

PREA Facility Audit Report: Final

Name of Facility: Bethel Work Release Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/25/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darnel Carlson	Date of Signature: 07/25/2024

AUDITOR INFORMATION	
Auditor name:	Carlson, Darnel
Email:	dmcarlson16@gmail.com
Start Date of On-Site Audit:	04/23/2024
End Date of On-Site Audit:	04/24/2024

FACILITY INFORMATION	
Facility name:	Bethel Work Release Center
Facility physical address:	23 Mesaba Avenue, Duluth, Minnesota - 55806
Facility mailing address:	

Primary Contact

Name:	Lisa Rindal
Email Address:	lrindal@duluthbethel.org
Telephone Number:	2187403779

Facility Director	
Name:	Lisa Rindal
Email Address:	lrindal@duluthbethel.org
Telephone Number:	2187403779

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

Facility Characteristics	
Designed facility capacity:	45
Current population of facility:	36
Average daily population for the past 12 months:	25
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-100
Facility security levels/resident custody levels:	minimum
Number of staff currently employed at the facility who may have contact with	21

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
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Name of agency:	Duluth Bethel Society, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	23 Mesaba Avenue, Duluth, Minnesota - 55806
Mailing Address:	
Telephone number:	2187221724

Agency Chief Executive Officer Information:	
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Name:	Dennis Cummings
Email Address:	dcummings@duluthbethel.org
Telephone Number:	2187221724

Agency-Wide PREA Coordinator Information			
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Name:	Lisa Rindal	Email Address:	lrindal@duluthbethel.org
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-23
2. End date of the onsite portion of the audit:	2024-04-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Program for Aid to Victims of Sexual Assault (PAVSA)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	45
15. Average daily population for the past 12 months:	25
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	28
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There are no additional comments to report.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>23</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>There are no additional comments to report.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I selected six male and four female residents based on age, race, length of stay, and gender.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were changes to the interview list because of resident's schedules outside the facility.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria under the targeted interview categories as physically disabled. Documents reviewed at the facility, observations onsite, medical staff, and correctional staff did not disclose any information about physically disabled residents being housed there. I spoke with the Executive Director to verify there weren't any physically disabled residents in the facility.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria under the targeted interview categories with a cognitive or functional disability. Documents reviewed at the facility, observations onsite, and conversations with other residents, medical staff, and facility staff did not disclose any information about cognitively or functionally disabled residents being housed there. I spoke with the Executive Director to verify there weren't any cognitively or functionally disabled residents in the facility.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria under the targeted interview categories who are blind or have low vision. Documents were reviewed at the facility, observations were made on site, and conversations with other residents, medical staff, and facility staff did not disclose any information about blind or low-vision residents being housed there. I spoke with the Executive Director to verify that there were no blind or low-vision residents in the facility.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria under the targeted interview categories who were deaf or hard of hearing. Documents were reviewed at the facility, observations were made on site, and conversations with other residents, medical staff, and facility staff did not disclose any information about deaf or hard-of-hearing residents being housed there. I spoke with the Executive Director to verify that there were no deaf or hard-of-hearing residents in the facility.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria for limited English proficiency under the targeted interview categories. Documents were reviewed at the facility, observations were made on site, and conversations with other residents, medical staff, and facility staff did not disclose any information about limited English-proficient residents housed there. I spoke with the Executive Director to verify that there were no limited English-proficient residents in the facility.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria under the targeted interview categories who identified as lesbian, gay, or bisexual. Documents were reviewed at the facility, observations were made on site, and conversations with other residents, medical staff, and facility staff did not disclose any information about residents who identified as lesbian, gay, or bisexual being housed there. I spoke with the Executive Director to verify that there weren't any residents identifying as lesbian, gay, or bisexual in the facility.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria under the targeted interview categories who identified as transgender or intersex. Documents were reviewed at the facility, observations were made on site, and conversations with other residents, medical staff, and facility staff did not disclose any information about residents who identified as transgender or intersex being housed there. I spoke with the Executive Director to verify that there weren't any residents identifying as lesbian, gay, or bisexual in the facility.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any confined persons who met the criteria under the targeted interview categories who reported sexual abuse. Documents were reviewed at the facility, observations were made on site, and conversations with other residents, medical staff, and facility staff did not disclose any information about residents who reported sexual abuse being housed there. I spoke with the Executive Director to verify that there weren't any residents who reported sexual abuse.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PAQ did not identify any residents who met the criteria under the targeted interview categories who disclosed prior sexual victimization. Documents were reviewed at the facility, observations were made on site, and conversations with other residents, medical staff, and facility staff did not disclose any information about residents who disclosed prior victimization housed there. I spoke with the Executive Director to verify that there were no residents who reported prior sexual victimization in the facility.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility design does not allow for segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>All the residents interviewed cooperated with the process.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>7</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All the corrections officers scheduled during the on-site audit were interviewed. The officers interviewed had different lengths of tenure and male and female staff were interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>2</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Training officer Case manager
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Duluth Bethel is a small community confinement agency where staff are responsible for more than one specialized duty. Random staff interviewed are also responsible for intake and risk screening. The agency has a nurse come into the facility twice a week to administer and read Mantoux tests of residents. The nurse was interviewed and confirmed taking the online PREA training course. The professional visitor was interviewed and confirmed taking the online PREA training course.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>I had access to all areas of the facility, worked with the corrections officers in the office, observed facility operations, reviewed resident files, completed a mock intake with the staff, and conversed with the staff informally.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Every resident file was reviewed, and the only inconsistency found was that all the residents had yet to be shown the intake video, which the facility has corrected. The facility provided all the additional documentation that was requested.</p>
<p align="center">SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The agency had one unsubstantiated administrative investigation to review that occurred in the past twelve months. The agency provided investigative files for two separate staff-on-resident sexual abuse allegations. Both allegations were investigated administratively and criminally. The two administrative investigations were substantiated, and the Duluth Police Department did not refer the criminal files to the County Attorney's Office because the alleged victims in both cases refused to cooperate.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Agency has implemented a zero-tolerance policy, as detailed in the Zero Tolerance Sexual Abuse/Assault Policy, which addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy outlines prohibited behavior and includes basic definitions. The policy also outlines discipline for staff, volunteers, contractors, and confined persons who violate sexual abuse and harassment policies. The seven staff interviewed confirmed being trained on the agency's zero-tolerance policy and how to report and respond to reported or actual sexual abuse. The ten confined persons interviewed confirmed receiving training on the zero-tolerance policy during the intake process and knew multiple ways of reporting allegations.</p> <p>After a recent retirement, the Executive Director acts as the PREA Coordinator. Once the transition of the new program director is completed, the executive director will transfer the duties of the PREA coordinator to the program director. As the organizational chart outlines, the Program Director reports directly to the Executive Director, who reports to the Board of Directors. Number (2) on page five of the Zero Tolerance Sexual Abuse/Assault Policy states, " <i>The PREA Coordinator shall be</i></p>

	<p><i>Program Director or someone designated by that person in writing.</i>" Before the transfer to the Executive Director Position, she was the Program Director and PREA Coordinator; she had time dedicated to developing, implementing, and overseeing the agency's efforts for PREA compliance.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Duluth Bethel is a community confinement facility that contracts with other agencies to confine their offenders. The Agency contracts with the Minnesota Department of Corrections (MNDOC) for male and female work release and supervised release programs, the Bureau of Prisons pre-trial services, and the Arrowhead Regional Corrections Female Offender Program.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The facility reports on the PAQ an average daily population of 24 residents. On the first day of the on-site audit, 28 residents were in custody. The staffing plan is based on 45 residents, the facility's maximum capacity. The staffing plan includes considerations outlined in paragraph (a) of this standard and the facility Staffing Pattern policy, which requires a minimum of two corrections officers on duty, twenty-four hours per day, and at a minimum, one of the corrections officers on duty will be a female. The Minnesota 2920.3700 rule states, "<i>It is mandatory that the ratio of staff to residents must be at least one staff person for every 40 residents on site.</i>" The facility schedules at least one additional corrections officer during higher activity times. Three corrections officers were on duty during high-activity times on both days of the onsite audit.</p> <p>The facility reported on the PAQ that there had not been any deviations from the staffing plan.</p> <p>The Executive Director and Program Director review the staffing plan annually.</p> <p>The facility's Staffing Pattern policy, Zero-Tolerance Sexual Abuse/Assault Prevention policy, staffing plan review, Minnesota 2920.3700 rule, and interview with the Executive Director demonstrated compliance with this standard.</p>

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility, in a commitment to its Zero Tolerance Harassment/Assault Prevention policy (D-1), has reported on the PAQ that no cross-gender pat searches or strip searches were conducted in the past twelve months.</p> <p>The facility enforces the Pat Down Searches and Zero Tolerance Harassment/Assault policies. These policies prohibit male staff from conducting cross-gender pat-down searches of female residents. To proactively ensure compliance, the facility upholds a Staffing Pattern policy that guarantees the presence of at least one female corrections officer on duty twenty-four hours a day. In line with these policies, the seven staff members interviewed confirmed they conducted no contact searches of residents with a wand. Similarly, the ten residents interviewed verified that the staff conducted no contact wand searches. Importantly, the four female residents confirmed they were not restricted from leaving the facility for appointments or work.</p> <p>The facility's Zero Tolerance Harassment/Assault (D-1) policy underscores the importance of documentation, requiring that all cross-gender strip searches, body cavity searches, and all pat-down searches of female residents be recorded. The four female residents interviewed confirmed that generally, only female staff enter the female floor. A male staff member is always accompanied by a female staff member when entering the female floor, further ensuring adherence to the policy.</p> <p>The facility's Pat Down Searches policy ensures that residents can shower, perform bodily functions, and change clothing in privacy. It also requires staff of the opposite gender to announce their presence when entering resident rooms. The seven staff interviewed said that generally, same-sex staff conduct well-being checks, and male staff are not allowed to be on the female resident floor alone. Staff confirmed they knew they had to announce themselves if they entered a floor or room holding residents of the opposite gender. The ten residents interviewed confirmed that a same-sex staff member conducts well-being checks, and they are given privacy to perform bodily functions.</p>

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Facility policy Zero Tolerance Sexual Abuse/Assault Prevention policy (E) outlines the requirements of this standard, including prohibiting the use of resident interpreters,

	<p>readers, or other types of resident assistants. However, in limited circumstances, such as when 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, the use of these resident assistants may be considered. It is important to note that this exception should be used sparingly and only when absolutely necessary to ensure the safety and well-being of the confined person.</p> <p>Duluth Bethel contracts with multiple agencies to house their confined persons. The agency submits a detailed referral to Duluth Bethel, requesting to house their confined person. After careful consideration, Duluth Bethel makes the final decision to accept or reject the person. The referral paperwork includes thorough information on whether the person has limited English proficiency or mental or physical disabilities. Duluth Bethel strives to continue care by using the same service providers that the person already has. The Executive Director has assured that they would contract with the Language Line or ASL Sign Language Interpreter Service. A dedicated staff member will verbally orient confined persons with intellectual disabilities, blind or low-vision, or limited reading skills. Documents would be provided in Spanish or other languages, ensuring accessibility for all.</p> <p>The facility reported on the PAQ that zero resident interpreters, readers, or other types of assistants have been used to report allegations of sexual abuse or harassment.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (H) prohibits hiring or promoting staff members who may have contact with residents or retaining the services of any contractor who may have contact with residents who have engaged in the prohibited conduct specified in paragraph (a) of this standard. The Policy and the Executive Director confirmed that any incidents of sexual harassment will be considered in determining whether to hire or promote anyone or retain the services of any contractor who may have contact with residents.</p> <p>The agency conducts a comprehensive criminal background check on all potential new employees, staff promotions, contractors, and volunteers. The individual is referred to the Minnesota Department of Human Services (DHS) for fingerprinting. DHS submits the fingerprints to the Minnesota Bureau of Criminal Apprehension (BCA), and a comprehensive criminal background check is conducted, which includes local, Federal, State, and predatory offender registers. The agency also performs a public Minnesota and Wisconsin records check. DHS sends the agency a background study clearance letter. The agency will receive a notice informing that</p>

	<p>more time is needed for consideration or if a recommendation is not to hire. Staff files were reviewed with the Executive Director to verify the background checks were completed. The agency sends out a request for information letter to prior institutional employers during the hiring process of a new employee.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (H) requires follow-up criminal records background checks at least every five years of current employees and contractors who may have contact with residents. The agency has four employees who have been employed for over five years. Staff are asked the three questions outlined in paragraph (a) of this standard in their annual review. Staff files were reviewed with the Executive Director to verify staff are asked annually about conduct outlined in paragraph (a) of this standard.</p> <p>During the interview, new applicants and staff applying for promotions are asked the three questions outlined in paragraph (a) of this standard. The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (H) requires employees who may have contact with residents a continuing affirmative duty to disclose any conduct described in paragraph (a) of this standard.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (H) states, <i>"Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."</i></p> <p>The Executive Director confirmed that any request for information from an institutional employer about a former employee's previous misconduct would be shared when a signed release of information is provided unless prohibited by law.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy, a review of staff files and documents, and the interview with the Executive Director demonstrated compliance with this standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility reports in the PAQ that since the last PREA audit, the agency has not acquired a new facility or completed any substantial modifications to the building. The Executive Director, emphasizing the importance of PREA, reiterated that it would be a key consideration in all future changes, valuing the input and concerns of the stakeholders.</p> <p>The Executive Director informed this auditor that updated servers have been installed, and one server has been dedicated to recording the cameras.</p> <p>The Executive Director and Program Directors are committed to ensuring the safety and security of staff, visitors, and confined persons in the facility.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 264 564 293">Auditor Discussion</p> <p data-bbox="280 338 1469 667">Duluth Bethel has one trained staff member who conducts (non-criminal) investigations. The agency has an agreement with the Duluth Police Department (DPD) to conduct criminal sexual abuse and harassment investigations alleged to have occurred in the facility. The licensed investigators from the DPD use a uniform evidence protocol for obtaining usable physical evidence outlined in agency policy and procedure. During interviews, staff was asked to explain their responsibilities as a first responder. All staff members presented their duties and confirmed their responsibility to secure the victim and the scene until DPD arrived.</p> <p data-bbox="280 703 1469 1238">Forensic medical examinations are conducted at Essentia Health-St—Mary's Medical Center (https://www.essentiahealth.org/find-facility/profile/essentia-health-st-marys-medical-center-duluth-building-b/) or St Luke's Hospital (https://www.slhduluth.com/) in Duluth Minnesota. Both hospitals have a SANE program contracted through a division of The Project to Aid Victims of Sexual Assault (PAVSA) to provide a trained SANE nurse. The employee of PAVSA confirmed that the program follows a National Protocol for obtaining usable physical evidence. PAVSA has a protocol with both hospitals to call PAVSA for a victim advocate and a SANE nurse to be dispatched if an exam is needed. At the victim's request, the advocate will accompany the victim through the forensic medical examination and provide emotional support. As outlined in the facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (D), treatment services shall be provided to the victim without financial cost.</p> <p data-bbox="280 1276 1445 1305">The facility has an agreement with PAVSA to provide confidential support services.</p> <p data-bbox="280 1346 1458 1420">The agency has asked DPD to conduct investigations outlined in paragraph (a-e) of this standard.</p> <p data-bbox="280 1460 1382 1534">The facility reported on the PAQ that zero forensic medical examinations were conducted in the past twelve months.</p> <p data-bbox="280 1574 1465 1693">After reviewing the facility's Zero Tolerance Sexual Abuse/Assault Prevention policy, reviewing documentation, interviewing corrections officers and the Executive Director demonstrated compliance with this standard.</p>

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 1980 564 2009">Auditor Discussion</p> <p data-bbox="280 2054 1477 2083">The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (D) ensures that</p>

	<p>administrative, criminal, or both investigations are completed for all allegations of sexual abuse and sexual harassment. When the agency conducts its investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The facility reported on the PAQ that zero investigations were conducted in the past twelve months. The facility investigator confirmed that the Duluth Police Department (DPD) is contacted to investigate any allegations that appear to be criminal.</p> <p>The agency publishes the information on its website: https://duluthbethel.org/prea/.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's policy outlines the training topics all employees who may have contact with residents receive on preventing, detecting, and responding to sexual abuse and harassment. Seven staff members, with a service length ranging from three weeks to one year, were interviewed. All seven confirmed receiving the PREA training, with those having a year of service also receiving refresher training. The initial orientation training curriculum is from the Moss Group, and the refresher training is completed using the Isolved software. Additionally, all staff members are required to read the agency's Zero Tolerance Sexual Abuse/Assault Prevention policy.</p> <p>Staff members receive annual PREA training after the initial training during orientation.</p> <p>The training is designed for a co-ed facility. It includes professional boundaries, watching the resident PREA training video, and a recorded interview of a person explaining how they set up staff in different facilities they were in.</p> <p>All the training records are electronically stored securely, and hard copies are kept in the training officer's office.</p>

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Facility policy Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the essential training requirements for volunteers and contractors who may have contact with residents.</p> <p>The facility has a nurse who comes twice weekly to administer and read resident Mantoux's shots. The nurse does not meet individually with residents; the staff supervises residents being administered or having a Mantoux shot read. The nurse confirmed receiving online PREA training and would report any information to the Executive Director or the program supervisor.</p> <p>The Executive Director clarified that volunteers are not coming into the facility. Instead, professional visitors come in to provide the professional services they are trained in.</p> <p>As of now, the facility does not have any contracts with contractors who may have contact with residents.</p> <p>Training documents are securely maintained in the Isolved system.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility's PAQ report revealed that 141 residents who were admitted in the past twelve months had received formal PREA education.</p> <p>Facility policy Zero Tolerance Sexual Abuse/Assault Prevention outlines the education requirements provided to residents.</p> <p>Upon arrival at the facility, generally within twenty-four hours, residents receive PREA education as part of the intake process. They are given a PREA brochure and handbook. The resident and a staff member of the same gender meet privately, and the resident is shown the orientation video. The resident electronically signs the confirmation of receiving PREA education. A staff member specifically trained to complete resident intakes confirms that a resident is given a PREA brochure and handbook and watches the PREA education video. Nine residents confirmed being given a handbook and brochure. One resident couldn't remember. Residents gave inconsistent answers about watching the PREA education video. All resident files were reviewed, and the files verified residents signed the PREA education confirmation electronically. Discussions with staff revealed that not all the residents had been shown the PREA education video. A mock intake was conducted with the staff members on duty.</p> <p>Duluth Bethel contracts with multiple agencies to house their confined persons. The</p>

	<p>agency submits a detailed referral to Duluth Bethel, requesting to house their confined person. After careful consideration, Duluth Bethel decides to accept or reject the person. The referral paperwork includes thorough information on whether the person has limited English proficiency or mental or physical disabilities. Duluth Bethel strives to continue care by using the same service providers that the person already has. The Executive Director has assured that they would contract with the Language Line or ASL Sign Language Interpreter Service. A dedicated staff member will verbally orient confined persons with intellectual disabilities, blind or low-vision, or limited reading skills. Documents would be provided in Spanish or other languages, ensuring accessibility for all.</p> <p>The training officer was shown the new PREA education videos available through the PREA Resource Center.</p> <p>To ensure that all residents were shown the PREA education video, the facility agreed to show all the residents the PREA education video. The training officer had the opportunity to review the new PREA education videos and decided to start using the latest videos.</p> <p>On June 24, 2024, the facility verified all the residents had been shown the PREA education video.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Facility policy Zero Tolerance Sexual Abuse/Assault Prevention outlines the training requirements of this standard. The facility's trained investigator took the standard and advanced investigator training classes offered on the National Institute of Corrections training platform. The facility's investigator only conducts administrative investigations. The facility investigator has thirty years of experience conducting investigations.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility houses residents who have been approved by their holding agency to be

	released from the facility to attend programs and appointments at community providers.
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>As outlined in the Zero Tolerance Sexual Abuse/Assault Prevention policy (F), 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. Facility practice is completing the intake screening during the initial intake into the facility within seventy-two hours of arrival. The intake screening is completed privately by the officer (preferably an officer of the same sex) and the resident. The staff member interviewed confirmed the intake process is completed within twenty-four hours and generally completed upon the resident's arrival at the facility. Seven interviewed residents confirmed the intake screening was completed during the intake process, and three weren't sure. All the resident's files were reviewed, and confirmed that everyone had a completed intake screening in their file. Part of an intake of a new resident was observed, and the staff members on duty conducted a mock intake.</p> <p>The intake screening was reviewed, and the requirements for this standard were included, as outlined in paragraph (d). The intake screening also considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of previous institutional violence or sexual abuse as known to the agency. The agency receives a packet of information from the facility for individuals applying to the program. The packet includes the individual's behavior and conviction history. The staff member interviewed could list questions asked during the intake screening.</p> <p>The Zero Tolerance Sexual Abuse/Assault Prevention policy (f) outlines the reclassification requirements of this standard. The staff member interviewed said staff members complete the initial intake screening, and case managers complete reclassifications. Three interviewed residents had been in the facility for less than thirty days. Seven of the residents said they weren't reclassified. The case manager explained that they meet with residents at least monthly to discuss progress and complete goals. The conversation includes the case manager asking how things are going and if they have any problems or concerns to discuss. A resident's risk level will also be assessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.</p> <p>The Zero Tolerance Sexual Abuse/Assault Prevention policy (f) prohibits disciplining confined persons who do not cooperate or refuse to answer:</p>

	<ol style="list-style-type: none"> 1. Whether the person has a mental, physical, or developmental disability. 2. Whether the person is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. 3. Whether the person has previously experienced sexual victimization. 4. The person's perception of their vulnerability. <p>The staff member interviewed confirmed that persons are not disciplined for refusing to answer questions (1-4) listed above.</p> <p>The initial intake screening is part of a resident's electronic record that all staff can access. Reclassification screenings are securely stored in the person's case file, which is secured in the case managers' offices.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility uses the intake screening to determine the best room placement for the individual. The staff member completes the initial intake screening, and the case managers are responsible for making the final decision on room placement. The PREA Coordinator and case managers confirmed that the intake screening determines housing placements.</p> <p>Interviews with the PREA Coordinator and case managers confirmed that each person is classified on a case-by-case basis to determine the best placement to ensure the person's safety.</p> <p>The PREA Coordinator and the case managers confirmed that transgender or intersex people would meet with their case managers at least every thirty days. During these meetings, any adjustments to room assignments or program changes would be addressed. Transgender or intersex people's views of their safety would be given serious consideration.</p> <p>All the showers in the facility allow a person to shower privately.</p> <p>The facility is not subject to a consent decree. The PREA Coordinator and case managers confirmed that placement of transgender and intersex persons is determined on a case-by-case basis.</p>

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The facility has established multiple internal ways for residents to report sexual abuse, harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to an incident. As outlined in the facility's Zero Tolerance Sexual Abuse/Assault Prevention policy and the resident handbook, any allegations of sexual abuse or harassment can be privately reported in multiple ways:</p> <ul style="list-style-type: none"> • Verbal report to a correction officer; • Written or verbal report to a case manager; • Written or verbal report to the PREA coordinator; • Outside reporting through the Program to Aid Victims of Sexual Assault (PAVSA) <p>Information on how to make a report is posted on the bulletin boards on both floors and in the handbook. The seven staff interviewed listed multiple ways residents can privately report sexual abuse and harassment. Nine of the residents interviewed also listed multiple ways (staff, grievance box, and PAVSA) they could privately report sexual abuse and harassment.</p> <p>The facility has an agreement with PAVSA to accept confidential reports from residents. An in-person interview was conducted with a representative from PAVSA, who confirmed that PAVSA has a twenty-four-hour hotline residents can call to make a confidential report. The report would be forwarded to the facility, allowing the reporter to remain anonymous. Eight residents knew they could make an anonymous report; one wasn't sure, and two weren't aware they could. The PREA Coordinator confirmed the agency has an agreement with PAVSA to accept anonymous reports and report the information back to Duluth Bethel.</p> <p>As outlined in the facility's Zero Tolerance Sexual Abuse/Assault Prevention policy, the seven staff interviewed confirmed they would accept reports made verbally, in writing, anonymously, and from third parties and would document a verbal report as soon as possible.</p> <p>The seven staff interviewed would privately report sexual abuse and harassment of residents to a case manager. Information about how staff can privately report sexual abuse and harassment is outlined in the employee handbook. Every employee is given a copy of the handbook and must sign an acknowledgment they received and read it.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The facility reported on the PAQ that there had been zero grievances or emergency grievances related to sexual abuse in the past twelve months.</p> <p>Our Zero Tolerance Sexual Abuse/Assault Prevention policy ensures that grievances may be submitted to any staff member at any time and need not be submitted to the member who is the subject of the complaint. Residents can submit a written grievance and give it to a staff member or put it in the grievance drop box. Access to the drop box is limited to case managers, the program director, and the executive director.</p> <p>The agency will ensure that grievances related to sexual abuse and harassment are investigated and resolved within ninety days of the initial filing. If the normal period for a response is insufficient to make an appropriate decision, the resident will be notified in writing of any extension of up to seventy days and the date the decision will be made.</p> <p>Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist confined persons in filing grievances related to sexual abuse and harassment and filing such grievances on behalf of the resident if the resident agrees to have the grievance filed on their behalf. The resident must agree to have the grievance processed and Duluth Bethel will document the person's decision.</p> <p>Facility policy allows residents to file an emergency grievance if they believe they or another resident is at substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a substantial risk of imminent sexual abuse, the grievance will immediately be forwarded to a level of review so that immediate correction can be made. An initial response will be provided within forty-eight hours, and a final decision will be issued within five calendar days.</p> <p>A resident may be disciplined for filing a false grievance related to sexual abuse only when it is determined that the person filed the grievance in bad faith.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The agency uses the Program for Aid to Victims of Sexual Abuse (PAVSA) to provide confidential emotional support services. The agency has a letter acknowledging that PAVSA will provide emotional support services. The contact information is visibly posted on the bulletin boards and published in the resident handbook. The facility does not have a recorded telephone system. Residents use the facility's landline telephones, which are not recorded or monitored, and also have personal cell phones.</p>

	<p>A personal interview was conducted with a PAVSA representative. PAVSA and Duluth Bethel have a strong working relationship. A PAVSA representative visits the facility weekly to meet with females, conducting open group conversations that not only provide support but also foster a sense of community. PAVSA equips residents with resources and coping skills, and they can speak confidentially with the representative. PAVSA will accept calls from residents in the facility seeking emotional support services. The representative confirmed that PAVSA had not received calls from residents in the facility.</p> <p>It's important to note that eight residents were aware of the hotline's availability, and two residents knew where to find information if they needed it.</p> <p>PAVSA offers a weekly therapy 'Art Group' that female residents can attend at their facility. Additionally, PAVSA conducts staff training about sexual violence and the services available and explains how these services work. This training is crucial as it ensures the facility's staff are well-equipped to handle such situations.</p>
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115.254	Third party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The agency has established a method for receiving third-party reports of sexual abuse and harassment of confined persons. Information on how to report is made public on the agency's website: https://duluthbethel.org/prea/</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (pages 10-11) outlines the requirement that any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation shall immediately report such incident or retaliation to their supervisor. The policy emphasizes that sexual abuse and harassment reports shall only be made to designated supervisors or officials. The seven staff interviewed would immediately report information to the case manager.</p> <p>The facility does not contract with medical or mental health practitioners; residents receive treatment from community providers.</p>

	<p>The facility is not licensed to hold juvenile residents under eighteen. The Executive Director said if the victim is a vulnerable adult, the information would be reported to the appropriate authorities.</p> <p>The Executive Director confirmed that any allegations, including third-party reports, are immediately reported to the Duluth Police Department. The facility received two third-party reports of alleged sexual abuse in 2022. The allegations were reported to the Duluth Police Department for investigation, and both investigation files were reviewed.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility reported in the PAQ that there had been zero instances where the facility determined a resident was subject to a substantial risk of imminent sexual abuse within the past twelve months.</p> <p>The Executive Director and the seven staff interviewed said the person would be moved right away to keep the person safe until the alleged abuser was removed from the facility.</p>

115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility reports on the PAQ that it has received zero allegations of sexual abuse or harassment from another confinement facility in the past twelve months. The Executive Director confirmed that Duluth Bethel has not received any reports from another agency in the past twelve months. The Executive Director confirmed that a resident has not reported to Duluth Bethel being sexually abused or harassed in another agency.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy outlines the reporting requirements of this standard.</p> <p>In 2022, the facility received two reports from different agencies about possible allegations of sexual abuse. Both allegations were forwarded to the Duluth Police Department for investigation. The files of both investigations were reviewed during the on-site audit.</p> <p>The Executive Director said any allegation reported by a resident being sexually</p>

	abused or harassed at another facility would be reported to the appropriate agency.
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility reports in the PAQ that there have been zero allegations of a confined person being sexually abused in the facility in the past twelve months.</p> <p><u>Zero Tolerance Sexual Abuse/Assault Prevention policy details the duties of the first responder:</u></p> <ul style="list-style-type: none"> • Separate the resident from the alleged perpetrator; • Preserve and protect any crime scene until appropriate steps can be taken to collect evidence; • If appropriate, request that the alleged victim not destroy evidence (as detailed in this standard); • If appropriate, ensure the alleged abuser does not destroy evidence (as detailed in this standard); • Request medical assistance as appropriate; • Contact a supervisor. <p>The seven staff members were able to explain the steps they would follow if they were the first to be made aware that an individual had been sexually assaulted.</p> <p>The policy requires a first responder who is not a corrections officer to request the alleged victim to refrain from any actions that could destroy physical evidence and immediately notify a corrections officer.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Duluth Bethel has developed a comprehensive Coordinated Response Plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines the responsibilities of staff first responders, medical staff, investigators, and facility leadership.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Duluth Bethel does not have employees in any unions.

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility reported on the PAQ that zero incidents of retaliation were reported, known, or suspected in the past twelve months.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (page 17) requires 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.</p> <p>The Executive Director and case managers are unwavering in their commitment to the safety of the residents, staff, and visitors. The Executive Director has confirmed that any reports of retaliation will be taken seriously and thoroughly investigated. The case manager assigned to monitor for retaliation will increase check-ins with the resident, make referrals to outside support services, watch discipline reports, and make individual or mass resident room changes. An alleged abuser may be returned to the agency of their commitment. Staff monitoring would include possible shift changes and reviewing complaints about or from the person being monitored.</p> <p>The case manager would monitor for retaliation for a minimum of ninety days or as long as necessary and would meet with the resident being monitored every week.</p> <p>The Executive Director confirmed that anyone cooperating with an investigation who fears retaliation will be protected.</p>

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (pages 14-15)

requires an administrative or criminal investigation, or both, to be completed for all allegations of sexual abuse and sexual harassment. The investigator who conducts administrative investigations ensures that an investigation is initiated within twenty-four hours of the allegation. If it is determined that the allegation is potentially criminal, the Duluth Police Department (DPD) is contacted. The investigator ensures that third-party and anonymous allegations are thoroughly investigated. The facility had two third-party reports that administrative and criminal investigations were completed.

The facility investigator has completed the standard and advanced investigator training on the National Institute of Corrections online training platform. The agency has requested that DPD conduct investigations as outlined in the PREA standards.

The facility investigator would collect incident reports and electronic monitoring data, possibly interview witnesses, and secure the potential crime scene until DPD personnel arrive. DPD officers would process any physical and DNA evidence, and interview alleged victims, suspected perpetrators, and witnesses.

The Duluth Police Department (DPD) would conduct the criminal investigation following their agency's policy and procedures. DPD would also be the agency that refers substantiated allegations that appear to be criminal to the County Attorney's Office for a charging decision. Minnesota State Statute 611.A.26.S.1 prohibits the use of polygraphs on victims of sexual abuse as part of a condition for proceeding with the investigation, charging, or prosecution of such offenses. DPD completes a written investigation report outlining the description of any physical, testimonial, and documentary evidence and attaches copies of all documentary evidence as feasible.

Facility policy requires all written reports about administrative and criminal investigations of sexual abuse and harassment.

The investigator who conducts administrative investigations considers the credibility of an alleged victim, suspect, or witness, which is determined individually and based on the totality of the evidence gathered.

The facility investigator documents all the information gathered (notes, physical evidence, electronic evidence, reports) in a written report. An administrative investigation includes determining if staff actions or failures to act contributed to the abuse and the reasoning behind any credibility assessments.

Facility policy requires all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The facility Zero Tolerance Sexual Abuse Assault Prevention policy (#D-(b)) states that BWRC shall impose no standard higher than a preponderance of the evidence in determining whether an allegation of sexual abuse or sexual harassment is substantiated in administrative investigations.</p> <p>The investigator who conducts administrative investigations confirms the preponderance of the evidence is the standard used to determine a final disposition of an allegation.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (pages 15 -16) requires Duluth Bethel to inform the victim as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In the past twelve months, there were zero allegations of sexual abuse reported to have occurred in the facility.</p> <p>The facility maintains contact with the Duluth Police Department (DPD) on the progress of the investigation. The Executive Director and investigator are the facility's contacts. The DPD forwards a final disposition on a completed criminal investigation to Duluth Bethel.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (page 16) outlines the information that would be provided to the person on the status of the accused staff member (as detailed in this standard).</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (page 16) outlines the information that would be provided to the person on the status of the alleged abuser if another confined person is accused (as detailed in this standard).</p> <p>The Executive Director would notify the alleged victim in writing of the final disposition of the allegation.</p>

115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility reports on the PAQ that zero staff members have been disciplined,</p>

	<p>terminated, or resigned before termination for violating agency sexual abuse and harassment policies. The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (page 18) outlines the disciplinary sanctions up to and including termination for violating sexual abuse and harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (page 18) outlines the progressive discipline of staff members for violations of policies related to sexual abuse and harassment (other than engaging in sexual abuse). Staff terminations for violations of sexual abuse or harassment policies or resignations by staff who would have been terminated if not for their resignation will be reported to the law enforcement agency responsible for the investigation and to any relevant licensing bodies.</p> <p>The facility had two files of two staff members placed on unpaid administrative leave pending an investigation. Both allegations were referred to the Duluth Police Department (DPD) and investigated. The staff members involved in the allegations resigned before the investigation was completed.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility reported in the PAQ that zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse. The facility reports not having to enforce remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse and harassment policies.</p> <p>The facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (page 18) prohibits any contractor or volunteer from contact with residents. Contractors and volunteers who violate facility PREA policies will be reported to law enforcement and relevant licensing bodies unless the activity is not criminal.</p> <p>The Executive Director said the allegation would be investigated and, depending on the violation and final disposition of the investigation, the volunteer or contractor may be given refresher training.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility reported on the PAQ that there had been zero residents disciplined for violating the agency's sexual abuse and harassment policies.

The facility has a comprehensive discipline plan outlined in the Zero Tolerance Sexual Abuse/Assault Prevention policy (pages 18-19) and the resident handbook. The discipline plan ensures due process and fairness; the resident can choose to admit to the violation and waive the right to a hearing, or request a disciplinary hearing scheduled within two business days of the notice of violation by an impartial hearing officer. The plan also outlines examples of major and minor violations and gross criminal acts/serious misconduct, and explains the sanctions that may be imposed if a resident is found to have violated a rule. The disciplinary sanctions are determined by 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. The Executive Director confirmed that a person's mental disability or illness and how it may have contributed to the behavior is considered when determining disciplinary sanctions.

The facility does not offer therapy, counseling, or other interventions to address and correct underlying reasons for abuse.

As outlined in the facility's Zero Tolerance Sexual Abuse/Assault Prevention policy (pages 18-19), residents aren't disciplined for sexual contact with a staff member unless there is a finding that the staff member did not consent to the contact. The facility prohibits any sexual activity between residents, which is listed as a major violation of the discipline plan. The facility would only consider the activity sexual abuse after determining the activity was coerced. A resident will only be disciplined for false reports or lying that were found to be made in bad faith.

The facility did not have any disciplinary files related to sexual abuse and sexual harassment to review.

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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency does not contract medical and mental health services in the facility. Victims of sexual abuse would be transported to the emergency department of one of the local hospitals to receive forensic medical treatment. The hospital medical staff would determine the nature and scope of services provided to the person. The facility does not maintain any third-party medical information.</p> <p>During the emergency department visit, the victim would receive information about additional testing and treatment. The person would follow the hospital's treatment plan and be allowed to attend any further appointments.</p>

	The victim would not be charged for treatment services regardless of whether they name the abuser or cooperate with any investigation arising out of the situation.
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility does not have medical or mental health professionals employed or contracted by the Agency. Residents use community medical and mental health providers.</p>

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility reported three allegations of sexual abuse or harassment (including unfounded incidents) in the past twenty-four months—the Agency's Zero Tolerance Sexual Abuse/Assault Prevention policy (#18) states a sexual abuse incident review shall be conducted after every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. Policy (#18) states the review will ordinarily occur within thirty days of the conclusion of the investigation.</p> <p>The Executive Director listed the Program Director, Case Manager, and herself as the members of the incident review team.</p> <p>The Executive Director confirmed the review team would consider items (1 - 6) outlined in paragraph (d) of this standard.</p> <p>The Executive Director also confirmed that any recommendations or improvements would be implemented or documented as the reasons for not implementing them.</p> <p>The facility has not had a substantiated or unsubstantiated allegation of sexual abuse happen in the facility. A copy of an incident review packet that would be completed for any incident review was provided.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>The facility collects accurate, uniform data for every allegation of sexual abuse and harassment using a standardized instrument and a set of definitions. Sexual abuse data is reviewed annually and includes the data necessary to answer all the questions on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>The facility maintains, reviews, and collects data from incident-based documents and publishes the information on the agency website. The agency houses residents from other agencies.</p> <p>The Department of Justice did not request agency data for 2023.</p>
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115.288	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The Executive Director, Program Director, and Case Managers review sexual abuse data annually for ongoing improvement and any corrective action that should be implemented. An annual report approved by the Executive Director is published on the agency's website: https://duluthbethel.org/prea/</p> <p>The facility redacts all personal identifying information from the report.</p>

115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Incident-based sexual abuse data is securely maintained in the PREA coordinator's office, and access is limited to The Executive Director, PREA Coordinator, and investigator.</p> <p>The facility makes all aggregated sexual abuse data available on the agency's website: https://duluthbethel.org/prea/</p> <p>As outlined in the facility's Zero Tolerance Sexual Abuse/Assault Prevention policy, the agency maintains collected sexual abuse data for at least ten years after the date of the initial unless Federal, State, or local law requires otherwise.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Agency operates one facility. This is Duluth Bethel's third PREA audit. The second PREA audit was conducted in June 2020, and the facility was found to be in compliance with the standards.</p> <p>During the on-site audit, I was granted full access to the facility. The tour included male and female living areas, restrooms, staff offices, a kitchen, and a male laundry room. I could privately meet with staff and residents without any form of interference. Additionally, I engaged in informal conversations with staff and residents. On the first day of the on-site audit, twenty-eight (17 males and 11 females) residents were in the facility.</p> <p>PREA audit notices were prominently displayed in English and Spanish on bulletin boards on all floors, in the front lobby, and in the lounge areas. The PREA coordinator confirmed via email that the notices had been posted six weeks before the audit, and six of the ten residents acknowledged seeing them. The notices were posted during the on-site audit, and the auditor's contact information was displayed. No correspondence was received throughout the audit process.</p> <p>Duluth Bethel is celebrating 150 years of service to the community. Compliance with the Prison Rape Elimination Act is an extension of the agency's mission. New employees who may have contact with residents receive initial PREA training individually with the training officer. New employee training is completed at the beginning of the training process, demonstrated during the interview of a new employee who had been employed for less than four weeks and carried through to staff with months to a year of experience. Within a month of the on-site audit, the Executive Director retired, and the Program Director, who is the PREA Coordinator, was offered the Executive Director position. The Executive Director is transitioning the PREA Coordinator role to the newly appointed Program Director and will continue to be a resource for the new PREA Coordinator.</p> <p>The Executive Director understands the importance of PREA and takes the necessary action to remain compliant. Staff interactions with residents demonstrate the executive director's concern for PREA and the safety of everyone in the facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The agency has its previous PREA audit listed on its website:

<https://duluthbethel.org/prea/>

The signed contract includes the requirement to post the final audit report within ninety days after receipt. The email with the final report attached will consist of a reminder to post the final audit report within ninety days of receipt.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	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	yes

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

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

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

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

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

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

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

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

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

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

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

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

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	no

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

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

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	no
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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