is to be used for the data collection. There were no reports of sexual abuse or sexual harassment at the facility during the past 12 months.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (a) based on the documentation provided.</p> <p><b>Provision (b):</b></p> <p>Mirror Inc. aggregates the incident-based sexual abuse data at least annually. The facility aggregates incident-based, uniform data regarding allegations of sexual abuse and sexual harassment. The aggregated data contributes to the development of the facility's annual report.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (b) based on the documentation provided.</p> <p><b>Provision (c):</b></p> <p>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. Mirror Inc. PREA Policy (<i>p. 21</i>) provides for the collection of accurate and uniform data for every allegation of sexual abuse from incident-based documents.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (c) based on the documentation provided.</p> <p><b>Provision (d):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 21</i>) requires the agency to maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The data is collected, and various types of data are identified and related documents regarding relevant PREA information. The facility maintains data and aggregates the data, which culminates in the annual report. The Topeka RRC is Mirror Inc.'s sole community-based facility from which to compile data. A review of the 2022 Annual Report revealed no reports of sexual abuse or sexual harassment.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (d) based on the documentation provided.</p> <p><b>Provision (e):</b></p> <p>The auditor is not required to audit provision (e); therefore, it is not relied upon to determine compliance or non-compliance with Standard 115.287.</p> <p><b>Provision (f):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 21</i>) requires the facility to provide (upon request) all such data from the previous calendar year to the Department of Justice no later than June 30th. In response to the PAQ, the facility reported that the DOJ had not requested data from the previous year.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (f) based on the documentation provided.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.287 requirements which address data collection. No corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documentation Reviewed:**

- Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided
- Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (*rev. 2/24/22*)
- 2022 Annual PREA Report

**Interviews:**

- Agency Head
- PREA Coordinator
- PREA Compliance Manager

**Provisions (a):**

Mirror Inc. PREA Policy (*p. 21*) requires the agency to review collected and aggregated data. The policy stipulates the PCM will review data collected by the agency. The review will include identifying problem areas, ongoing corrective action, and preparing the annual report. The annual report will include findings and any necessary corrective action. The interviews with the agency head and PREA coordinator revealed that using incident-based sexual abuse data is a process of annual review and taking ongoing corrective action to determine how data can improve the quality of service and resident safety.

The auditor finds the facility in compliance with PREA Provision 115.288 (a) based on the documentation provided and interviews conducted.

**Provisions (b):**

Mirror Inc. PREA Policy (*p. 21*) requires the agency's report to include a comparison of the current year's data and corrective actions with those from prior years and to assess progress in addressing sexual abuse. The auditor reviewed the 2022 PREA Annual Report and determined it contained all required information pursuant to this provision. Of note, there were no reports of sexual abuse or sexual harassment during this audit cycle.

The auditor finds the facility in compliance with PREA Provision 115.288 (b) based on the documentation provided and interviews conducted.

**Provisions (c):**

Mirror Inc. PREA Policy (*p. 21*) requires the agency's CEO's approval of the Annual PREA Report and subsequent posting on the agency's website. The interview with the agency head revealed that she approves all annual PREA reports before posting them on the website by the agency PREA coordinator. The auditor will recommend that the Annual PREA Reports contain an approval and signature block for the agency head. With this modification, there will be no question of whether the agency head has approved the document. The auditor reviewed the agency website and saw the 2022 Annual PREA Report.

The auditor finds the facility in compliance with PREA Provision 115.288 (c) based on the documentation provided and interviews conducted. No corrective action is required.

**Recommendations:**

1. Amend Mirror Inc.'s Annual PREA Report to contain approval, signature, and date blocks for the agency head or designee.
2. Maintain cumulative Annual PREA Reports on the agency website.

**Provisions (d):**

Mirror Inc. PREA Policy (*p. 21*) stipulates that "specific material from the report may be redacted when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material redacted shall be noted." An interview with the PREA Coordinator revealed redacted material that includes Personally Identifiable Information (PII). The auditor did not find any PII on the 2022 Annual PREA Report.

The auditor finds the facility in compliance with PREA Provision 115.288 (d) based on the documentation provided and

interviews conducted.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency/facility meets Standard 115.288 requirements which address sexual abuse incident reviews. No corrective action is required.

**FOLLOW-UP SINCE THE INTERIM REPORT:**

The facility has adopted the auditor's recommendations and has amended Mirror Inc.'s Annual PREA Report to contain approval, signature, and date blocks for the agency head or designee. The facility will also maintain cumulative Annual PREA Reports on the agency website.

115.289	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Topeka RRC completed Pre-Audit Questionnaire (PAQ), and supporting documentation provided</li> <li>• Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (<i>rev. 2/24/22</i>)</li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> </ul> <p><b>Provisions (a):</b></p> <p>Per policy, the Mirror Inc. PREA coordinator is responsible for securely maintaining all collected data and publishing all aggregated sexual abuse data annually. The agency ensures that incident-based and aggregate data are securely retained. All sexual abuse data collected shall be retained for at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise. An interview with the agency PREA coordinator revealed that data is electronically stored in the Bureau of Prisons R3M data management system for retention of PREA-related documents. R3M has a two-factor authentication system with only certain user access granted.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (a) based on the documentation provided and interviews conducted.</p> <p><b>Provision (b):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 22</i>) requires the agency to publish all aggregated sexual abuse data annually. The agency's website contains the latest 2022 Annual PREA Report.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (b) based on the documentation provided and interviews conducted.</p> <p><b>Provisions (c):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 22</i>) requires the agency to remove all personal identifiers before publishing the aggregated data on its public website. No PII information was annotated on the latest 2022 Annual PREA Report.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (c) based on the documentation provided and interviews conducted.</p> <p><b>Provisions (d):</b></p> <p>Mirror Inc. PREA Policy (<i>p. 22</i>) requires the agency to retain all sexual abuse data collected for at least ten years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (d) based on the documentation provided and interviews conducted.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined the agency/facility meets Standard 115.289 requirements which address data storage, publication, and storage. No corrective action is required.</p>

115.401	<p><b>Frequency and scope of audits</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Mirror Inc. website: <a href="https://www.mirrorinc.org">https://www.mirrorinc.org</a></li> </ul> <p><b>Interviews:</b></p> <ul style="list-style-type: none"> <li>• Facility Director</li> </ul> <p><b>Provisions (a)(b)(h)(i)(n)(m):</b></p> <p>This PREA Audit is Mirror Inc. Topeka RRC's audit. The previous PREA Audit was in 2019. PREA audits for the agency have been conducted as required for this audit cycle. The facility provided the auditor with requested documentation before, during, and after the onsite phase. The auditor had unimpeded access to the facility, staff, residents, and documentation. The auditor conducted a site review during the onsite phase, and additional documentation was reviewed during the site visit. The posted notices regarding the audit were observed throughout the facility and accessible to residents; staff, visitors; contractors, and volunteers. The notices provided directions and contact information informing those who wanted to contact the auditor or how to do so. While a process is in place for confidential correspondence, the auditor received no mail from residents, staff, or visitors. The facility director provided an appropriate workspace, including a private conference room, to conduct confidential interviews in private with the residents and staff.</p> <p>Due to the Covid-19 pandemic, the auditor interviewed the agency, facility executive staff, and facility supervisors remotely during the pre-audit phase, and the facility provided numerous documents.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets Standard 115.401 requirements which address the frequency and scope of audits.</p>
---------	--

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Documentation Reviewed:</b></p> <ul style="list-style-type: none"> <li>• Mirror Inc. website: <a href="https://www.mirrorinc.org">https://www.mirrorinc.org</a></li> </ul> <p>The Final PREA Audit report during the past three years preceding this audit is posted on the facility's website as identified above.</p> <p><b>Conclusion:</b></p> <p>Based upon the review and analysis of the available evidence, the auditor has determined that the agency/facility meets Standard 115.403 requirements which address audit contents and findings.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	no
	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?	no
	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?	no
	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?	no
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	no



<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	no
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	no
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	no
	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?	no
	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?	no
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.217 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes
<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes



<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.242 (f)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	no
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes



<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes



<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes