

PREA Facility Audit Report: Final

Name of Facility: Topeka Residential Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 05/12/2019

Date Final Report Submitted: 10/03/2019

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"/>
Auditor Full Name as Signed: Julie A. Salmi	Date of Signature: 10/03/2019

AUDITOR INFORMATION	
Auditor name:	Salmi, Julie
Address:	
Email:	julie@fcprisonconsulting.com
Telephone number:	
Start Date of On-Site Audit:	03/12/2019
End Date of On-Site Audit:	03/14/2019

FACILITY INFORMATION	
Facility name:	Topeka Residential Reentry Center
Facility physical address:	2201 SE 25TH, Topeka, Kansas - 66605
Facility Phone	7852505961
Facility mailing address:	

Primary Contact	
Name:	Melissa M Goodman
Email Address:	mgoodman@mirrorinc.org
Telephone Number:	7852505961

Facility Director	
Name:	Melissa Goodman
Email Address:	mgoodman@mirrorinc.org
Telephone Number:	7852505961

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Melissa Goodman
Email Address:	mgoodman@mirrorinc.org
Telephone Number:	M: 785.267.056

Facility Health Service Administrator On-Site	
Name:	N/A
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	46
Current population of facility:	38
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/resident custody levels:	Community Confinement
Number of staff currently employed at the facility who may have contact with residents:	21
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

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

Agency Chief Executive Officer Information:	
Name:	Barth Hague
Email Address:	bhague@mirrorinc.org
Telephone Number:	316.283.6743

Agency-Wide PREA Coordinator Information			
Name:	Donald Denney	Email Address:	ddenney@mirrorinc.org

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE ON-SITE AUDIT PHASE:

A Prison Rape Elimination Act (PREA) audit was conducted at the Mirror Inc.'s Topeka Residential Reentry Center (RRC) in Topeka, Kansas on March 12-14, 2019. The facility is located at 2201 SE 25th Street, Topeka, Kansas 66605, and is referred to as 'Topeka RRC'. On January 16, 2019, Mirror Inc. entered into an agreed upon and signed contract with Full Circle Prison Consulting, LLC to conduct a PREA audit utilizing the Community Confinement Facility standards. US DOJ certified PREA auditor (probationary status) Julie A. Salmi was the single auditor identified to conduct the audit. For the purposes of this report, Ms. Salmi is referred to as 'auditor'. During the contract negotiation period the auditor sent a letter to Mirror Inc. referencing "Probationary Certification Status for Newly Certified Prison Rape Elimination Act (PREA) Auditors." The letter detailed the need for timeframe deviations for the completion of this audit.

Topeka RRC is owned and operated by Mirror Inc., a Private Not for Profit organization headquartered in Newton, Kansas. The agency's mission is to make a difference for more people, families and communities through comprehensive, integrated health and wellness approaches. They are committed to empowering people to be the best version of themselves and promoting safe, healthy people in strong communities. Topeka RRC had its initial PREA audit in October 2016. The facility was awarded contract services with the Federal Bureau of Prisons (BOP) to operate an RRC. Topeka RRC provides reentry services to BOP residents pending release from federal prison and United States Probation (USPO) clients serving a period of supervised release or sentenced to a term of probation versus custodial incarceration. The Topeka RRC serves community custody residents ranging from minimum to maximum security levels. The facility has a maximum capacity of 46 residents and its 'campus' is comprised of two buildings (3 and 4). Building 3 includes a dedicated female wing along with administrative offices for the facility director, social service coordinator and case managers. Building 3 is reserved for lesser security residents whose potential victimization/vulnerability risk level has been determined to be low. Building 4 is reserved for higher level security residents with higher risk levels.

The auditing process began January 18, 2019 when the auditor sent email correspondence to the facility's PREA Compliance Manager (PCM), Program Director Melissa Goodman and the agency PREA Coordinator (PC) Dr. Don Denney establishing a date for an initial teleconference meeting and audit notice posting requirements. Attached to the email were two PREA Audit Notices, one in Spanish and one in English, for posting in various locations in the facility. Specific posting instructions were also attached, indicating they should be placed side-by-side on brightly colored paper and posted where they could be visible to residents, staff and visitors. The facility was expected to post the notices by 1/29/19 to ensure compliance with the six-week posting requirement and to provide verification of the postings by way of date and time stamped photographs along with a description of where they were posted. On January 23, 2019, PCM Goodman notified the auditor via email the notices were posted on January 21, 2019 and

included date and time stamped photograph verification, including locations where the notices were posted throughout the facility. The notices were posted on bright neon paper in the following locations within the facility: Building 3: Resident Dayroom; Front Lobby/Tech Office (near where the residents sign out); Office doors of the program director, social services coordinator and case manager. Building 4: Resident Dayroom; Front Lobby/Tech Office; Doors of the chief of security, community integration specialist and case manager. Administration Building: Shared services dining/visitation area. The auditor verified all posting instructions and deadlines were followed. Community confinement residents have unfettered access to the US Postal Service and are able to correspond with the auditor via mail without monitoring by the facility. The auditor did not receive any correspondence from residents or staff during this audit.

On January 26, 2019, prior to the initial teleconference, the auditor forwarded via email a Pre-onsite Audit Resources List which included helpful resources in preparation for the audit. A Request for Information Regarding PREA Incidents and Investigations, requesting the facility provide data of all allegations of sexual abuse and sexual harassment, incident reports, grievances, hotline calls, Agency Investigative Matrix and investigations of both administrative and criminal cases (substantiated and unsubstantiated) for the past 12 months. The facility was informed to not submit any documents containing Personally Identifiable Information (PII), and to only provide related case numbers. PREA Audit Process Map and Screening and Classification Systems Overview forms were also forwarded to the facility. The auditor requested contact information for the SAFE/SANE staff and community-based victim advocacy groups affiliated with the facility for interviewing purposes.

On January 28, 2019, an initial teleconference meeting was held between the auditor, PC Denney and PCM Goodman. The purpose of the audit, including the corrective action process was discussed. It was conveyed to the facility if corrective action was warranted it would not be viewed as a reflection of any failure by Topeka RRC, but rather an opportunity to achieve PREA compliance with all the standards. The auditor will work alongside Topeka RRC staff in a collaborative effort. During this discussion audit goals, objectives, expectations and time-frames were addressed and the facility's Point of Contact (POC) identified. PCM Goodman was identified as the POC for this audit. Auditor confidentiality responsibilities regarding the protection of confidential information, including staff and resident correspondence communications, were discussed along with the scope and methodology of a practice-based audit. Email and phone communication were established as an expectation of regular occurrence during the Pre on-site phase for the purposes of information gathering and ensuring continuity of communication and transparency. On February 22, 2019 PCM Goodman provided the completed requested information via email communication.

A Request for Documentation (Prior and Onsite) including a listing of facility and agency staff, volunteer and contractor listings for interview sample selections was sent to the facility on February 22, 2019. From these lists, the auditor randomly selected a representative sample of staff from each of the staffing categories to be interviewed, ensuring each shift and a cross-section of positions were represented.

Additionally, a representative sample of residents, including those from each specialized targeted category were identified for interviewing while onsite and provided to the audit team on the first day of the onsite phase of the audit. The selection process for residents involved identifying the first resident in each RRC program component, i.e., Pre-Release, Community Corrections, Home Confinement from each housing unit on the roster provided by facility staff. Secondly, residents in each housing unit were selected by arrival date (earliest to latest). The Request for Documentation included the following specific information requested:

1. Complete resident roster (provide based on actual population on the first day of the onsite portion of the audit)
2. Youthful residents (if any)
3. Residents with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Residents who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Residents (identify all residents in each category)
6. Residents who reported sexual abuse
7. Residents who reported sexual victimization during risk screening
7. Complete staff roster (indicating title, shift, and post assignment)
9. Specialized staff which includes:

- Agency contract administrator
- Line staff who supervise youthful residents, if any
- Education staff who work with youthful residents, if any
- Program staff who work with youthful residents, if any
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- SAFE and/or SANE staff
- Volunteers who have contact with residents
- Contractors who have contact with residents
- Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)
- Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise residents in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse)
- First responders, non-security staff (individuals who have responded to an incident of sexual abuse)
- Intake staff

10. All grievances made in the 12 months preceding the audit
11. All incident reports from the 12 months preceding the audit
12. All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit including:

- Total number of allegations
- Number determined to be substantiated, unsubstantiated, or unfounded
- Number of cases in progress
- Number of criminal cases investigations and dispositions (Referred to prosecutor, prosecution refused, indictment, conviction and/or acquittal)
- Number of administrative case investigations and dispositions

13. All hotline calls made during the 12 months preceding the audit

Between February 15, 2019 and March 6, 2019, the auditor conducted a thorough review of the Pre-Audit Questionnaire (PAQ) and all uploaded documents and materials in the OAS. Documents included policies and procedures, staff and resident training and education documents, various forms and logs. During review of the PAQ, the auditor prepared two issue logs detailing the need for information clarification and/or the need for additional documentation. The first issue log was sent via email on March 6, 2019 and an email response was received March 7, 2019. Due to time constraints the second issue log was discussed onsite.

An internet search for PREA information, press releases, pending litigation and DOJ involvement was conducted. There were two press releases dated July 16, 2018 by the Topeka Capitol-Journal and the District of Kansas US Attorney's Office. Both articles referenced a resident's 2017 escape and subsequent bank robbery while residing at the Topeka RRC. There was no pending litigation or DOJ involvement during this audit cycle. PREA information on Mirror Inc.'s website included an overview of PREA, prior PREA reports, annual PREA statistical reports, sexual victimization surveys and localities, addresses and telephone numbers, including hotlines, for reporting purposes. The website includes a mechanism for third party for PREA related incidences.

On March 5, 2019 the auditor sent the facility an On-Site Agenda detailing a daily schedule of activities during the audit. The agenda included approximate time allotted for each stage of audit and included time for a daily debrief with facility leadership.

The State of Kansas mandatory reporting laws pertain to child and elderly (incapacitated or dependent) abuse and neglect and are applicable to licensed or registered medical professionals, licensed or registered mental health professionals, social workers, teachers and community corrections staff or volunteers, law enforcement personnel. The auditor contacted the YWCA Center for Safety and Empowerment, the local advocacy organization serving victims of domestic violence and sexual assault utilized by the facility. The representative verified its connection with the facility but would not provide any specific details due to HIPAA regulations.

ON-SITE AUDIT PHASE

The on-site portion of the audit began on March 12, 2019. An entrance briefing, facilitated by the auditor, was conducted with facility leadership and key staff personnel. In attendance were agency PC Dr. Denney, PCM Goodman, and five additional Topeka RRC staff members. The briefing included introductions and discussions of expectations during the on-site phase of the audit. The daily agenda was discussed along with the auditor's auditing philosophies, meaning of a practice-based audit and methods of determining substantial compliance with the standards.

SITE REVIEW

Immediately following the entrance briefing, the facility site review commenced. Accompanying the auditor were the PC and PCM, and the social services coordinator. As noted above, the Topeka RRC's physical layout of the facility is comprised of three buildings, all of which are one story design. Buildings 3 and 4 house residents and have staff offices. The Administration building contains the full-sized kitchen and dining/visiting room areas the federal residents have access to under staff supervision only. The in-house population count on the first day of the audit was 39 and home confinement population of 5. Building 3's population was 19 (16 male and 3 female) while Building 4's population was 20 males. The site review encompassed the following areas, while observing specific practices:

- Physical Layout
- Camera Locations
- Lines of sight into resident rooms or bathing and toileting areas
- Observation of any Blind Spots
- Posted PREA Audit Notices
- Resident Information/files in Secured Area
- Staff Personal Files in Secured Area
- PREA Information Posted English & Non-English
- Staff of the opposite gender announcements
- New or Renovated Areas
- Resident Program Areas
- Facility Appearance Facility Grounds
- Interactions between staff and residents
- Initial Intake Screening
- Administration Area
- Storage Rooms & Closets Laundry
- Dining Kitchen Visitation
- Control Room Monitors
- Key Staff Work Areas
- Grievance Process

The facility does have any of the following areas for the auditor to observe: Sally ports, mail room, commissary, library, medical unit, inside recreation area and outside recreation area.

During the site review the auditor had the opportunity to witness interactions between staff and residents and observed no cause for concern with communication or body language. Audit notices were posted as indicated on bright neon paper in the locations identified in the PAQ. PREA information was posted behind clear and locked enclosures on the walls in all resident day rooms and near the control center in building 3. The posters contain information on the facility's zero tolerance policy, and resident rights to be safe from sexual abuse, all reports of sexual abuse are investigated confidentially and reporting mechanisms including phone numbers, email address, and mailing addresses. Additionally, PREA brochures from the victim advocacy group YWCA – Center for Safety and Empowerment, serving both male and female residents. All bulletin boards with this information were identical in all areas posted. The auditor contacted the YWCA on March 13, 2019 and initially experienced difficulty connecting. After several tries, the connection was established, and was identified as an 'unusual system glitch' as explained to the auditor. The auditor retested the number and had no difficulties getting through.

Buildings 3 and 4 have identical main general area layouts, with the exception of new construction in Building 3's entrance area and Building 4's basement storm shelter/storage area. Each building has a main control/correctional technician office near the entrance where residents sign in and out of the facility, resident day-rooms with televisions, tables, chairs and telephones; and the two wings/hallways which contain resident rooms and separate bathroom/showering and laundry areas. The auditor observed appropriate camera placements at the beginning and end of each hallway to afford multiple angled views and 100 percent video coverage. The male bathroom in Building 4 contained toilets and showers with curtain partitions allowing for appropriate privacy. The outer door to the bathroom is not a fixed and closing door, rather a curtain partition that was put into place approximately six months ago and within this audit cycle. The auditor tested all angles of viewing to see inside the bathroom but could not. If

the curtain was partially closed however, the inside of the bathroom would be visible to staff walking by the restroom or while conducting headcounts. The auditor recommended a more secure closure. All closets and mechanical rooms are secured at all times and only accessible by staff with keys. The basement area is also secured at all times with no residents allowed down there except with staff escort for adverse weather drills. The area is large enough to accommodate all residents in the event of an emergency. The auditor noticed several potential blind spots with no cameras. In the event of an emergency or practiced drill, staff coverage alone would not cover the entire space. The Building 4 east and south hallways contain a total of 10 rooms (six 2-occupant rooms and four 4-occupant). Building 3 contains a female wing comprised of three 2-occupant rooms. One of the rooms is reserved for transgender residents. A separate handicap bathroom is utilized for the transgender population. The male wing/hallway is comprised of 5 rooms (two 2-occupant and three 4-occupant). Both male and female bathrooms were appropriately private with no viewing opportunities for staff or other residents walking by. The laundry room has a camera covering the entire space.

The auditor noticed inconsistencies with staff making cross-gender announcements. Announcements were made when staff enter the hallways containing resident living quarters during the site review. Of particular note was in the female hallway because it also contains administrative staff offices. Male staff announcements were not made consistently when they entered the female hallway. However, staff do 'knock and announce' prior to entering each resident room. It is Topeka RRC's practice for the control technician to call the applicable staff member's office when a male resident needs to visit with them. However, only the staff member called is aware of a male resident in the area.

Two additional buildings, referred to as the 'treatment side' are on the grounds of the RRC campus. They are operated by a separate division and contracted through the Kansas Department of Aging and Disability Services (KDADS) and clients are not placed due to criminal offenses. KDADS is not part of the RRC contract. However, the RRC does share services with the kitchen and dining area, which also serves as the visitation room. Residents are only allowed in the dining area during meal and visitation times, via key card access and staff supervision. Treatment residents and BOP residents do not dine or visit at the same times. Other areas of the building are restricted, and residents do not have access. Also, residents do not co-mingle with one another. Mirror Inc., and this auditor do not believe PREA audits need coincide with each other as they are separate contracts.

The auditor had the opportunity to observe a risk assessment screening while at the facility. The social services coordinator ordinarily completes the initial risk assessment tool; however, correctional technicians also complete the risk screening process upon intake during off hours or when the social services coordinator is not on site. The assessment took place in a private room between the staff member and resident. All screening tools pertaining to sexual safety are uploaded in the Bureau of Prison's (BOP) electronic file system R3M. All Topeka RRC staff, dependent on position, have access to this program.

In 2017, the Topeka RRC updated its camera surveillance system. The system has DVR capabilities and video is stored and can be retrieved for 30 days. It is a zoom and pan system offering multiple simultaneous screen views. The camera systems in Buildings 3 and 4 have the capability of viewing both buildings when one staff vacates their post to do headcounts or rounds, thus maintaining camera surveillance at all times. The new camera system has 88 cameras strategically placed in all areas of the RRC campus allowing for maximum view coverage inside the building and outside facility grounds. The facility installed new LED lighting outside to maximize camera visibility.

STAFF INTERVIEWS:

The Auditor conducted mandatory interviews with the following agency leadership which are not counted in the total number interviewed.

- Agency Head Barth Hague
- Agency PREA Coordinator Dr. Don Denney
- Facility Director Melissa Goodman
- PREA Compliance Manager Melissa Goodman

The facility reported 20 staff members on the first day of audit, 18 full-time and 2 part-time. The auditor randomly selected the required minimum of 12 staff members to interview. The auditor alternated between the first and last name on the roster on a rotating basis. Utilizing this method, the auditor was able to obtain interviews on each shift with staff of various positions and levels of responsibility. Shift schedules are as follows:

- 1st Shift: 7:30 am - 3:30 pm
- 2nd Shift: 3:30 pm - 11:30 pm
- 3rd Shift: 11:30 pm - 7:30 am

The auditor conducted the following specialized staff interviews during the on-site phase and *post on-site by phone:

CATEGORY OF STAFF INTERVIEWED AND # OF INTERVIEWS CONDUCTED:

- Random Staff (12) Note: Selected from All Shifts
- Specialized Staff (13)
- Staff Informally Interviewed during Facility Tour (2)
- Staff Refused to interview (0)
- Total Staff (17)

BREAKDOWN OF STAFF INTERVIEWS PER PROTOCOLS:

Facility Director (3) Note: Responsible for more than one of the specialized staff duties

- Designated staff member charged with monitoring retaliation
- Designated staff member charged with investigations
- Designated staff member charged with responding to grievances

Administrative (Human Resources) staff (1)

* SAFE and/or SANE Staff (1)

Contractors who have contact with Residents (1)

Staff who perform screening for risk of victimization and abusiveness (1)

First responders, security staff (1)

First responders, non-security staff (1)

Intake Staff (1)

Staff on Sexual Abuse Incident Review Team (1)

Volunteers and contractors who have contact with residents (1)

Non-Medical staff involved in cross-gender strip or visual searches (0)

Medical and Mental Health staff (0)
Agency Contract Administrator (0)
Line staff who supervise youthful offenders (0)
Education and Program staff who work with youthful residents (0)
Staff who supervise residents in segregated housing (0)
Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds (0)

Specialized Staff Protocols Utilized (12)

The auditor interviewed a total of 20 staff members (2 informal). Staff interviews revealed the staff at Topeka RRC have a very good understanding of PREA and their roles as they relate to PREA responsibilities. All staff interviewed knew their first responder duties and indicated they received training on the required PREA topics. There have been no instances when staff had to respond to an emergent incident regarding sexual abuse or sexual harassment during this audit cycle.

RESIDENTS INTERVIEWED:

The facility had an in-house population of 34 residents and a home confinement population of five on the first day of the audit. As such, the auditor was required to interview 10 random residents. The PAQ reported no targeted residents resided at the facility. During the site review the auditor did not observe any evidence to indicate that there were targeted residents at the facility. As such the auditor selected 10 random residents by selecting from each housing unit, mixed gender and race, and from those on home confinement. There were no residents who had language barriers however, the facility utilizes an interpreter service if needed. During the course of the interviews, the auditor was required to use targeted protocols with two residents: Disabled (Deaf) and Residents who reported a Sexual Abuse. The PAQ and staff interview verification indicated no resident reported any sexual abuse during the screening process or at any other time since arrival. The resident did not report the prior abuse to staff. After obtaining the resident's consent, the auditor notified the PCM and case manager for further follow-up discussion and referral.

RESIDENT INTERVIEWS:

CATEGORY OF RESIDENTS AND # OF INTERVIEWS CONDUCTED:

Random Residents (Total) Note: Selected from all Housing Units and Home Confinement (11)
Targeted Residents (Total) (2)
Residents Informally Interviewed during Facility Tour 2 Residents Refused to Interview (6)
Total Residents Interviewed 19

Targeted Residents:

Youthful Residents (0)
Resident with a Physical Disability (0)
Residents who are Blind, Deaf, or Hard of Hearing (1)
Residents who are LEP (0)
Residents with a Cognitive Disability (0)
Residents who Identify as Lesbian, Gay, or Bisexual 0 Residents who Identify as Transgender or Intersex

(0)
Residents in Segregated Housing for High Risk of sexual Victimization 0
Residents who Reported sexual Abuse (1)
Residents who Reported Sexual Victimization During Risk Screening 0
Total Number of Targeted Resident Interviews (2)

Targeted resident interviews occurred as a result information gained from initially being randomly selected for interview. During the course of the interview and information obtained, the auditor also utilized targeted interview protocols. Random and targeted interviews revealed residents at the Topeka RRC are receiving the proper PREA education, they felt safe at the facility and felt they could approach staff regarding any issues. The residents interviewed described PREA and the various ways to report allegations of sexual abuse and sexual harassment: verbally or in writing to facility staff or the Bureau of Prisons, the local rape crisis center – YWCA’s Center for Safety and Empowerment or to family members or other third parties. The residents knew reports could be made anonymously via use of the grievance system.

RECORDS REVIEW:

The auditor reviewed staff and resident records to ascertain PREA compliance or non-compliance. Below is a representation of what type and how many records were reviewed.

TYPE OF RECORDS AND # OF RECORDS REVIEWED:

Personnel Records/Documentation (12)
Volunteers Files/Documentation (0)
Contractors Files/Documentation & Background Checks (1)
Training Files/Documentation/Records (10)
Resident Records (10)
Medical / Mental Health Records (Victims)/Documentation (0)
Grievance Forms (All Complaints, including SA and SH) (0)
Investigation Records (SA and SH) (1)
PREA Screenings (10)
PREA Reassessments (5)
Initial Criminal Background Checks (10)
Five (5) Years Criminal Backgrounds Checks (3)

Review of records identified above revealed staff, contractors and residents receive PREA training and education as required. Files contained all required documents and information related to PREA. Both staff and resident files are stored in encrypted electronic databases.

INVESTIGATIONS:

TYPE/DATE: Administrative/9/13/18

Resident on Resident (0)
Staff on Resident (1)

REPORTING METHOD:

- Hotline (0)
 - Grievances (0)
 - Reported to Staff (0)
 - Anonymous, 3rd party (1)
 - Reported by Staff (0)
- Total (1)

One PREA allegation was reported during this audit cycle via a 3rd party. The interview with the facility investigator revealed the resident in question had released from the Topeka RRC and the staff member had resigned before becoming aware of the incident. The facility investigator prepared a Sexual Abuse Incident Review Form and submitted it to the BOP. The BOP did not investigate the matter. The facility investigator indicated that if the facility were to respond to an active PREA allegation, management will reflect timely and appropriate information gathering in accordance with BOP and agency policies and applicable PREA standards.

EXIT BRIEFING

On March 14, 2019, an exit briefing was conducted with facility leadership and key staff personnel. The auditor discussed observations during the audit and next step expectations, to include the triangulation of all evidence (documentation, interviews and observations) in determining compliance or non-compliance with the standards. An interim or final report will be completed by and sent to the facility no later than May 12, 2019.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

FACILITY DEMOGRAPHICS:

Mirror Inc.'s Topeka facility is a Residential Reentry Center (RRC) in Topeka, Kansas. The facility is located at 2201 SE 25th Street, Topeka, Kansas 66605 and has a maximum housing capacity of 46 residents. The resident population is comprised of pre-release inmates from the Bureau of Prisons and residents under supervision of the US Probation Office. The facility does not have medical or mental health department on-site, however, they have readily available access to local hospitals and the Wichita Area Sexual Assault Center for emergent needs. The table below represents the overall facility demographics.

Number of Full-Time Staff Reported (18)

Number of Part-Time Staff Reported (2)

Types of Supervision Practiced: Staff Direct Supervision/Video Surveillance Resident Housing: Number of Housing Units (2)

Facility Resident Designed Capacity (46)

Actual Number of Resident Housed on the first Day (43)

Custody/Security Level Out/Minimum - Maximum

Average Length of Stay 4 – 5 Months

Gender Composition Male/Female

The Topeka RRC Campus encompasses two separate buildings for federal and US Probation residents. Between both buildings the campus has the ability to house a maximum of 46 residents. On the first day of the audit Building 3 had 19 residents and Building 4 had 24 residents. Building 3 houses female residents on the same hall as administrative staff offices. A fully equipped kitchen and dining room is located in a separate building on the premises which is not affiliated with the federal contract. The food service area is a shared service, used at separate times. The facility upgraded its video surveillance system in 2017 which now has a total of 88 interior and external cameras with supplemented upgraded led exterior lighting. With these upgrades the prevention level for potential for sexual abuse or sexual harassment incidences has increased. The cameras have view of the entire RRC campus, excluding bathroom and showering areas and the basement in Building 4.

Building 3 is undergoing renovation of the entrance area and is expected to be completed in May 2019. It is the agency's expectation Building 4 will undergo the same renovation. The new entrance layout will afford more security for facility ingress and egress. All staff, residents and visitors will enter and exit through the main entrance. Plans were scrutinized during the design phase to ensure there would be no blind spots, proper camera placements for maximum supervision to provide for resident safety.

The staffing complement consists of key-staff personnel who are typically the facility are program director, case managers, counselors and social services coordinators; correctional technicians and food

service staff. The facility director is responsible for the overall operation of the facility and its programs. The facility director at Topeka RRC is also the facility's PCM, grievance coordinator, retaliation monitor and PREA investigator. The social service coordinator is the primary staff member responsible for conducting PREA intake screening and risk assessments. Case managers are responsible for preparing Individual Program Plans, establishing program goals and reviewing progress with each resident on their case load. They also conduct an in-depth PREA education with each new arrival and review in detail the PREA intake screening information with the residents. Correctional Technicians are responsible for the security of the facility and are charged with knowing the whereabouts of federal residents at all times. They also conduct PREA intake screening. The facility allows residents to sign out of the facility to local gyms or YMCA for recreational purposes as there are no formal recreation opportunities on site.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	39
Number of standards not met:	0

During this audit the auditor determined five standards did not meet the standard requirements as listed below. The corrective action phase will begin with the submission of the completed interim report on May 12, 2019. With the completion of the interim report on May 12, 2019 cycle the facility reported one third-party allegation of sexual abuse after both parties (staff and resident) were no longer at the facility. Resident interviews revealed they are aware of PREA, received PREA education, felt safe at the facility and could approach staff if they needed to report allegations of sexual abuse or sexual harassment. Staff interviews, including agency leadership and facility key-staff staff interviews revealed knowledge of PREA and its requirements and reported training was a focus at the Topeka RRC.

By October 3, 2019 Mirror Inc. completed all corrective action measures to achieve full PREA compliance at the Topeka Residential Reentry Center.

Number of Standards Exceeded: 2

Number of Standards Met: 39

Number of Standards Not Met: 0

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc. Organizational Chart d. Census Count (Headcount) Documentation <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency PREA Coordinator b. PREA Compliance Manager c. Chief of Security <p>Findings (By Provision):</p> <p>115.211 (a). Mirror Inc.'s Topeka Residential Reentry Center (RRC) has a written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18), describing its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment (pp. 1-3). The policy (pp. 4-9) also describes how the facility will implement the Mirror, Inc.'s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, it includes staffing plans, technological advances and facility improvements, unannounced rounds, cross gender viewing and searching restrictions, screening and assessments, hiring and promotion practices and addressing disabled or those with limited English proficiency. The PREA Manual (pp. 3-4) 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>The auditor finds the facility in compliance with PREA Provision 115.211 (a) based upon documentation provided and interviews conducted.</p> <p>115.211 (b). Review of Mirror Inc.'s organizational chart revealed there is an upper-level agency wide PREA Coordinator. Mirror Inc.'s Vice President of Community Integration also serves as the agency PREA Coordinator, is considered senior management and reports directly to the President/CEO. Interviews with the PREA Coordinator revealed his duties include the authority to develop, implement and oversee PREA requirements in both facilities and he has enough time to carry out those duties. The auditor's observations with the facility's preparation for the PREA audit, training documentation, PREA materials, and interviews with random staff also gave credence to the PREA Coordinator having the time to institute, delegate and review all PREA matters at Topeka RRC.</p> <p>The auditor finds the facility meets the requirements with PREA Provision 115.211 (b) based upon documentation provided and interviews conducted.</p>	

Corrective Action: None

Recommendations:

1. Revise written policy to remove all mention of unannounced rounds or amend procedures to separate census counts and unannounced rounds. Additionally, if it is Mirror Inc.'s intention to continue unannounced rounds, create separate documentation specific to unannounced rounds to include location, date, time and staff conducting the rounds.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual</p> <p>Interviews:</p> <p>Facility Director</p> <p>Findings (By Provision):</p> <p>Standard 115.212 (a - c). For purposes of this audit, this auditor is not required to make a compliance determination for provisions (a-c) of this standard. The facility reported in their response to the Pre-Audit Questionnaire (PAQ) they do not contract with any private entities for the confinement of residents. Interview with the facility director indicated Mirror Inc., and the Topeka RRC do not contract with any private entities for the confinement of residents. Mirror Inc. does not contract with any private entities for the confinement of residents per its PREA Implementation Manual (p. 5).</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc. Staffing Plan (2019) d. 2017 PREA Annual Report (1/16/2018) e. Quarterly Meeting Minutes <p>Interviews:</p> <ul style="list-style-type: none"> a. Specialized Staff (2) <ul style="list-style-type: none"> - Facility Director - PREA Coordinator <p>3. Site Review (observation of correctional staff on duty)</p> <p>Findings (By Provision):</p> <p>115.213 (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: Generally accepted detention and correctional practices;</p> <ul style="list-style-type: none"> (a). Any judicial findings of inadequacy; (b). Any findings of inadequacy from Federal investigative agencies; (c). Any findings of inadequacy from internal or external oversight bodies; (d). All components of the facility's physical plan; (e). The composition of the resident population; (f). The number and placement of supervisory staff; (g). Programs occurring on a particular shift; (h). Any applicable State or local laws, regulations, or standards; (i). The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (j). Any other relevant factors. <p>The facility uploaded their staffing plan in response to the PAQ. The auditor reviewed the staffing plan and found it to contain all relevant requirements. The staffing plan documents overall staff coverage and contains a daily schedule which ensures adequate staffing levels. The staffing plan also includes consideration for the physical layout of the facility, resident composition and prevalence of substantiated and unsubstantiated incidents of sexual abuse. The facility reported an annual averaged daily population of approximately 45 residents and a staff-to-resident ratio of 1:22 in building 3 and 1:26 in building 4. The facility can house up to</p>

eight female residents, who are housed in the administration portion of building 3. Interview with the PREA Coordinator Topeka RRC generally has one staff member in each building and another designated as a “floater” between the two buildings. He also indicated during day-shift hours, key staff personnel are on-site and available to assist as circumstances warrant. The auditor observed the staffing during the site review. The staffing plan details video monitoring in relation to the physical layout of the facility and lists the areas where the cameras are located. Interviews with the PREA coordinator and facility director also verified this information. The interviewees reported Mirror Inc.’s staffing plan is in place for the Topeka RRC. The facility had their video monitoring system upgraded by adding additional cameras to eliminate blind spots in the interior and exterior of the facility. Staff reporting the need for additional cameras to eliminate blind spots was a factor in the installation of the new system.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.213 (a) based upon documentation provided, interviews conducted and observations.

115.213 (b). The facility responded the PAQ there have been no deviations from the staffing plan this audit cycle. Interview with the facility director indicated there has been no deviations from the staffing plan and therefore, provision (b) of this standard is not applicable.

115.213 (c). In response to the PAQ the facility provided documentation of their 2017 PREA Annual Report. In reviewing this report, the auditor was able to determine staffing plans and any adjustments needed, video monitoring and staffing levels were determined, assessed and documented. In the 2017 PREA Annual Report (p. 2) indicates the staffing plan was adjusted by adding a Chief of Security position at the facility whose responsibilities will include examining possible areas of vulnerability, i.e., staffing, physical layout and resident issues. The report also details addition of 46 video monitoring cameras throughout the facility and replacement of exterior lighting to ensure adequate lighting. The report also addresses “Areas of Continued needs for Compliance” (p. 2), which includes the hiring of adequate levels of staff for the Correctional Technician positions. Interview with the PREA Coordinator indicated annual reviews typically occur in January of each year and they have quarterly meetings with all staff where staffing plans are discussed.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.213 (c) based upon documentation provided and interviews conducted.

Corrective Action: None

Recommendations:

1. Update the Annual Report to include more specific language regarding whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>Pre-Audit Questionnaire (PAQ) Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19) Resident Handbook Mirror Inc. Annual Training Curriculum Mirror Inc. PREA Post Test PREA in Community Corrections Contractor’s Training (2016) PREA Refresher Training Curriculum and staff sign-in sheets</p> <p>Interviews:</p> <p>PREA Coordinator Random Staff (13) Non-Medical Staff (involved in cross-gender strip or visual searches) (0) Random (14) and Disabled Residents (2)</p> <p>Site Review:</p> <p>- Observations of cross-gender announcements</p> <p>Findings (By Provision):</p> <p>115.215 (a). Mirror Inc.’s Wichita-Toben RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 3/15/19), under section Cross Gender Viewing and Searches/Searches of Transgender Residents (pp. 3-5) indicates specifically that “Mirror prohibits all strip searches, body cavity searches, and does not permit cross gender pat down searches.” Policy does not allow for cross-gender searches and does not stipulate exceptions for exigent circumstances or searches performed by medical personnel. All random staff interviews corroborated the policy prohibiting cross gender searches. It is the facility’s practice to not conduct these searches. Facility responses in the PAQ indicated cross-gender strip and cross-gender visual body cavity searches of residents are prohibited and not conducted. In the 12-months preceding the audit, the facility reported zero cross-gender strip and cross-gender visual body cavity searches were conducted, and zero were conducted that did not involve exigent circumstances or performed by non-medical staff. As such, there were no logs or documentation to review. The auditor will recommend facility staff develop a logbook for documenting cross-gender strip and/or cross-gender body cavity searches. Although it is Mirror Inc.’s policy to not conduct these searches, if appropriate local police or community medical staff conduct a search, documentation will be required.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.215 (a) based upon</p>

documentation provided and interviews conducted.

115.215 (b). As indicated in provision (a) of this standard, Mirror Inc. does not permit cross-gender pat down searches. Policy does not allow for cross-gender pat searches and does not address exigent circumstances. The Wichita-Toben RRC is a male resident facility only and does not house female residents. As such, programming restrictions are not applicable, no pat down searches of female residents were conducted or conducted by male staff members the past 12 months. All random staff interviews (13 of 13) revealed they do not perform cross-gender searches.

For purposes of this audit, this auditor is not required to make a compliance determination for provision (b) of this standard as the facility does not house female residents.

115.215 (c). The facility does not retain documentation of cross-gender strip and cross-gender visual body cavity searches or of cross-gender pat-down searches of female residents because the facility does not house female residents. Mirror Inc.'s PREA policy (pp. 5) prohibits the practice of these searches. As addressed in provision 115.215 (b), random staff interviews reflected the practice of non-cross-gender searches. The facility does perform random same-sex pat searches. This practice appears to have been institutionalized. The auditor will recommend facility staff develop a logbook for documenting cross-gender strip and/or cross-gender body cavity searches. Although it is Mirror Inc.'s policy to not conduct these searches, if appropriate local police or community medical staff conduct a search of this type, documentation will be required. The auditor will also recommend the facility update policy language to include to include cross-gender, transgender and intersex search protocols on how and by whom these searches would be conducted if/when a need arises.

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

115.215 (d). The facility uploaded their PREA Implementation Manual (pp. 5-6) in their response to the PAQ which indicates "residents are able 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, including viewing via video camera." Included in the policy there is a requirement staff of the opposite gender to announce their presence when entering a residents housing unit. The auditor will recommend the facility include resident restrooms and showering areas to their policy. The auditor visited both the East and West dormitories which serve as living quarters for the residents. The auditor observed staff of the opposite gender announcing themselves upon entrance into the dormitories. Residents are notified verbally upon arrival to the facility of the expectation they be clothed when not in the bathing areas or restrooms. Residents are expected to be clothed in the dormitories as there are video cameras in each dormitory. The auditor will recommend the facility post a bi-lingual notice at the entrance of each dormitory informing residents that they may be subject to cross-gender supervision at any time and willful and intentional display of the genital area, groin, or buttocks is strictly prohibited. The auditor verified camera views do not extend into the bathing and restroom areas where residents are likely to be unclothed. All random and targeted resident interviews indicated staff announce themselves prior to entering their rooms and all residents indicated they have never been naked in the presence an opposite gender staff member. All

staff interviews reflected they announce their presence prior to entering dorm rooms.

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

115.215 (e). The facility indicated in their response to the PAQ that they do not allow strip searches or any searches in which residents would be exposed or asked to take off their clothing and zero searches were completed on transgender or intersex residents for the sole purpose of determining their genital status in the 12 months preceding the audit. Mirror Inc.'s PREA Implementation Manual, under section Cross Gender Viewing and Searches/Searches of Transgender Residents (pp. 5) indicates specifically that "Mirror prohibits all strip searches, body cavity searches, and does not permit cross-gender pat down searches." Random staff interviews revealed 13 of 13 staff knew of the facility's practice of prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. No transgender or intersex residents were residing at the facility for the auditor to interview. The auditor will recommend the facility update policy to reflect Mirror Inc.'s practice of prohibiting staff from searching or physically examining transgender or intersex residents for the sole purpose of determining a resident's genital status. The PREA Coordinator indicated the BOP will notify the facility, in the transfer referral packet, prior to a resident's acceptance and arrival of a transgender or intersex resident and his or her genital status.

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

115.215 (f). The facility indicated in their response to the PAQ that 100 percent of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random interviews with staff however, revealed 9 of 13 staff indicated they did receive training on cross-gender pat-down searches and searches of transgender and intersex inmates, three staff stated they did not receive the training and one staff member did not know. Two staff also stated training consisted of cross-gender pat searches but not transgender searches. With notable conflicting responses to the question the auditor asked the facility director, who reaffirmed the facility does not conduct cross-gender searches. A review of training documentation consisted of Mirror Inc.'s Annual Training Curriculum, Mirror Inc.'s PREA Post Test, BOP PREA in Community Corrections Contractor's Training (2016) and PREA Refresher curriculum. The auditor found no references supporting training on procedures for cross-gender pat down searches. The training material for transgender searches in the PREA Refresher curriculum only addressed knowing agency policy. The facility director indicated if searching a transgender resident was necessary it would be non-touch with a wand and in full view of a camera. The sign-in sheets for PREA training did not indicate what specific training topics were addressed and the facility could not provide a curriculum supporting cross-gender or transgender/intersex searching. As such, the auditor could not verify staff are receiving the required training.

The auditor finds the facility not in compliance with PREA Provision 115.215 (f) based upon documentation provided and interviews conducted.

Corrective Action: (1)

Implement transgender, intersex and cross-gender search protocols to be incorporated into staff training curriculum to include all requirements set forth in provision (f).

Recommendations: (7)

1. Provide additional training on the requirements of opposite gender announcements as current practice is not uniform.
2. Update policy to include specific language indicating opposite gender staff shall announce their presence when entering residents' dorm rooms, restrooms and showering areas.
3. Update policy to reflect the Mirror Inc.'s practice of prohibiting staff from searching or physically examining transgender or intersex residents for the sole purpose of determining their genital status.
4. Post a bi-lingual notice at the entrance of each housing unit informing residents that they may be subject to cross-gender supervision at any time and willful and intentional display of the genital area, groin, or buttocks is strictly prohibited.
5. Update policy language to include transgender search protocols on how and by whom transgender searches would be conducted if/when the need arises.
6. Re-train staff on Mirror Inc.'s policies regarding cross-gender pat searching procedures as conflicting responses were received when asked if they had received training on cross-gender pat searching procedures.
7. Update policy to include specific language regarding Mirror Inc.'s stance on always refraining from restricting female residents' access to regularly available programming or other outside opportunities.

Update: October 3, 2019

The staff training curriculum has been updated to include transgender, intersex and cross gender search protocols. The facility has also implemented a new training requirement for all new employees to watch the PRC's training video, "Guidance on cross-gender and transgender Pat Searches." The facility updated its PREA Manual, dated 6/24/2019, which now incorporates new language addressing the above recommendations. The facility provided additional training regarding opposite gender announcement requirements and cross-gender pat searching procedures, and posted bi-lingual signage at the dorm entrances to advise residents the dorm area is under video surveillance and all residents should be properly dressed at all times. PREA Standard 115.215 is now in compliance.

115.216 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

- a. Pre-Audit Questionnaire (PAQ)
- b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18)
- c. Resident Handbook
- d. Mirror Inc. Annual Training Curriculum
- e. Mirror Inc. PREA Post Test
- f. PREA in Community Corrections Contractor’s Training (2016)

Interviews:

- a. Agency Head
- b. Resident (with disabilities or who are limited English proficient) (Deaf)
- c. Random staff (12)

Findings (By Provision):

115.216 (a). Mirror Inc.’s Topeka RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18), under section Residents with Disabilities or Who Have Limited English Proficient (p. 6) indicates specifically that “(a) Mirror shall take appropriate steps, by partnering with the YWCA: Sexual Assault & Domestic Violence Prevention Center to ensure residents with disabilities have equal opportunity to benefit from all aspects of our efforts to prevent, detect, and respond to sexual abuse and sexual harassment.” 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.” Interview with the Agency Head revealed Mirror Inc. facilities have a contract with Universe 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. Residents are provided with the number and PIN to gain access to the system. The auditor called the interpretive service phone number to test functionality. Initially, no contact was made as an additional PIN number was required to gain access. Staff were unaware of this PIN number and it was not included on the instructions, therefore, would be ineffective for residents requiring the service. The PCM immediately contacted the service and it was rectified and new instructions posted. The facility also utilizes bi-lingual staff when needed. At the time of the audit, the facility had two Spanish speaking employees. Interview with the PCM 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 auditor called the YWCA and initially had difficulty getting through. After several attempts,

the auditor spoke with an individual who indicated the connection issue was an unusual glitch in the system, as she knew I was on the line. Interview with Mirror Inc.'s Agency Head corroborated these services. The auditor conducted a random interview with a resident who was partially deaf. He indicated he received and understood all information on PREA as staff spoke directly to him so he can read their lips. The auditor did the same and was confident the resident understood the questions asked. Mirror Inc. did not provide staff training documentation supporting training is conducted on PREA compliant practices for residents with limited English proficiency. Mirror Inc. has established procedures to provide disabled residents 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.

Current operations and practices meet the requirements of this provision and as such, the auditor finds the facility in compliance with PREA Provision 115.216 (a) based upon documentation provided and interviews conducted.

115.216 (b). As noted in provision (a) of this standard, interview with the agency head revealed the facility has a contract with Universe Translation Services which utilized upon intake and while meeting individually with case managers to go over information in the resident handbook to ensure understanding. Residents are provided with the number and PIN to gain access to the system. The auditor called the interpretive service phone number to test functionality. Initially, no contact was made as an additional PIN number was required to gain access. Staff were unaware of this PIN number and it was not included on the instructions, therefore, would be ineffective for residents requiring the service. The PCM immediately contacted the service and it was rectified and new instructions posted. The facility also utilizes bi-lingual staff when needed. At the time of the audit, the facility had two Spanish speaking employees. Mirror Inc. has established procedures, by way of translation services and bi-lingual staff, 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.

Current operations and practices meet the requirements of this provision, and as such auditor finds the facility in compliance with PREA Provision 115.216 (b) based upon documentation provided and interviews conducted.

115.16 (c). Mirror Inc.'s Topeka RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18), under section Residents with Disabilities or Who Have Limited English Proficient (p. 6) indicates "Mirror shall not 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 (12 of 12) indicated the facility does not use resident interpreters or any other resident assistants or readers. Interview with one disabled resident (deaf) revealed having other residents assist in translation is not allowed and no other resident has attempted to translate on his behalf. There was only one disabled resident residing at the RRC during the audit. Mirror Inc.'s policy prohibits use of 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. The facility reported in its PAQ response that the Topeka RRC reported zero instances when residents or other types of resident assistance was used during the past 12 months.

Current operations and practices meet the requirements of this provision and as such, the auditor finds the facility in compliance with PREA Provision 115.216 (c) based upon documentation provided and interviews conducted.

Corrective Action: None

Recommendations:

1. Implement procedures to test interpretive services phone line periodically to ensure contact can be made without interruption.
2. Update the PREA Manual to reflect any contact revisions in order to utilize interpretive services.
3. Implement procedures to test the contact number at YWCA and test it periodically to ensure residents can make contact.
4. Add PREA compliant practices for disabled residents and those with limited English proficiency to the staff training curriculum.
5. Update PREA Manual to reflect language specifically addressing procedures that will be undertaken pursuant to this standard.

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc. Employment Application d. Employee Personnel Files e. Mirror Inc. Personal Inquiry Waiver, Authority for Release of Information f. Contractor Background Verification (Prior to working with residents) g. Bureau of Prisons (BOP) Background Checks <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency Human Resources Administrator b. Facility Director/PCM <p>Findings (By Provision):</p> <p>115.217 (a). Mirror Inc.'s Topeka RRC, written policy entitled, Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18), under section Hiring and Promotion Practices (pp. 8-9) addresses this provision in detail. The auditor reviewed a total of seven employee personnel records for those staff hired within the past 12-month period. All seven records contained the required completed background documentation. Specifically, each employment application queried prospective employees if they have ever:</p> <ul style="list-style-type: none"> (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 have engaged in the activity as described above. <p>Mirror Inc.'s PREA policy also notes they shall impose upon employees a continuing affirmative duty to disclose any such misconduct. Upon interview of prospective employees, these questions are asked again and answered by the applicant. Interview with the agency's Human Resources Manager, utilizing Specialized staff interview protocols and the facility director verified this information.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (a) based upon documentation provided and interviews conducted.</p>

115.217 (b). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (pp. 8-9) requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Interview with the agency's Human Resources Manager, utilizing Specialized staff interview protocols, verified this information.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (b) based upon documentation provided and interviews conducted.

115.217 (c). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (pp. 8-9) requires a background investigation be completed on all prospective employees prior to having contact with residents. The policy also reflects Mirror Inc. will run child and adult abuse registry's as well. Interview with the agency's Human Resources Manager, utilizing Specialized staff interview protocols, verified this information. Further, the facility adheres to the BOP's Statement of Work requirement that all employees be conditionally and finally approved prior 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. 12 of 12 employee personnel files reviewed contained verification by the BOP that prospective employee background checks were completed. File documentation revealed no staff were hired to work with residents until they received a final approval from the BOP indicating all background checks, including FBI fingerprint check were. In response to the PAQ the facility indicated zero staff were hired within the past 12 months who required a background investigation. File documentation indicates otherwise.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (c) based upon documentation provided and interviews conducted.

115.217 (d). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (pp. 8-9) requires a background investigation be completed on all prospective contractors prior to having contact with residents. The BOP has the same requirements for contractors that will have contact with federal residents. They must also receive final approval prior to working in the facility or on facility grounds. Interview with the agency's Human Resources Manager deferred to the facility director as she was not completely sure about contractors. Interview with the facility director revealed they did not have the BOP conduct background investigations on the contractors currently renovating their facility. DOJ guidance of March 20, 2019, defines an individual who may have contact with residents as an individual who "within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a confined person over a period of time. The auditor concludes the contractors renovating the facility fall into that definition.

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility in not in compliance with PREA Provision 115.217 (c) based upon documentation provided and interviews conducted.

115.217 (e). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (p. 9) requires a background investigation be completed on all employees and contractors who may

have contact with residents every five years. Interview with the agency's Human Resources Manager deferred to the facility director as she was not completely sure. Interview with the facility director revealed they do ensure five-year background investigations are completed for employees. Of the 12 employees at the Topeka RRC, 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 is required to 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 elapses prior to the start of a new contract, the facility sends a new Personal Inquiry Waiver, Authority for Release of Information to the BOP for processing. The facility does not retain contractors for ongoing services for a period of five years, but rather hire on an as needed basis. Therefore, there are no five-year background checks for the auditor to review.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (e) based upon documentation provided and interviews conducted.

115.217 (f). The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (p. 9) addresses this provision in detail and includes all required information pursuant to this provision. Review of Mirror Inc.'s employment application identified the three specific PREA related questions as per provision (a) of this standard. The auditor reviewed a total of 12 staff employee personnel records. All 12 records contained the required documentation pursuant to this standard. 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 have engaged in the activity as described above. Further, the PREA Implementation Manual stipulates Mirror Inc. "shall also impose upon employees a continuing affirmative duty to disclose any such misconduct." Upon interviewing prospective employees, these questions are asked again and answered by the applicant. Interview with the agency's Human Resources Manager, utilizing Specialized staff interview protocols, and the facility director verified this information.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (f) based upon documentation provided and interviews conducted.

115.217 (g). The facility indicated in their response to the PAQ that material omissions regarding misconduct described in provision (a), or the provision of materially false information, shall be grounds for termination. The Hiring and Promotions Practices of the Mirror Inc.'s PREA Manual (p. 9) addresses this provision in detail and states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

A final analysis of the evidence indicates the facility has a policy that is consistent with this provision.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (f) based upon documentation provided and interviews conducted.

115.217 (h). The facility indicated in their response to the PAQ that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. This is corroborated by The Hiring and Promotions Practices section of Mirror Inc.'s PREA Manual (p. 9) which addresses this provision in detail and specifically states, "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination." Interview with the agency's Human Resources Manager, utilizing Specialized staff interview protocols, and the facility director verified this information. A final analysis of the evidence indicates the facility has a policy that is consistent with this provision.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.217 (f) based upon documentation provided and interviews conducted.

Corrective Action:

1. Implement procedures to coincide with Mirror Inc.'s policy, as stipulated in the PREA Manual, to conduct background checks before retaining the services of any contractor who may have contact with residents.

Update: October 3, 2019

The facility has revised its procedures to require contractors who will have repeated exposure to residents be submitted for a criminal background check as part of their PREA training. PREA Standard 115.217 is now in compliance.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Final Plans for Building 3 and 4 Modifications c. 2017 PREA Annual Report (1/16/2018) d. 2018 PREA Annual Report (2/6/2019) <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Facility Director <p>Site Review</p> <ul style="list-style-type: none"> a. Observations of Building 3 Modifications <p>115.218 (a). In the response to the PAQ the facility indicated buildings 3 and 4 on the Topeka RRC Campus are undergoing modifications to the front entrance areas, with building 3 underway. The facility provided the auditor with final architectural drawings of the modifications to the front entrance areas of building 3 and 4. Interviews with the agency head and facility director indicated the protection of residents was taken into consideration during the design phase. The entire renovation project is to increase resident safety by controlling the entrance and making sure there are no blind spots. During the site review the auditor observed the front entrance area as it as being remodeled. The area provides for no blind spots and direct staff observation of all residents entering and exiting the facility. The 2018 PREA Annual Report indicates camera placement has been integrated into the renovation plans.</p> <p>115.218 (b). In response to the PAQ, the facility indicated the camera/video monitoring system and interior and exterior lighting was updated in 2017. Mirror Inc.'s 2017 PREA Annual documents the project began in the fall of 2017. 46 pan and zoom cameras were added to replace existing cameras as part of the new surveillance system. Interview with the agency head and facility director indicated the system allows for real time surveillance, a 30-day video storage. The auditor was given a tutorial on the system during the site review and learned the video feed from cameras in each building can be monitored by both locations, ensuring continuous viewing of the facility. Mirror Inc., also upgraded its interior and exterior lighting to LED lights, providing clearer video imaging and extending the brightness and range of the illumination. According to the 2017 PREA Annual Report, the lighting system is tamper-proof, thus eliminating the possibility of resident tampering. The agency head indicated Mirror Inc., utilizes cell phone GPS electronic surveillance to enhance resident accountability.</p>

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.218 (b) based upon documentation provided, interviews conducted and auditor observations.

Corrective Action: None

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Memorandum of Understanding with the Topeka Police Department (eff. 10/11/16) and updated version (11/28/16) d. YWCA Center for Safety and Empowerment Brochure e. MOU with YWCA Center for Safety and Empowerment (eff. 2/22/19) <p>Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Staff (12) b. Specialized Staff (2) <ul style="list-style-type: none"> - SAFE/SANE staff - PREA Coordinator c. Residents Who Reported a Sexual Abuse (None) d. Facility Investigator <p>Findings (By Provision):</p> <p>115.221 (a). In response to the PAQ, the facility indicated they only conduct administrative investigations of alleged sexual assault and sexual harassment. Allegations that appear to be criminal in nature are referred to the Topeka Police Department. Mirror Inc.'s PREA Manual (p. 14) 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 interviews with a random sampling of staff (12) revealed all understood first responder protocols of gathering usable physical evidence, including separating the victim and abuser, securing the scene, ensuring the victim and abuser do not shower, wash or brush their teeth; and identified the PCM as the staff member responsible for conducting sexual abuse allegations. One staff member identified the Topeka Police Department who conducts the sexual abuse investigations. Interview with the facility investigator verified the facility refers all allegations of sexual abuse to the Topeka Police Department unless the allegation does not involve potentially criminal behavior.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the</p>

auditor finds the facility in compliance with PREA Provision 115.221 (a) based upon documentation reviewed and interviews conducted.

115.221 (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 in part 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."

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (b) based upon documentation reviewed and interviews conducted.

115.221 (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) as required. 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 have been no forensic examinations conducted by either SAFE/SANEs or by a qualified medical practitioner. Interview with the SAFE/SANE staff at Stormont Vail confirmed this information.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (c) based upon documentation reviewed and interviews conducted.

115.221 (d). In the facility's response to the PAQ, they provided a copy of the Memorandum of Understanding (MOU) between the Topeka RRC and the YWCA Center for Safety and Empowerment. The MOU in part states, "that residents who have been sexually abused while confined at the Mirror Residential Reentry Center will have access to services provided by CSE." Interview with the PREA Coordinator revealed if an incident were to occur, the facility would reach out to YWCA for support services.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (d) based upon documentation reviewed and interviews conducted.

115.221 (e). Mirror Inc.'s PREA Manual (p. 14) in part states, "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.” Interview with the PREA coordinator revealed the facility would reach out to YWCA for accompaniment with the resident during the forensic examination. Interview with YWCA staff indicated 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 have not received a request to accompany a resident from the Topeka RRC to a forensic examination and do not recall specifically if emotional support services were needed from a resident at the Topeka RRC.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (e) based upon documentation reviewed and interviews conducted.

115.221 (f). In response to the PAQ, the facility indicated sexual abuse or sexual harassment allegations that appear to be criminal in nature are referred to the Topeka Police Department. The signed MOU between the Topeka RRC and the Topeka Police Department, dated 10/16/16, does not provide for the requirements in this standard. However, the Topeka RRC has an updated MOU, dated 11/28/16, pending signature by the Topeka Police Department to conduct criminal investigations that address the requirement of provision (f) to follow paragraphs (a) through (e). Follow up with the Topeka Police Department will be recommended by the auditor.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.221 (f) based upon documentation reviewed and interviews conducted.

115.221 (g). Provision (g) is not applicable in determining compliance or non-compliance of Standard 115.221.

115.221 (h). Provision (h) is not applicable in determining compliance or non-compliance of Standard 115.221.

Corrective Action: None

Recommendations:

1. Follow-up with the Topeka Police Department on finalizing the updated version of the MOU.

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Facility Website referencing Mirror Inc.'s PREA Policy c. Sexual Abuse Review Form <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Facility Investigator <p>Findings (By Provision):</p> <p>115.222 (a). Mirror Inc.'s PREA Manual 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." In response to the PAQ the facility reported the following:</p> <ul style="list-style-type: none"> - One allegation of sexual abuse and sexual harassment - Zero allegations referred for criminal investigation - One administrative investigation was sent to the Bureau of Prisons (BOP) and Mirror Inc.'s Human Resources Department <p>The interview with the agency head revealed Mirror Inc. is committed to sexual safety and well-being of the residents and that there are protocols in place for ensuring such safety. The allegation of sexual abuse of a male resident by a female staff member was received via a third-party. The facility immediately initiated fact gathering and submitted a report to the Bureau of Prisons. The BOP did not pursue investigation into the matter because both resident and staff involved are no longer at the facility as also indicated in Standard 115.271. A review of the Sexual Abuse Review Form in part stated, "This is a review of the reported relationship between a past employee and past resident; as outlined in the SOW, Mirror has not started an investigation without authorization from the Bureau of Prisons. This is a collection of information and review of the details of that information. We will update all parties as we learn more." The allegation was received on 9/18/2018 and is still listed as on-going. It appears the practice of due diligence in initiating an investigation based on an allegation of sexual abuse and sexual harassment has been institutionalized; however, the practice of ensuring the investigation is completed has not been institutionalized. As such, the auditor finds the facility not in compliance with provision.</p>

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.222 (a) upon documentation reviewed and interviews conducted.

115.222 (b). Mirror Inc.'s PREA Manual (p. 14) in part states, "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. This policy can be viewed on the Mirror website - www.mirrorinc.org." The auditor verified the PREA Manual is on the facility's website. The facility reported the PAQ Response that there were no allegations of sexual abuse or sexual harassment referred for criminal investigation. Interview with the facility investigator corroborated this information.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.222 (b) upon documentation reviewed.

115.222 (c). 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.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.222 (c) upon documentation reviewed.

115.222 (d). Provision (d) is not applicable in determining PREA compliance of this standard.

Corrective Action:

1. Conduct and complete administrative investigations of all sexual abuse and sexual harassment per the requirements in Standard 115.222.

Update: October 3, 2019

The facility has indicated it will ensure all sexual abuse and sexual harassment allegation will result in an administrative investigation, in accord with the Federal Bureau of Prisons. There have been no allegations of sexual abuse or sexual harassment during this corrective action period for the auditor to review. PREA Standard 115.222 is now in compliance.

115.231	Employee training
Auditor Overall Determination: Exceeds Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Staff Training Records d. Mirror Inc.'s PREA Annual Training Sign-In Sheet <p>Interviews:</p> <ul style="list-style-type: none"> a. Random Staff (12) b. Facility Director <p>Findings (By Provision):</p> <p>115.231 (a). Mirror Inc.'s PREA Implementation Manual (p. 18) addresses all the staff training requirements relative to this standard. Specifically, it states in part, "Mirror shall train all employees who may have contact with residents on:</p> <ul style="list-style-type: none"> (a) Its zero-tolerance policy for sexual abuse, sexual harassment and retaliation; (b) How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment; (c) Resident's right to be free from sexual abuse and sexual harassment; (d) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (e) The dynamics of sexual abuse and sexual harassment in confinement; (f) The common reactions of sexual abuse and sexual harassment victims; (g) How to detect and respond to signs of threatened and actual sexual abuse; (h) How to avoid inappropriate relationships with residents; (i) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (j) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>The interviews with a random sampling of staff (12) indicated 100 percent received the required PREA training. The auditor reviewed the PREA training curriculum, First Responder Training, PREA Training for Community Confinement, submitted by the facility in response to the PAQ. Interview with PCM revealed she and the PREA Coordinator provide training annually. Staff also receive PREA training through Educorr, a recognized on-line PREA specific training course for correctional and detention facilities.</p> <p>Current operations and practices meet the requirements of this provision, and as such, the</p>	

auditor finds the facility in compliance with PREA Provision 115.231 (a) based upon documentation reviewed and interviews conducted.

115.231 (b). Mirror Inc.'s PREA Implementation Manual (p. 18) in part states, "Training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility which houses only male residents to a facility which houses only female residents, or vice versa." The facility houses both male and female residents. Interview with the facility director revealed if Topeka RRC hired a transferee under the scope of this provision, additional training will be provided and documented. There have been no who have received additional training due to reassignment from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.231 (b) based upon documentation reviewed and interviews conducted.

115.231 (c). Mirror Inc.'s PREA Implementation Manual in part states, "All current employees shall receive this training, and 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 trainings." In response to the PAQ the facility indicated it provides PREA training to all staff on an annual basis. Interview with the facility director verified this information. Per contract with the Bureau of Prisons (BOP), they are required to conduct annual PREA training. Review of staff training records revealed all staff have received PREA training as required. Provision (c) requires PREA refresher training every two years. The facility's practice is to provide comprehensive PREA training on an annual basis with substantially exceeds the requirements of the provision.

Current operations and practices substantially exceed the requirements of this provision, and as such, the auditor finds the facility in substantial compliance with PREA Provision 115.231 (c) based upon documentation reviewed and interviews conducted.

115.231 (d). The auditor reviewed 12 training records that contained both electronic verification and signatures indicating staff understand the PREA training they received. The verification form states "By signing below, I acknowledge that I have received and understand the agency's PREA Policy, as well as the PREA training provided to me through Educorr." The auditor was provided with signed forms for all 12 employees.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.231 (d) based upon documentation reviewed.

Corrective Action: None

Recommendations:

1. Update policy language to reflect actual practice of conducting PREA refresher training on

an annual basis.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Volunteer/Contractor Training: A Guide for the Prevention and Reporting of Sexual Abuse with Residents <p>Interviews:</p> <ul style="list-style-type: none"> a. Contractor (1) <p>Findings (By Provision):</p> <p>115.232 (a). Mirror Inc.'s PREA Implementation Manual (p. 19) in part states, "The Facility Director or Social Service Coordinator shall ensure all volunteers and contractors who have contact with residents have been trained on their responsibilities under Mirror's sexual abuse and sexual harassment prevention, detection, and response policies, and procedures...The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of our zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All contractors and volunteers shall confirm, with their signature, they have received and understand the training provided." The auditor reviewed the training material offered to the contractors and verified it contained information on the agency's stance of zero tolerance of sexual abuse and sexual harassment. In the response to the PAQ, the facility indicated there were no volunteers or contractors within the past year. By definition from the PREA Resource Center, a person who may have contact with residents is an individual, "within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a confined person over any period of time." Volunteers and contractors fall under that category. During the audit, the facility was undergoing renovation performed by outside contractors. The auditor reviewed training documentation and verified the facility's compliance with this standard. All contractors signed for PREA training prior to working onsite. The auditor interviewed one contractor who verified he received the PREA training.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.232 (a) based upon documentation provided and interviews conducted.</p> <p>115.232 (b). Mirror Inc.'s PREA Implementation Manual (p. 19) in part states, "The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors</p>

who have contact with residents shall be notified of our zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All contractors and volunteers shall confirm, with their signature, they have received and understand the training provided.” Training records for six contractors were reviewed and all PREA training was received and signed for, which included the agency’s zero tolerance stance and their duty to report all allegations of sexual abuse and sexual harassment.

The auditor finds the facility in compliance with PREA Provision 115.232 (b) based upon documentation provided and interviews conducted.

115.232 (c). The auditor reviewed documentation for all contractors who received the PREA training, thus ensuring the facility maintains documentation confirming that volunteers/contractors understand the training they have received. Following receipt of the training, each volunteer and contractor is required to sign an acknowledgment they received and understood the training. On the bottom of the Volunteer/Contractor Training: A Guide for the Prevention and Reporting of Sexual Abuse with Residents, is the statement “My signature reflects I understand and acknowledge Mirror Inc has a ZERO TOLERANCE for sexual conduct between staff, volunteers, and contractors with the residents we serve.” The auditor reviewed the documents for each contractor and verified they signed for the training.

The auditor finds the facility in compliance with PREA Provision 115.232 (c) based upon documentation provided and interviews conducted.

Corrective Action: None

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse” d. Sexual Abuse/Assault Intervention (01/08; 4.10) e. Sexual Abuse Intervention Policy (4.11) f. Resident Files (10) g. Individual Program Plans h. YWCA Brochures <p>Interviews:</p> <ul style="list-style-type: none"> a. Random Residents (10) b. Specialized Staff (4) <ul style="list-style-type: none"> - Intake staff - PCM - Agency Head Case Manager <p>Site Review:</p> <ul style="list-style-type: none"> a. Observations of prominently posted PREA materials in housing units and common areas <p>Findings (By Provision):</p> <p>115.233 (a). Interviews with two intake staff and the PCM revealed during the intake process the facility provides PREA information explaining the 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 10 resident files verified this practice. The facility’s response to the PAQ indicated 213 residents were admitted to the RRC for community placement during the past 12 months and all staff received this information. Resident file documentation for 10 residents revealed 100% received this information during intake. Additionally, the auditor interviewed a random sample of residents (10) and all residents indicated they received this information during intake. Specialized staff interviews with two intake staff indicated this information is given to and explained to residents upon arrival. Mirror Inc.’s PREA Implementation Manual in part states, “(2) Within 72 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</p>

such incidents, and Mirror's policies and procedures for responding to such incidents."

The interviews with the PCM and two case managers indicated it is the RRC's practice to complete an in-depth orientation and education with each resident within 72 hours of arrival. Upon arrival, 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 (4.10) details what protocols, responses and services RRC staff will provide if a resident believes himself or herself to be a victim of sexual assault. The auditor was unable to observe and orientation, however, the process was explained in detail and documentation was provided for review.

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

115.233 (b). Mirror Inc.'s response to the PAQ indicated eight 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 72-hours of intake processing as stated in their PREA Implementation Manual (p. 19). Case management staff provide one-on-one PREA education with all new arrivals to the facility. PREA education is then incorporated into each resident's Individualized Program Plan (IPP). The auditor reviewed a sample of Individual Program Plans (IPP) and verified PREA education requirements were met. Staff interviews with two facility intake staff corroborated this practice as did interviews with a random sample of residents (10 of 10).

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

115.233 (c). Mirror Inc.'s PREA Implementation Manual (p. 19) in part states, "... (2) Within 72 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. This information shall be available in alternate formats for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as, to residents who have 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.

Policy addresses this standard and appropriately covers provision (c). The interviews with the PCM, two case managers and two intake staff verified this information. The case managers further added they ensure residents on their caseload receive and understand the material and indicated the practice of one-on-one education allows staff to be confident the information is received and understood. During the on-site portion of the audit there were no LEP, visually impaired or residents with limited reading skills available to interview. The auditor was able to

interview a deaf resident, who was able to communicate by reading lips. The auditor spoke slowly and determined the resident understood the questions asked. The resident handbook is read aloud with 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 PREA manual also indicates Mirror Inc. has a contract with Universe Translation Services for utilization when translation services are needed. Interview with the Agency Head verified this contractual agreement. 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. Additional details are referenced in Standard 115.216.

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

115.233 (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 resident. Documents include the Resident Handbook enclosure Resident Guide to Sexual Misconduct/Abuse, Sexual Abuse/Assault Intervention (01/08; 4.10), Sexual Abuse Intervention Policy (4.11) and IPP's. All education sessions are documented on each resident's IPP. The auditor reviewed 10 resident files to verify this practice.

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

115.233 (e). The facility ensures key information about Mirror Inc.'s PREA policies is continuously and readily available and/or 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 dual language PREA posters and YWCA Center for Safety and Empowerment brochures detailing reporting and advocacy services in each housing unit day-room.

The auditor finds the facility in compliance with PREA Provision 115.233 (e) based upon documentation provided and site review observations.

Corrective Action: None

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 (01/01; 4.10) to additionally reflect residents may confidentially report any suspicious behavior, abuse, assaults and sexual harassment to outside crisis centers, in addition to 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.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Training Records of Investigative Staff (1) <p>Interviews:</p> <ul style="list-style-type: none"> a. Specialized Staff (1) <ul style="list-style-type: none"> - Investigative Staff <p>Site Review (Not applicable for this standard)</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Findings (By Provision):</p> <p>115.234 (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. Review of the investigative staff training confirmed a 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). Training records also indicate the investigator completed general PREA annual and refresher training. The auditor did not see a curriculum for the Sexual Investigation Program training. The online NIC course covers the requirements for specialized investigation staff.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.234 (a) based upon documentation provided and interviews conducted.</p> <p>115.234 (b). Interview with investigative staff who received training on sexual abuse investigations revealed the training included the following topics:</p> <ul style="list-style-type: none"> - 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 <p>Review of the investigative staff training confirmed a certification of completion on February 24, 2017, for Sexual Abuse Investigation Program training and PREA: Investigating Sexual</p>

Abuse in a Confinement Setting provided through NIC. Training records also indicate the investigator completed general PREA annual and refresher training. The auditor did not see a curriculum for the Sexual Investigation Program training. 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 upon documentation provided and interviews conducted.

115.234 (c). In response to the PAQ, the facility indicated there is one staff member responsible for conducting administrative sexual assault investigations currently employed at the facility. The facility director has the dual role of investigator. 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 upon documentation provided and interviews conducted.

115.234 (d). Provision (d) is not applicable in determining facility compliance with this standard.

Corrective Action: None

Recommendation:

1. In addition to certificates of completion, maintain complete curricula on file for all investigative training received.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>a. Specialized Staff (1) - Facility Director</p> <p>Findings (By Provision):</p> <p>115.235 (a-d). In response to the PAQ the facility indicated it does not have onsite medical or mental health departments. Interview with the facility director indicated the Topeka RRC used to contract with outside resources for medical and mental health services but due to budget constraints had to stop utilizing the services.</p>

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse” d. PREA Screening Tool e. Resident Files (10) <p>Interviews:</p> <ul style="list-style-type: none"> a. Specialized Staff (1) <ul style="list-style-type: none"> - Staff who conduct Risk Screening b. Random Sample of Residents (10) <p>Site Review</p> <ul style="list-style-type: none"> a. Observation of the Initial Intake process <p>Findings (By Provision):</p> <p>115.241 (a). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 6-7), which addresses the requirement of the completion of resident assessments during intake screening for risk of being sexually abused by other residents or sexually abusive toward other residents. Specifically, the PREA Implementation Manual in part states, “(a) All residents shall be assessed during an intake screening and upon transfer from another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.” Interview with the Social Services Coordinator, who predominately conducts risk assessments, indicated risk assessments are conducted on all incoming residents. Interviews with a random sampling of residents revealed 100% received a risk assessment upon arrival to the facility. A review of 10 resident files confirmed documentation of risk assessments. The auditor observed the risk screening during an initial intake process and verified residents are assessed for risk of being sexually abused by other residents or sexually abusive toward other residents</p> <p>Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (a) based upon documentation provided and interviews conducted.</p> <p>115.241 (b). In the response to the PAQ, the facility included its PREA Implementation Manual (pp. 6-7), which addresses the requirement for completing intake screening ordinarily within 72-hours of arrival to the facility. The PREA Implementation Manual in part states, “(b) Intake</p>

screening shall be completed immediately upon arrival for all new residents to the facility.” Additionally, the facility also reported in the PAQ that residents are screened immediately upon their arrival as part of the intake process. The facility reported 213 residents were admitted to the facility for over 72-hours and 143 residents (67.1%) received screening for sexual victimization or sexual abusiveness. Interview with the PCM verified this was an oversight and 100% of the residents received screening for sexual victimization or sexual abusiveness. Interview with two 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 10 random residents and reviewed the 10 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 on March 13, 2019 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.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (b) based upon documentation provided, interviews conducted and observations.

115.241 (c). 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 that allows for staff to appropriately assess risk levels. 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 the intake screening process on March 13, 2019, and determined all required questions were asked of the resident. The auditor reviewed the overall assessment of the resident and agreed with the initial risk determination.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (c) based upon documentation provided and observation of the intake screening process.

115.241 (d). 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 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; and 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

Interview with one staff member who conducts risk screening also revealed the screening tool consists of the 12 questions as noted above, for residents to provide yes or no answers. Responses are evaluated to determine 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 institution 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 are conducted to determine any historical information to further enhance the effectiveness of the screening process.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (d) based upon documentation provided and interviews conducted.

115.241 (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 all relevant questions were addressed as required.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (e) based upon

documentation provided and interviews conducted.

115.241 (f). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 6-7), which addresses the requirement of completing resident risk reassessments within 30 days of the initial intake screening. Specifically, the PREA Implementation Manual in part 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 179 residents entered the facility within the past 12 months with lengths of stay in excess of 30 days, and 100% were reassessed as required. The auditor reviewed 10 random resident files and determined six were reassessed no later than 30 days after the initial intake screening. The remaining four residents were still within the 30-day time-frame and reassessments were not yet completed. Interviews with 10 random residents revealed three residents at the facility in excess of 30 days indicated they were reassessed and three said they were not reassessed and the remaining four had not been at the facility for 30 days at the time of the interviews. Despite the three interviewees who stated they were not reassessed; the auditor still believes the facility to be compliant.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (f) based upon documentation provided and interviews conducted.

115.241 (g). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 6-7), which addresses the requirement of completing resident risk reassessments when warranted. Specifically, the PREA Implementation Manual in part states, "A resident's risk level shall 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." 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. 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

A random sample of resident interviews (10) revealed three of six applicable residents were reassessed. There were no records of residents who have been victims or perpetrators of sexual abuse to review for confirmation of reassessment during this audit. However, records of residents who were reassessed for risk of sexual victimization or abusiveness were reviewed and deemed compliant as noted in provision (e) of this standard.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (g) based upon documentation provided and interviews conducted.

115.241 (h). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 6-7), which addresses the requirement of completing resident risk reassessments when warranted. Specifically, the PREA Implementation Manual in part states, resident's 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 residents are never disciplined for the reasons identified above.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (h) based upon documentation provided and interviews conducted.

115.241 (i). In the response to the PAQ the facility included its PREA Implementation Manual (pp. 6-7), which addresses the requirement of implementing appropriate controls on the dissemination of sensitive information pertaining to Standard 114.41. Specifically, the PREA Implementation Manual in part states, "(i) 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. 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, and the social services coordinator have a need for access to compete and upload resident data, case management documents, assessments etc. Correctional Technicians conduct initial intake screenings and input arrival and release data into the system. Food service staff, contractors and volunteers, on the other hand, do not have a need and are not granted access by the facility or the BOP. The PREA Coordinator indicated during interview that any staff who violate 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. The auditor contacted the BOP and spoke with the contracting specialist responsible for overseeing the R3M system to inquire about restricted levels of access. There are no restricted levels of access in R3M itself; however, by granting only certain positions access is Mirror Inc.'s serves as their mechanism for limiting access to

sensitive data. Staff who are employed by Mirror Inc., and contract with the BOP undergo an extensive background investigation prior to approval to work with federal offenders and are therefore approved access. With that said, Mirror Inc. informs the BOP who to grant access to, and as mentioned above, access is granted only to those staff positions who have a need in order to perform their duties. 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.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communications transmitted through or data stored on this information system. At any time, the government may monitor, intercept, search and/or seize data transiting or stored on this information system.
- Any communications transmitted through or data stored on this information system may be disclosed or used for any U.S. Government-authorized purpose.
- Computer User Rules of Behavior
- Prohibited Use of Computer Equipment. Certain prohibitions are associated with the use of these computer resources including:
 - Divulging sensitive government information to any person who is not authorized to have access to the information, e.g. by emailing such information.
 - Leaving sensitive government information unprotected or accessible to unauthorized persons by leaving a workstation logged onto a LAN without invoking a screen saver with password protection.
 - Removing sensitive documents (electronic media) from the workplace without proper authority.
 - Failing to secure Privacy Act Protected Information, Limited Official Use, Sensitive Information, or classified documents adequately, that are stored on electronic media.
 - Permitting or having use of a personal user ID and password issued to another person. Any perceived violation should be reported to the facility's Information Security Officer.

Users who do not comply with the Rules of Behavior shall be subject to penalties that may be imposed under existing policy and regulations, the Computer Fraud and Abuse Act, and other applicable federal, state and local laws. Such penalties may include suspension of system privileges and criminal prosecution.”

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.241 (i) based upon documentation provided and interviews conducted.

Corrective Action: None

Recommendation:

1. Assign a supervisory correctional technician to each shift with responsibility to perform R3M related duties, thus, limiting the amount of staff access to sensitive information.

115.242	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse” d. PREA Screening Tool <p>Interviews:</p> <ul style="list-style-type: none"> a. Specialized Staff (1) <ul style="list-style-type: none"> - Staff responsible for Risk Screening b. PREA Coordinator c. PREA Compliance Manager d. Targeted Residents Lesbian, Gay, Bi-sexual, Transgender, Intersex (None) <p>Site Review:</p> <ul style="list-style-type: none"> a. Observation of Transgender/Intersex living quarters and shower area <p>Findings (By Provision):</p> <p>115.242 (a). Mirror Inc.’s PREA Implementation Manual (pp. 7-8) in part states, “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 entrance of the door for high visualization by staff when doing rounds.” The interview with the PREA coordinator and risk screening staff (1) revealed the PREA Screening Tool is designed to identify residents with the potential of high risk of being sexual victimized and those with the potential of high risk 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 of sexual victimization are assigned to Building 3.</p> <p>The auditor finds the facility meets the requirements with PREA Provision 115.242 (a) based upon documentation provided and interviews conducted.</p> <p>115.242 (b). Referral documentation provided by the Bureau of Prisons (BOP) is reviewed</p>

prior resident arrival in order to have preliminary and better understanding of the resident's history regarding sexual abuse and sexual harassment, to effectively make individual determinations to ensure their safety. This information was ascertained during interviews with the PREA coordinator and staff conducting risk screening (1). The facility's PREA Implementation Manual (pp. 7-8) address in detail the requirements of provision (b).

The auditor finds the facility meets the requirements with PREA Provision 115.242 (b) based upon documentation provided and interviews conducted.

115.242 (c). Mirror Inc.'s PREA Implementation Manual (pp. 7-8) in part 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." Mirror Inc.'s policy is a verbatim representation of the standard. The interview with PREA coordinator and risk screening staff (1) revealed 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. The policy also provides for provision Standard 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. Standard 115.42 (d) addresses Transgender and Intersex residents regarding housing and management. 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." Although there were no Transgender/Intersex residents to interview during the audit, the PCM indicated during interview they did have one Transgender resident designated to their facility in 2016. The PCM indicated the Transgender female resident was housed in Building 3 and was provided separate bathroom/shower facilities. 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 auditor finds the facility substantially exceeds the requirements with PREA Provision 115.242 (c) based upon documentation provided and interviews conducted. Mirror Inc. has adopted the practice of reassessing Transgender and Intersex residents regarding any threats to their safety on a bi-annual basis; thus, exceeding the standard.

115.242 (d). Mirror Inc.'s PREA Implementation Manual (p. 8) in part states, "A transgender or intersex resident's own views with respect to his or her own safety be given serious consideration." Mirror Inc.'s policy is a verbatim representation of the standard. The interview with the PREA coordinator and risk screening staff (1) corroborated this policy by stating it is their practice to monitor Transgender and Intersex residents more frequently that is require by Community Confinement standards. There were no Transgender/Intersex residents to interview during the audit.

The auditor finds the facility meets the requirements with PREA Provision 115.242 (d) based upon documentation provided and interviews conducted.

115.242 (e). Mirror Inc.'s PREA Implementation Manual (p. 8) in part states, "Transgender and intersex residents shall be given the opportunity to shower separately from other residents." Mirror Inc.'s policy is a verbatim representation of the standard. Interview 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. There were no Transgender/Intersex residents to interview during the audit.

The auditor finds the facility meets the requirements with PREA Provision 115.242 (e) based upon documentation provided and interviews conducted.

115.242 (f). Mirror Inc.'s PREA Implementation Manual (p. 8) in part 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 or the Topeka RRC are under a consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house lesbian, bi-sexual, gay, transgender or intersex (LBGTI) residents for their protection. Further, the PREA coordinator indicated the practice of utilizing the risk screening tool determines the basis of where a LBGTI resident is housed. There were no LBGTI residents to interview during this audit.

The auditor finds the facility meets the requirements with PREA Provision 115.242 (f) based upon documentation provided and interviews conducted.

Corrective Action: None

115.251	Resident reporting
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Training Records of Investigative Staff <p>Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Staff (12) b. Random Sample of Residents (10) c. PREA Coordinator <p>Site Review (Observations of Reporting Mechanisms – Posters, Resident Handbook)</p> <p>Findings (By Provision):</p> <p>115.251 (a). Mirror Inc.’s PREA Implementation Manual (pp. 9-10) states in part, “Mirror shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other or staff for reporting sexual abuse or sexual harassment, and staff neglect which may have contributed to such incidents...Residents may report concerns by:</p> <ul style="list-style-type: none"> - Reporting the incident to a staff member - Reporting the incident to the Facility Director of PREA Coordinator - In the locked grievance box” <p>The interviews with a random sampling of staff revealed 100 percent knew of multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to the above, they indicated residents could report via a third-party, written or verbal. Interview with a random sample of residents revealed all 10 knew of ways to report sexual abuse or sexual harassment. Residents indicated they could report to any staff member. The residents overwhelmingly indicated they feel comfortable enough with staff to report an allegation if necessary.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.251 (a) based upon documentation provided and interviews conducted.</p> <p>115.251 (b). Mirror Inc.’s PREA Implementation Manual (p. 10) states in part, “Mirror shall also provide at least one way for residents to report abuse, harassment, retaliation, and staff</p>	

neglect to a public or private entity not part of Mirror, and is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents may report concerns by:

- The use of the telephone
- The use of their cell phones
- The use of email"

The interview with the PREA coordinator revealed 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 use of the website or telephonic contact, staff at the Topeka RRC will immediately be able to receive the notifications and act accordingly. He also reported there have been no instances anonymous written or verbal reports of sexual abuse or sexual harassment and with the use of the website and hotline mechanisms. Interviews with a random sampling of residents revealed 9 of 10 knew the avenues of reporting and that they could report without giving their name. One resident reported not remembering if calls can be made anonymously.

During the site review, the auditor observed multiple residents on the facility day-room phones and on their personal cell phones providing immediate access to a phone if they need to make a private report. Day-room posters contained contact information for reporting.

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

115.251 (c). Mirror Inc.'s PREA Implementation Manual (p. 10) states in part, "Staff shall accept reports made verbally, in writing, and anonymously. Staff shall immediately document any verbal reports." The Interviews with a random sample of staff revealed they accept 3rd party, written and verbal reports of allegations of sexual abuse and sexual harassment and act upon the reports immediately. Staff also indicated verbal reports are documented in writing immediately. Interviews with a random sample of residents revealed 9 of 10 were aware they could make a report of sexual abuse or sexual harassment via 3rd party, verbally or in writing. One resident reported not remembering how to report any allegations.

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

115.251 (d). Mirror Inc. has established procedures for staff to privately report sexual abuse and sexual harassment of residents as noted in the PREA Implementation Manual (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: Topeka Facility Director...." Interviews with a random sampling of staff revealed knowledge of several mechanisms to privately any sexual abuse or sexual harassment of residents. Staff indicated they can report via email, telephone, or through the use of grievance box system.

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

Corrective Action: None

115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc.'s Quality Care Policy (Grievance Procedure) form d. Instructions for Filing a Grievance e. Resident Grievance Report f. Resident Handbook <p>Interviews:</p> <ul style="list-style-type: none"> a. Specialized Staff (1) - Grievance Coordinator b. Residents who Reported a Sexual Abuse (None) <p>Findings (By Provision):</p> <p>115.252 (a). Mirror Inc. has an administrative procedure for dealing with resident grievances regarding sexual abuse and is, therefore, not exempt from this standard. Mirror Inc.'s PREA Implementation Manual (p. 10) addresses provision (a) by outlining its administrative procedure regarding resident grievances.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.252 (a) based upon documentation provided.</p> <p>115.252 (b). Mirror Inc.'s PREA Implementation Manual (p. 10) addresses provision (b), in part, by stating "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 otherwise attempt to resolve with staff, an alleged incident of sexual abuse." Interview 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 retrieves grievances one per day. Nothing in the PREA Implementation Manual 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>The auditor finds the facility in compliance with PREA Provision 115.252 (b) based upon interviews conducted and documentation provided.</p>

115.252 (c). Mirror Inc.'s PREA Implementation Manual (p. 10) addresses provision (c), in part, by stating "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 on any written format.

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

115.252 (d). Mirror Inc.'s PREA Implementation Manual (p. 10) addresses provision (c), in part, by stating "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 time consumed by resident in preparing any administrative appeal." The policy further states, in part Mirror may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision and shall 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 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 grievances were filed that alleged sexual abuse during the past 12 months. Interview 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 a sexual abuse.

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

115.252 (e). Mirror Inc.'s PREA Implementation Manual (pp. 11-12) 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 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 not receiving any third-party grievances filed on behalf of the resident.

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

115.252 (f). Mirror Inc.'s PREA Implementation Manual (pp. 11-12) addresses emergency grievances. Upon receipt of a grievance marked "emergency" or "sensitive", an expedited review will be conducted, and the initial response provided to the inmate 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 emergency grievances are reviewed and acted upon immediately if the resident is in substantial or imminent risk of sexual abuse. Emergency grievances are immediately forwarded to the facility director for immediate corrective action that may be taken.

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

115.252 (g). Mirror Inc.'s PREA Implementation Manual (pp. 11-12) allows for resident discipline if the grievance is determined to have been submitted in bad faith. The facility director revealed 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 there were zero 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 upon interviews conducted and documentation provided.

Corrective Action: None

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse” d. YWCA Center for Safety and Empowerment Brochure e. Memorandum of Understanding (MOU) with YWCA Center for Safety and Empowerment (eff. 9/23/16) <p>Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Residents (10) <p>Site Review:</p> <ul style="list-style-type: none"> a. Observations of Sexual Abuse and Sexual Harassment Posters and Brochures <p>Findings (By Provision):</p> <p>115.253 (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 specifically 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 day-room. 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."</p> <p>The Resident Handbook contains information titled, “Resident Guide to Sexual Misconduct/Abuse”, which includes both 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 is available in Buildings 3 and 4, contains addresses and toll-free telephone numbers for emotional support services as well.</p>

The auditor discovered no barriers with this information reaching the resident population. According to interviews with a random sample of prisoners, the majority (9 of 10) knew of information on victim advocacy and emotional support services available outside the facility for dealing with sexual abuse. No residents who reported a 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 and 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 six random residents in both 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 both 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. Day-room telephones were in use during the site review indicating they were operational, and the auditor observed residents with personal cell phones. Additionally, the auditor contacted YWCA and verified the number was operational.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.253 (c) based upon documentation provided.

Corrective Action: None

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

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc.'s official website (www.mirrorinc.org) <p>Interviews: (Not Applicable for this standard)</p> <p>Site Review: (Not Applicable for this standard)</p> <p>Findings (By Provision):</p> <p>115.254 (a). Mirror Inc.'s PREA Implementation Manual (p. 11), in part 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 www.mirrorinc.org." The auditor reviewed the website and found third party reporting information is made publicly available on the agency website, www.mirrorinc.org. 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.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.254 (a) based upon documentation provided.</p> <p>Corrective Action: None</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) <p>Interviews:</p> <ul style="list-style-type: none"> a. Facility Director b. PREA Coordinator c. Medical and Mental Health Staff (None) d. Random Sample of Staff (12) <p>Findings (By Provision):</p> <p>115.261 (a). Mirror Inc.'s PREA Implementation Manual (p. 16) stipulates in part, that "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 Interviews with 12 random staff revealed they are report to the facility director and/or PREA Coordinator if they have any reason to suspect, have knowledge or information regarding an incident of sexual abuse, sexual harassment, retaliation or any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.261 (a) based upon interviews conducted and documentation provided.</p> <p>115.261 (b). Mirror Inc.'s PREA Implementation Manual (p. 16) stipulates in part, that "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." The Interviews with 12 random staff revealed they would report related information to supervisors only (facility director and PREA coordinator).</p> <p>The auditor finds the facility in compliance with PREA Provision 115.261 (b) based upon interviews conducted and documentation provided.</p> <p>115.261 (c). Mirror Inc.'s PREA Implementation Manual (p. 16) stipulates in part, that "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>

The auditor finds the facility in compliance with PREA Provision 115.261 (c) based upon documentation provided.

115.261 (d). The auditor did not find policy reference to the provision. In response to the PAQ, the facility reported its use if for adult residents between the ages of 18 and 64 years old. Interviews with the PREA coordinator and facility director indicated if a resident is considered a vulnerable adult, he or she would be considered the same as an imminent or immediate risk of sexual victimization and would take steps to ensure the safety of the resident and that all needs were met. The facility would also contact the Kansas Department for Aging and Disability, a social service reporting agency.

The auditor finds the facility in compliance with PREA Provision 115.261 (e) based upon interviews conducted and documentation provided.

115.261 (e). Per interview with random staff (12), all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are reported to the facility's investigators. The facility investigator is also the facility director at Topeka RRC. The interviews with staff revealed staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment. The interview with the facility director also revealed all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are reported to the facility's investigators this information.

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

Corrective Action: None

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Facility Director c. Random Sampling of Staff (12) <p>Findings (By Provision):</p> <p>115.262 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "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 there were zero number of times the agency or facility determined that a resident was subject to a 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: Shield 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. Interview with 12 random staff revealed immediate protective measures would be to separate the residents and move the victim to a safe place in view of staff.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.262 (a) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: None</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) <p>Interviews:</p> <ul style="list-style-type: none"> c. Agency Head d. Facility Director <p>Findings (By Provision):</p> <p>115.263 (a). Mirror Inc.'s PREA Implementation Manual (p. 18) states, in part, "Upon receiving an allegation a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility or agency where the alleged abuse occurred..." In response to the PAQ, the facility reported zero instances in the past 12 months where residents reported a sexual abuse while incarcerated at another facility.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.263 (a) based upon documentation provided.</p> <p>115.263 (b). Mirror Inc. policy, as outlined in the PREA Implementation Manual (p. 18), in part states "Such notification shall be documented and provided as soon as possible, but no later than 72 hours after receiving the allegation." At the time the facility responded to the PAQ, there were no instances in the past 12 months where residents reported a sexual abuse while incarcerated at another facility. On March 13, 2019, during a random interview, a resident reported to the PREA auditor an incident of sexual abuse while incarcerated at a previous facility. With permission from the resident, the auditor notified the facility director to follow up with the resident. During the post on-site portion of the audit, the facility director was re-interviewed and revealed notification was not made to the agency head of the facility where the abuse allegedly occurred.</p> <p>The auditor finds the facility in non-compliance with PREA Provision 115.263 (b) based upon interviews conducted and documentation provided.</p> <p>115.263 (c). Mirror Inc. policy, as outlined in the PREA Implementation Manual (p. 18), in part states "Such notification shall be documented and provided as soon as possible, but no later than 72 hours after receiving the allegation. As referenced in PREA provision (b), the facility did not notify the agency head of the facility where the sexual abuse allegedly occurred. As such, there is no documentation to review.</p>

The auditor finds the facility in non-compliance with PREA Provision 115.263 (c) based upon interviews conducted and documentation provided.

115.263 (d). The auditor did not find policy reference for this provision. Interview 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 would take steps needed to investigate the allegation. Based on the interviews, the auditor is confident the facility leadership would take appropriate action if a notification is received. In response to the PAQ, the facility reported zero allegations of sexual abuse were received from other facilities. There was no documentation of any such examples to review during this audit.

The auditor finds the facility in compliance with PREA Provision 115.263 (d) based upon interviews conducted and documentation provided.

Corrective Action:

1. Develop procedures to ensure when the facility receives information regarding an incident of sexual abuse or sexual harassment that occurred at another facility, the agency head of the other facility is notified, and the notification is documented.

Recommendations:

1. Update policy to include specific language of PREA provision (d) of this standard.

Update: October 3, 2019

All staff involved in the administrative PREA process have received additional/supplemental training to ensure all incidents are reported as outlined in the PREA standards. Mirror Inc.'s PREA Manual has been updated to include language related to provision (d) of this standard. PREA Standard 115.263 is now in compliance.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Coordinated Response Procedures d. First Responder Duties <p>Interviews:</p> <ul style="list-style-type: none"> a. Security Staff and Non-Security Staff First Responders b. Random Sample of Staff (12) c. Resident who Reported a Sexual Abuse (None) <p>Findings (By Provision):</p> <p>115.264 (a). Mirror Inc.'s PREA Implementation manual (p. 12), requires staff first responders to separate the victim from the alleged perpetrator. The auditor reviewed both the First Responder Duties and Coordinated Response documents. First responder duties outlined in both documents contained appropriate response protocols. In response to the PAQ, the facility reported zero allegations of resident sexual abuse. Interview with one security staff first responder revealed response protocols include the following:</p> <ul style="list-style-type: none"> - Separating the alleged victim and abuser - Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence - Requesting that the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) - Ensuring the abuser does not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating) <p>There were no residents who reported a sexual abuse to interview during this audit. Note: The PREA Implementation Manual (p. 13) provides the DOJ's definition of "first responder" to be the staff person(s) who first arrives at the scene of an incident.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.265 (a) based upon interviews conducted and documentation provided.</p> <p>115.264 (b). Mirror Inc.'s PREA Implementation manual (p. 13), 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</p>

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 sample of staff revealed they were knowledgeable of all first responder response protocols as outlined in provision (a) and in accordance with Mirror Inc.'s policy. Note: The PREA Implementation Manual (p. 13) 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 finds the facility in compliance with PREA Provision 115.265 (b) based upon interviews conducted and documentation provided.

Corrective Action: None

115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Coordinated Response Procedures d. Mirror Inc. PREA Checklist <p>Interviews:</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision):</p> <p>115.265 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) 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 style="list-style-type: none"> - Assess the victim's acute medical needs. - Inform the victim of his/her rights under relevant Federal and State law. - Explain the need for a forensic medical exam and offering the victim the option of undergoing one, within 92 hours. - Offer the presence of victim advocate or qualified staff member during the exam. Provide crisis intervention counseling through the YWCA - Interview the victim and any witnesses and collect evidence. - Provide for any special needs the victim may have. <p>The auditor reviewed Form A, Coordinated Response procedures, which outlines and details first responder duties, SAFE/SANE forensic examinations, and staff responsibilities by position. Coordinated Response procedures also involve completing a PREA Checklist to ensure all areas have been addressed. During the interview, the facility director was able to articulate the Coordinated Response procedures.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.262 (a) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: None</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>Interviews:</p> <p>a. Agency Head</p> <p>Findings (By Provision):</p> <p>115.266 (a). The Mirror Inc. PREA Implementation Manual (p. 13) stipulates “Mirror is not involved with collective bargaining.” In response to the PAQ, the facility reported Mirror Inc. is not involved with collective bargaining. The Interview with the agency head verified Mirror Inc. is not engaged with collective bargaining with employees.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.266 (a) based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>

115.267	Agency protection against retaliation
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc. Retaliation Monitoring Form <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Facility Director c. Specialized Staff (1) <ul style="list-style-type: none"> - Staff Member Charged with Retaliation Monitoring d. Residents who Reported a Sexual Abuse (None) <p>Findings (By Provision):</p> <p>115.267 (a). Mirror Inc.'s PREA Implementation Manual (p. 16) stipulates in part, that "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 the PREA compliance manager is the designated staff member responsible for monitoring retaliation. At the Topeka RRC, Facility Director and PREA Compliance Manager (PCM) Melissa Goodman is the designated staff member responsible for monitoring retaliation at the facility.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.267 (a) based upon documentation provided.</p> <p>115.267 (b). Mirror Inc.'s PREA Implementation Manual (p. 16)) stipulates in part, that "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 include monitoring retaliation for a 90-day period looking for any signs of retaliation by staff, i.e., increased disciplinary reports, loss of passes or privileges, reassignment to another building. Monitoring staff have open lines of communication with the resident, and if warranted, provide 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 a sexual abuse at the facility to</p>	

interview. No current or completed documentation was available to review, 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 upon interviews conducted and documentation provided.

115.267 (c). Mirror Inc.'s PREA Implementation Manual (p. 16) stipulates in part, that "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 resident 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 upon interviews conducted and documentation provided.

115.267 (d). Mirror Inc.'s PREA Implementation Manual (p. 16) addresses periodic status checks with residents subject to retaliation monitoring. The interview with the facility director/retaliation monitor, revealed there have 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 upon interviews conducted and documentation provided.

115.267 (e). Mirror Inc.'s PREA Implementation Manual (p. 16) stipulates in part, that "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 upon interviews conducted and documentation provided.

115.267 (f). PREA Standard provision 115.267 (f) is not applicable in determining compliance or non-compliance with this standard.

Corrective Action: None

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

- a. Pre-Audit Questionnaire (PAQ)
- b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18)
- c. Sexual Abuse Incident Review Form
- d. Email regarding investigation timeline between auditor and PCM (2/25/19)
- e. Investigative Staff Training Records; Sexual Assault investigation Training certificate (eff. 2/24/17)
- f. Document: First Responder Duties

Interviews:

- a. Specialized Staff (3)
 - Facility Director
 - PREA Coordinator
 - Facility Investigative Staff

Findings (By Provision):

115.271 (a). The facility provided a copy of the PREA Implementation Manual which addresses provision (a) of this standard in detail (p. 14). Specifically, it states in part, “(3) 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.” Interview with the facility director revealed 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. is required to report all allegations of sexual abuse and sexual harassment to the BOP for determination of whether an investigation is warranted. Interview with the facility investigator revealed investigations are started immediately upon notification of an allegation. Allegations from third parties are handled in the same manner as if reported by a resident; all are taken seriously and responded to immediately. During this audit cycle one allegation of sexual abuse by a staff member on a resident was reported. Both the resident and staff member were no longer at the facility at the time of the third-party report by US Probation. Review of documentation and the interview with the facility investigator revealed the facility performed due diligence by immediately providing the BOP with a detailed report outlining the allegation, however, no investigation was completed by the BOP nor the facility. There have been no investigations of allegations of sexual abuse and sexual abuse at the Topeka RRC in the past three years.

Current operations and practices do not meet the requirements of this provision, and as such,

the auditor finds the facility not in compliance with PREA Provision 115.271 (a) based upon documentation provided and interviews conducted.

115.271 (b). The facility director is charged with the dual role of investigative staff. During the interview with the investigator, the indicated 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 and by viewing the signed Sexual Assault investigation Training certificate (eff. 2/24/17), and online completion documentation. Training documentation is also discussed in Standard 115.234 (c)-1.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (b) based upon documentation provided and interviews conducted.

115.271 (c). Mirror Inc.'s PREA Implementation Manual in part 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." 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. Interview with the facility investigator revealed the initial first steps in initiating an investigation is to immediately contact the TPD. Following the initial notification, facility staff will implement first responder protocols and contact the BOP and the agency PREA coordinator. The investigator indicated as part of first no responder protocols the victim and perpetrator are separated, and no physical evidence is destroyed. The victim and abuser are instructed not to shower, brush teeth, wash, or clean clothing in efforts 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 work collaboratively with the TPD and BOP, however, are not involved in the criminal interviewing. The investigator indicated 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 any witnesses. Per the investigator, one allegation of sexual abuse was reported via third-party during this audit cycle and administrative investigation was not completed because both parties were no longer at the facility and the BOP declined to investigate. Based on our interview, the auditor is confident the facility investigator is knowledgeable with policy and protocols of conducting administrative interviews.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (c) based upon documentation provided and interviews conducted.

115.271 (d). Interview with the sexual abuse and sexual harassment facility investigator revealed it is the facility's practice not to conduct compelled interviews.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (d) based upon interviews conducted.

115.271 (e). Mirror Inc.'s PREA Implementation Manual (p. 15), "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." When interviewed about the credibility of an alleged victim, suspect, or witness, the facility's investigator indicated a preponderance of evidence is taken into consideration and under no circumstances would a polygraph be utilized prior to proceeding with any investigation. There were no residents who reported a sexual abuse occurring at this facility during this audit cycle, therefore, the auditor could not conduct interviews to ascertain this information. The facility administrator indicated Mirror Inc. is responsible for conducting administrative allegations that do not rise to the level of potentially criminal in nature.

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

115.271 (f). The interview with the facility investigator of administrative allegations revealed staff actions or failures to act are taken into consideration as to whether it contributed to the abuse. Written reports include a description of any evidence (electronic video monitoring, physical or verbal statements). Investigations include determining if policy was followed, if residents were left unattended and if staff failed to protect the residents. Also included in reports are basic information related to the incident, findings, and retaliation monitoring steps to be taken. Initial documentation of one third party report of sexual abuse revealed one staff member reported, when asked directly and after the fact, that he was aware of the resident in his case manager's office "a great deal of time." The staff member also refused to provide additional information related to the timing of the relationship." There was no documentation in the report to indicate whether staff actions or failures to act were taken into consideration as to whether it contributed to the abuse. No action was taken as the interaction appeared work related, and the office door was always open. The BOP did not pursue investigation into the matter because both resident and staff involved are no longer at the facility.

Current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.271 (f) based upon documentation reviewed and interviews conducted.

115.271 (g). Mirror Inc.'s PREA Implementation Manual (p. 15), "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 interview with the facility investigator revealed Mirror Inc. does not conduct criminal investigations. However, staff provide documentation to the investigative agency on what occurred and documentation of any collected evidence, to include 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. There were no criminal investigations conducted during the past three years, therefore, the auditor was unable to review any investigative reports.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (g) based upon documentation reviewed and interviews conducted.

115.271 (h). The facility reported in their response to the PAQ that there were zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit. As such, the auditor was unable to review a sample of cases referred for prosecution. The interview with the facility investigator verified zero substantiated allegations and indicated all allegations of sexual abuse are referred to the TPD for prosecution when deemed criminal in nature.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (h) based upon documentation reviewed and interviews conducted.

115.271 (i). Mirror Inc.'s PREA Implementation Manual in part states, "...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." There was one third-party report of alleged sexual abuse by a staff member on a resident received on 9/13/18. This report was still on file at the facility even though both parties are no longer at the facility.

Current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (i) based upon documentation reviewed and interviews conducted.

115.271 (j). Mirror Inc.'s PREA Implementation Manual (pp 14-15) in part states,

(1) "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)

(2) 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.

(3) 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.

(6) 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."

The interview with the facility investigator revealed investigations are still completed and the BOP is updated as to the findings. The auditor reviewed the third-party allegation the facility drafted for submission to the BOP. An investigation was not pursued by the BOP nor the facility. A review of the Sexual Abuse Review Form in part stated, "this is a review of the reported relationship between a past employee and past resident; as outlined in the SOW,

Mirror has not started an investigation without authorization from the BOP. This is a collection of information and review of the details of that information. We will update all parties as we learn more.” The allegation was received on 9/18/2018 and is still listed as on- going. Although policy addresses provision (j) in detail, and staff interviewed were knowledgeable of the policy, this practice has not been institutionalized and does not support compliance.

No evidence was present to determine current operations and practices meet the requirements of this provision, and as such, the auditor finds the facility not in compliance with PREA Provision 115.271 (j) based upon documentation reviewed and interviews conducted.

115.271 (k). Provision (k) is not applicable to determining this facility’s PREA compliance.

115.271 (l). Mirror Inc.’s PREA Implementation Manual (pp 14) in part states, “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 all verified this is Mirror Inc.’s practice. At the Topeka RRC the facility director and investigator assume both roles and responsibilities. According to facility director/investigator this position is the point of contact with the TPD during criminal investigations and acts as a liaison between the TPD and resident. The PREA Coordinator indicated the facility has a positive relationship with TPD and are involved in active discussions.

No evidence was present to determine current operations and practices do not meet the requirements of this provision, and as such, the auditor finds the facility in compliance with PREA Provision 115.271 (l) based upon documentation reviewed and interviews conducted.

Corrective Action:

1. Conduct and complete administrative investigations of all sexual abuse and sexual harassment per the requirements in Standard 115.271.
2. Ensure all elements in provision (f) are documented in all reports of sexual abuse and sexual harassment allegations. Specifically, whether efforts to determine whether staff actions or failures to act contributed to the abuse.

Recommendations:

1. Update PREA Implementation Manual to clarify and include specific language to enhance information related to law enforcement investigation requirements relative to Standard 115.271.
2. Retrain and emphasize to all staff their responsibility to report any suspicious behavior between residents and staff or resident and residents. Reiterate to follow instincts and identifying and addressing red flags in the training.
3. Retrain and emphasize to all staff the standards of conduct and their responsibility to cooperate with all investigations.

Update: October 3, 2019

The facility has updated its investigation report to include whether staff actions or inaction contributed to the abuse. The facility also retrained staff on their responsibility to suspicious behavior between staff and residents or between residents, and the standards of conduct regarding the responsibility to cooperate with all investigations. The facility has not received any allegations of sexual abuse or sexual harassment during this corrective action period. PREA Standard 115.271 is now in compliance.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none">a. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) <p>Interviews:</p> <ul style="list-style-type: none">a. Facility Investigator <p>Findings (By Provision):</p> <p>115.272 (a). Mirror Inc.'s PREA Implementation manual (p. 15), stipulates that Mirror Inc. impose a standard of a preponderance of 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 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>The auditor finds the facility in compliance with PREA Provision 115.272 (a) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: None</p>

115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Notification of Investigative Findings: Resident on Resident Form d. Notification of Investigative Findings: Staff on Resident Form <p>Interviews:</p> <ul style="list-style-type: none"> a. Facility Director b. Facility Investigator c. Residents who Reported a Sexual Abuse (None) <p>Findings (By Provision):</p> <p>115.273 (a). Mirror Inc.'s PREA Implementation Manual (p. 15), stipulates in part "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." Interview with the facility investigator and facility director substantiated this practice. In response to the PAQ, the facility reported zero criminal and/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 a sexual abuse during this audit cycle.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.273 (a) based upon interviews conducted and documentation provided.</p> <p>115.273 (b). Mirror Inc.'s PREA Implementation Manual (p. 15), stipulates in part "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 no investigations were completed for which they needed to request information. There were no investigative files for the auditor to review.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.273 (b) based upon interviews conducted and documentation provided.</p> <p>115.273 (c). Mirror Inc.'s PREA Implementation Manual (p. 15) stipulates in part "Following a resident's allegation, a staff member committed sexual abuse against the resident, Mirror shall subsequently inform the resident whenever:</p> <ul style="list-style-type: none"> - 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 a sexual abuse at the facility to interview. Interview with the facility investigator revealed notification to residents is completed on a Notification of Investigative Findings: Resident on Resident Form.

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

115.273 (d). Mirror Inc.'s PREA Implementation Manual (p. 15), stipulates in part states “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.”

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

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

115.273 (e). In response to the PAQ, the facility provided two Mirror Inc. forms used to document all notifications or attempts at notification. For staff against residents, the facility utilizes the Notification of Investigative Findings: Staff on Resident Form and for residents against residents they utilize the Notification of Investigative Findings: Resident on Resident Form. In response to the PAQ, the facility reported zero notifications to residents were provided pursuant to this standard.

The auditor finds the facility in compliance with PREA Provision 115.273 (e) based upon documentation provided.

Corrective Action: None

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) <p>Findings (By Provision):</p> <p>115.276 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies." There were no records of terminations, resignations, or other sanctions for violating the sexual abuse or sexual harassment policies to review.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.276 (a) based upon interviews conducted and documentation provided.</p> <p>115.276 (b). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." In response to the PAQ, the facility reported zero staff from the facility violated Mirror Inc.'s sexual abuse or sexual harassment policies.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.276 (b) based upon interviews conducted and documentation provided.</p> <p>115.276 (c). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "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." In response to the PAQ, the facility reported zero staff from the facility were disciplined for violations of Mirror Inc.'s sexual abuse or sexual harassment policies.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.276 (c) based upon interviews conducted and documentation provided.</p> <p>115.276 (d). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "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 zero staff from the facility have been reported to law enforcement or licensing boards following their termination</p>

(or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor finds the facility in compliance with PREA Provision 115.276 (d) based upon interviews conducted and documentation provided.

Corrective Action: None

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) <p>Interviews:</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision):</p> <p>115.277 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." "Mirror shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer." In response to the PAQ, the facility indicated no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. The response further indicated zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.277 (a) based upon documentation provided.</p> <p>115.277 (b). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Mirror shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of 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 are prohibited from working with federal offenders. Violators are reported to the Bureau of Prisons and their agency supervisors.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.277 (b) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: None</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Bureau of Prisons Statement of Work, Chapter 13: Discipline (April 2017) d. Bureau of Prisons Program Statement 5270.09, Inmate Discipline Program (eff. 08/01/2011) <p>Interviews:</p> <ul style="list-style-type: none"> a. Facility Director <p>Findings (By Provision):</p> <p>115.278 (a). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse." The auditor reviewed Chapter 13: Discipline, in the BOP's Statement of Work (pp. 78-84) which the facility contractually 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 and Engaging in Sexual Acts, Making Sexual Proposals or Threats to Another and Sexual Assault without Force are considered 200 level High Severity offenses. In response to the PAQ, the facility reported zero there were administrative findings of resident-on-resident sexual abuse have occurred at the facility during the past 12 months. There were no disciplinary reports for the auditor to review. The facility further reported there were zero criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.278 (a) based upon documentation provided.</p> <p>115.278 (b). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories." Interview with the facility director revealed 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 there have been no disciplinary reports written for</p>

resident-on-resident sexual abuse during this audit cycle.

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

115.278 (c). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "The disciplinary process shall consider whether a resident's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The interview with the facility director revealed the facility would take a resident's mental disability or mental illness into consideration 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 there have been no disciplinary reports written for resident-on-resident sexual abuse during this audit cycle.

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

115.278 (d). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, 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 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.

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

115.278 (e). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, 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 to review for this audit cycle.

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

115.278 (f). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "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 if an investigation concludes 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 upon interviews conducted and documentation provided.

115.278 (g). Mirror Inc.'s PREA Implementation Manual (p. 17) stipulates in part, that "Mirror 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 upon documentation provided.

Corrective Action: None

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Resident Handbook enclosure “Resident Guide to Sexual Misconduct/Abuse <p>Interviews:</p> <ul style="list-style-type: none"> A. Specialized Staff (4) <ul style="list-style-type: none"> - Security Staff First Responders - Non-Security Staff First Responders - SAFE/SANE (Stormont Vail Health, Topeka, KS) - PCM <p>Findings (By Provision):</p> <p>115.282 (a). Mirror Inc.’s PREA Implementation Manual (p. 13) 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.” In response to the PAQ, the facility indicated 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 interview.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.282 (a) based upon interviews conducted and documentation provided.</p> <p>115.282 (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 Implementation Manual (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 non-security 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 the first action would protect the victim by separating the victim from the abuser. Other duties include preserving the scene so proper evidence could 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, using the restroom. First responder staff would also ensure the alleged abuser does not take any actions that could destroy evidence.</p>

There were no residents who reported a 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 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 upon interviews conducted and documentation provided.

115.282 (c). Victims of sexual abuse are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis in accordance with Mirror Inc.'s PREA Implementation Manual (p. 13). Forensic examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). 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 upon interviews conducted and documentation provided.

115.282 (d). Mirror Inc.'s PREA Implementation Manual (p. 13) address providing treatment for services of victims, including forensic examinations of sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation. Interview with the PCM verified this information. The PCM indicated there have been 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 upon interviews conducted and documentation provided.

Corrective Action: None

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

- a. Pre-Audit Questionnaire (PAQ)
- b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18)
- c. Resident Handbook enclosure "Resident Guide to Sexual Misconduct/Abuse"

Interviews:

Specialized Staff (3)

- Security Staff First Responders
- Non-Security Staff First Responders
- SAFE/SANE Supervisor (Stormont Vail Health, Topeka, KS) PCM

Findings (By Provision):

115.283 (a). Mirror Inc.'s PREA Implementation Manual (p. 13) allows for access to medical care and mental health evaluations for victims of a 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." Interview with the PCM 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 the BOP for authorization of services at Valeo Behavior Health Care for any treatment if learned they were sexually abused while in prison. The PCM 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 upon documentation provided and interviews conducted.

115.283 (b). The Mirror Inc. PREA Implementation Manual (p. 13) allow for follow-up services, treatment plans and referrals for continuity of care, if needed, following transfer to other facilities or release from prison. Interview with the PCM indicated if a Bureau of Prisons (BOP) resident returned to confinement follow up services would be provided while in their custody. When a resident is released from the Topeka RRC case management and social services staff ensure referrals for continued care are completed and processed prior to release. The PCM 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 upon documentation provided and interviews conducted.

115.283 (c). The Mirror Inc. PREA Implementation Manual (p. 13) stipulates in part that “Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate. Interview with the SAFE/SANE supervisor at Stormont Vail Health verified they offer pregnancy related information and services to all residents for whom pregnancy resulted due to the abuse. The SAFE/SANE supervisor indicated there have been no such services needed for residents at the Topeka RRC.

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

115.283 (d). The Mirror Inc. PREA Implementation Manual (p. 13) stipulates in part that “Resident victims of sexually abusive vaginal penetration at Mirror RRC shall be offered pregnancy tests, as medically necessary. Interview with the SAFE/SANE supervisor at Stormont Vail Health verified they offer 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 upon documentation provided and interviews conducted.

115.283 (e). The Mirror Inc. PREA Implementation Manual stipulates (p. 13) in part that “If pregnancy results from the conduct described in this section, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, such as prenatal care and access to pregnancy termination services, where available. Interview with the SAFE/SANE supervisor at Stormont Vail Health verified they offer pregnancy related information and services to all residents for whom pregnancy resulted due to the abuse. The SAFE/SANE supervisor indicated there have been no such services needed for residents at the Topeka RRC.

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

115.283 (f). The Mirror Inc. PREA Implementation Manual (p. 13) stipulates in part that “Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.” Interview with the SAFE/SANE supervisor at Stormont Vail Health verified they offer pregnancy related information and services to all residents for whom pregnancy resulted due to the abuse. The SAFE/SANE supervisor indicated there have been no such services needed for residents at the Topeka RRC.

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

115.283 (g). The Mirror Inc. PREA Implementation Manual (p. 13) stipulates in part 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 PCM verified this information and added there have been no such cases during this audit cycle.

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

115.283 (h). The Mirror Inc. PREA Implementation Manual (p. 17) stipulates in part that “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 their practice is to contact YWCA Center for Safety and Empowerment or Valeo Behavioral Health Care within 60 days of learning of a resident’s abuse history. The PCM also stated there have 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 upon documentation provided and interviews conducted.

Corrective Action: None

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc.'s Sexual Abuse Investigation Report Form (SAIR) d. Notification of Investigative Findings: Staff on Resident Form <p>Interviews:</p> <ul style="list-style-type: none"> a. Facility Director b. PREA Coordinator c. Specialized Staff (1) - Incident Review Team <p>Findings (By Provision):</p> <p>115.286 (a). Mirror Inc.'s PREA Implementation Manual (pp. 15-16) requires in instances of sexual abuse, the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. In response to the PAQ, the facility reported no investigations of alleged sexual abuse were completed at the facility during the past 12 months.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.286 (a) based upon documentation provided.</p> <p>115.286 (b). Mirror Inc.'s PREA Implementation Manual (pp. 15-16) requires a sexual abuse incident review be completed within 30 days of the conclusion of every sexual abuse investigation, with input investigators and medical personnel. In response to the PAQ, the facility reported no investigations of alleged sexual abuse were completed at the facility during the past 12 months.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.286 (b) based upon documentation provided.</p> <p>115.286 (c). Mirror Inc.'s PREA Implementation Manual (pp. 15-16), in part states "A review team, consisting of the Facility Director, PREA Coordinator, Vice President of Community Integration, upper-level management and the Chief of Security shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Information from investigators and medical personnel will be included. Interview with facility director verified this information.</p>

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

115.286 (d). Mirror Inc.'s PREA Implementation Manual (pp. 15-16) 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

All findings and recommendations for improvement will be documented on Mirror Inc.'s Sexual Abuse Incident Review form. Interviews with the one incident review team member, the PREA coordinator and facility director verified these procedures and 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 finds the facility in compliance with PREA Provision 115.286 (d) based upon interviews conducted and documentation provided.

115.286 (e). Mirror Inc.'s PREA Implementation Manual (pp. 15-16), in part states "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 Provision 115.286 (e) based upon interviews conducted and documentation provided.

Corrective Action: None

115.287	Data collection
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Bureau of Justice Statistics Survey of Sexual Victimization (2017) <p>Findings (By Provision):</p> <p>115.287 (a). Mirror Inc.'s PREA Implementation Manual (p. 19) 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. In response to the PAQ, the facility provided a copy of the completed 2017 Survey of Sexual Victimization form.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (a) based upon documentation provided.</p> <p>115.287 (b). Mirror Inc.'s PREA Implementation Manual (p. 19) requires the facility to aggregate the incident-based sexual abuse data at least annually.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (b) based upon documentation provided.</p> <p>115.287 (c). Mirror Inc.'s PREA Implementation Manual (p. 19) 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. In response to the PAQ, the facility provided a copy of the completed 2017 Survey of Sexual Victimization form which contained data necessary for its completion.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (c) based upon documentation provided.</p> <p>115.287 (d). Mirror Inc.'s PREA Implementation Manual (p. 19) requires the facility to maintain, review, and collect data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.287 (d) based upon documentation provided.</p> <p>115.287 (e). In response to the PAQ, the facility reported they do not contract for the confinement of residents.</p>	

PREA Standard Provision 115.287 (e) is not applicable in determining compliance or non-compliance with this standard.

115.287 (f). Mirror Inc.'s PREA Implementation Manual (p. 19) 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 the DOJ has not requested data from the previous year.

PREA Standard Provision 115.287 (f) is not applicable in determining compliance or non-compliance with this standard.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (eff. 9/21/18) c. Mirror Inc. PREA Annual Report (2018) <p>Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. PREA Coordinator <p>Findings (By Provision):</p> <p>115.288 (a). Mirror Inc.'s PREA Implementation Manual (p. 20) requires the agency to review collected and aggregated data. Policy stipulates the PCM will review data collected by the agency. The review will consist of identifying problem areas, on-going corrective action and the preparation of the annual report. The annual report will include findings and any necessary corrective action. The interviews with the agency head and PREA coordinator revealed the use of incident-based sexual abuse data is a process of annual review and taking on-going corrective action to determine how data can improve the quality of service and improve resident safety.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.288 (a) based upon interviews conducted and documentation provided.</p> <p>115.288 (b). Mirror Inc.'s PREA Implementation Manual (p. 20) 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 provide an assessment of progress made in addressing sexual abuse. The auditor reviewed the 2018 PREA Annual Report and determined it contained all required information pursuant to this provision.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.288 (b) based upon documentation provided.</p> <p>115.288 (c). Mirror Inc.'s PREA Implementation Manual (p. 20) 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 he approves all annual PREA reports prior to posting on the website. The auditor reviewed the agency website, www.mirrorinc.org, and located Annual PREA Reports from 2017 and 2018.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.288 (c) based upon</p>

interviews conducted and documentation provided.

115.288 (d). Mirror Inc.'s PREA Implementation Manual (p. 20) indicates the "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." Interview with the PREA Coordinator revealed redacted material to include Personally Identifiable Information.

The auditor finds the facility in compliance with PREA Provision 115.288 (c) based upon interviews conducted and documentation provided

Corrective Action: None

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Mirror Inc. Prison Rape Elimination Act (PREA) Implementation Manual (rev. 9/21/18) c. Mirror Inc. Agency Website (www.mirrorinc.org) <p>Interviews:</p> <ul style="list-style-type: none"> a. PREA Coordinator <p>Findings (By Provision):</p> <p>115.289 (a). Mirror Inc.'s PREA Implementation Manual (p. 20) requires the agency to securely maintain all collected and aggregated data. The interview with the PREA Coordinator revealed the PCM maintains the data in a locked cabinet inside her office. The PCM is the only staff with key access to the file cabinet.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (a) based upon interviews conducted and documentation provided.</p> <p>115.289 (b). Mirror Inc.'s PREA Implementation Manual (p. 20) requires the agency to annually publish all aggregated sexual abuse data. The auditor reviewed the agency's website and reviewed the 2018 and 2017 Annual PREA Reports.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (b) based upon documentation provided.</p> <p>115.289 (c). Mirror Inc.'s PREA Implementation Manual (p. 20) requires the agency to remove all personal identifiers prior to publishing the aggregated data on its public website. The auditor reviewed the agency's website and reviewed the 2018 and 2017 Annual PREA Reports and found no personal identifiers.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.289 (c) based upon documentation provided.</p> <p>115.289 (d). Mirror Inc.'s PREA Implementation Manual (p. 20) requires the agency to retain all sexual abuse data collected for at least 10 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 upon documentation provided.</p>

	Corrective Action: None
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Mirror Inc. is compliant with all provisions of PREA Standard 115.401.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Mirror Inc. has published on its website the 2016 Final Audit Report dated 1/21/2017.

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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

115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	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 less than 50 residents)	yes

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, 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

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

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

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual	yes

	abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	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	yes

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of 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

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

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

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with 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

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent 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

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

115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	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

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: 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

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf 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

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

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial 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

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)	yes