

PREA Facility Audit Report: Final

Name of Facility: Clifton Place Adult Residential Reentry Facility

Facility Type: Community Confinement

Date Interim Report Submitted: 04/12/2024

Date Final Report Submitted: 08/29/2024

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: Dave Andraska	Date of Signature: 08/29/2024

AUDITOR INFORMATION	
Auditor name:	Andraska, Dave
Email:	ddafalls@hotmail.com
Start Date of On-Site Audit:	02/28/2024
End Date of On-Site Audit:	03/01/2024

FACILITY INFORMATION	
Facility name:	Clifton Place Adult Residential Reentry Facility
Facility physical address:	236 Clifton Avenue, Minneapolis, Minnesota - 55403
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Facility Director	
Name:	Tony Hunter
Email Address:	tony.hunter@180degrees.org
Telephone Number:	612-813-5014

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

Facility Characteristics	
Designed facility capacity:	37
Current population of facility:	30
Average daily population for the past 12 months:	32
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-60 plus
Facility security levels/resident custody levels:	Low
Number of staff currently employed at the facility who may have contact with	20

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
---------------------------	--

Name of agency:	180 Degrees, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	236 Clifton Avenue, Minneapolis, Minnesota - 55403
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
--	--

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
---	--	--	--

Name:	Tony Hunter	Email Address:	tony.hunter@180degrees.org
--------------	-------------	-----------------------	----------------------------

Facility AUDIT FINDINGS	
--------------------------------	--

Summary of Audit Findings	
----------------------------------	--

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:	2024-02-28
2. End date of the onsite portion of the audit:	2024-03-01

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:	Sexual Violence Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	37
15. Average daily population for the past 12 months:	32
16. Number of inmate/resident/detainee housing units:	1
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:	29
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:	1

<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>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</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>20</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>2</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>No text provided.</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>12</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 type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input 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>Residents were randomly selected from a roster provided by the facility on the first day of the onsite audit. Residents were selected based on room assignment, race, ethnicity and age.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	1
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
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>This was verified through tour of facility, review of screening documents, interviews with the Facility Director and random residents.</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 Facility Director reported per contract there were no residents assigned to the facility with cognitive disabilities.</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 Facility Director reported per contract there were no residents assigned to the facility who are blind.</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>This was verified through tour of facility, review of screening documents, interviews with the Facility Director, random staff and random residents.</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>This was verified through tour of facility, review of screening documents, interviews with the Facility Director, random staff and random residents.</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>1</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>This was verified through tour of facility, review of screening documents, interviews with the Facility Director, random staff and random residents.</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>This was verified through tour of facility, review of resident files, interviews with the Facility Director, random staff and random residents.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility does not have 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>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</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 checked="" type="checkbox"/> Work assignment</p> <p><input checked="" 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>No text provided.</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>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Training coordinator
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.	No text provided.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

<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 <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 <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 <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 <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>The on-site portion of the audit was conducted on February 28-March 1, 2024. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor conducted a complete tour of all areas of the facility. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for residents in housing units and other factors as indicated in the appropriate standard findings. The auditor observed PREA information posted throughout the facility, including the Zero Tolerance poster. A review of the video monitoring system verified that the cameras assisted with supervision through coverage of blind spots and common areas. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and bedrooms. With regard to the opposite-gender announcement, the auditor heard the opposite gender announcement upon entry into bedrooms. Residents have access to personal cell phones. There are no pay phones and calls are not monitored. The auditor had informal conversation with staff and residents during the audit.</p>
--	--

Documentation Sampling

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

<p>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>
--	---

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

During the on-site audit, the auditor requested personnel and training files of staff, resident files, grievances, and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files: The facility has a total of 20 full, part time and relief staff assigned. There were also two interns assigned. The auditor reviewed a random sample of personnel and/or training records that included individuals hired within the past twelve months, staff with five-year backgrounds checks and there were no promotions. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, training files for volunteers were reviewed.

Resident Files: A total of 20 resident files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review.

Grievances: The facility advised they had zero grievances involving sexual abuse. The auditor reviewed the grievance log in order to confirm the reported information.

Investigation Files: During the previous 36 months, there were no allegations reported at the facility.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

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

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

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
- No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place Pre-Audit Questionnaire (PAQ) responses b. 180 Degrees Adult Residential Facility (ARF) PREA Policy and Procedure c. PREA Intake Form d. Resident Handbook e. 180 Degrees Organizational Chart 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinators b. Random staff c. Random residents 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.211(a):</p>

During the pre-onsite portion of this audit, the Facility provided the 180 Degrees ARF PREA Policy and Procedure in support of their compliance with this standard in its PAQ responses. This is a written policy that mandates zero tolerance toward all forms of sexual abuse and sexual harassment, and provides procedures to address preventing, detecting, responding and investigating sexual abuse and sexual harassment. The policy is posted on the Agency's website. Additionally, the policy includes PREA definitions and prohibited behaviors, to include sexual abuse of a resident, sexual harassment of a resident and voyeurism as well as the disciplinary measures for any staff, contractor or volunteer that violates the PREA policy. Upon arrival at the facility all residents sign a PREA Intake Form and receive and sign for a Resident Handbook. The PREA Intake Form and Resident Handbook describes the agency zero tolerance policy and the agency's effort to comply with PREA standards.

During the on-site visit, I observed the Notice of Audit and PREA information for residents posted in the facility. Based upon my review of resident files and interviews, residents receive PREA information at intake and have been informed and were aware of the agency's zero tolerance policy toward all forms of sexual abuse and harassment and various reporting options. Interviews with staff and file reviews, confirmed that staff receive PREA training upon hire and update training on a regular basis. Staff were aware of the agency's zero tolerance policy and stated that PREA issues are frequently discussed at staff meeting and in discussions with supervisors. Staff were well versed on their responsibilities per the PREA policy and training.

115.211(b):

During the pre-onsite portion of this audit, the Facility acknowledged compliance with this provision in its PAQ response. The facility reported the Senior Associate Director is the PREA Coordinator and provided the auditor with an organizational chart of the agency. The agency's organizational chart reveals that the PREA Coordinator reports directly to the Program Director of 180 Degrees. The facility also reported that they have a secondary PREA Coordinator who is a Senior Manager that also reports directly to Program Director of 180 Degrees. During the onsite portion of this audit, the auditor interviewed both PREA Coordinators. They were very knowledgeable of PREA standards and have the authority to develop, implement, and oversee PREA compliance. In response to whether they felt that they had enough time to manage all PREA-related responsibilities, the PREA Coordinators responded: "Yes, as they share the responsibilities". The PREA Coordinator reported that he would identify what is causing a non-compliance issue and develop a corrective action designed to rectify it. He further elaborated that if it was a resource issue, he would explain the issue and need to his supervisor. If a policy and procedure update is needed, all applicable personnel would receive retraining. The agency has demonstrated that it is committed to fully implementing PREA standards.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses 2. Interviews <ol style="list-style-type: none"> a. 180 Degrees Executive Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.212(a)-(c):</p> <p>During the pre-onsite portion of this audit, the Facility on behalf of 180 Degrees reported in its PAQ responses that they are not a “public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies” During the onsite portion of this audit, this auditor interviewed the Executive Director of 180 Degrees to review the information provided by the facility in its PAQ responses. The Executive Director corroborated the information provided and informed the auditor that 180 Degrees does not contract with other facilities to provided services for them and, further, has not entered into any contract for the confinement of its residents since August 20, 2012.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this Standard.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Ryan Community, Inc. PAQ responses b. 180 Degrees ARF Policy and Procedure Manual c. Staffing roster d. Annual Staffing Plan 2. Interviews <ol style="list-style-type: none"> a. Facility Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant

Findings:

115.213(a):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on pages 51 and 52 provides the requirement for developing and documenting their PREA Compliant Staffing Plan. During the post audit phase of this audit, the Facility provided this auditor with their current annual staffing plan. The Facility reported in the PAQ that the average daily population was 30 residents for the past 12 months. During the on-site portion of this audit, this auditor interviewed the agency PREA Coordinator/ Facility Director. The Facility Director indicated that the facility has a staff plan. Given the size of the facility the staffing pattern is simple. The minimum staffing requirement per the contract is one staff on site 24/7. We always have a minimum of two staff member in the facility on first and second shift and one on the overnight shift 24/7. The staff that do the primary supervision of residents are the Housing and Shift Coordinators. On Monday thru Friday during the day, the Facility Director/PREA Coordinator, Senior Manager/PREA Coordinator and two case managers are also present. The staffing pattern is consistent with the size and layout of the facility. The Facility Director (also the PREA Coordinator) conducts an annual assessment of the staffing patterns. The Facility Director indicated that video monitoring is part of the plan. There are 21 cameras in the facility that monitor the activities of the residents and the security of the building. When asked if the staffing plan is documented, the Facility Director responded yes. On a daily basis, the Facility Director is responsible for ensuring staff arrive and work shifts as assigned. The Facility Director reported that when assessing adequate staffing levels and the need for video monitoring, the facility considers: 1) the physical layout of each facility, 2) the composition of the resident population, 3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and 4) any other relevant factors.

115.213(b):

During the pre-onsite portion of this audit, the Facility indicated that this provision was not applicable. Upon follow-up by this auditor, the facility indicated compliance and reported that there had been no deviations from the plan. According to interviews with the Facility Director, the Facility always complies with the staffing pattern. It was further explained that the Facility has in place an on-call rotation in the event the program cannot find a replacement as a result of sick or vacation coverage. If a replacement shift coordinator cannot be found the Facility Director, Senior Manager or case manager would fill in.

115.213(c):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 52 establishes, "This plan shall be reviewed at least once per year and approved." During the on-site portion of this audit, this auditor interviewed the agency Facility Director. The Facility Director indicated he is responsible conducting the annual review of the staffing plan which is based on the designed capacity of 35 residents. The facility has established a procedure for a review that assesses, determines, and documents

	<p>whether adjustments are needed to prevailing staffing patterns, to the facility's deployment of video monitoring systems, and whether additional resources are needed to ensure adequate staffing levels.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	---

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. Random Staff (6) b. Random Residents (13) c. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.215(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses and reported the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. The ARF policy and procedures manual on page 55 states, "There shall be no cross-gender strip searches or visual body cavity searches conducted at 180 Degrees Adult Residential facility. Any cross-gender pat down searches will be conducted by DOC staff in accordance with established DOC policy and should be limited to searches necessary for officer safety." The facility indicated that over the past 12 months, there have not been any cross-gender strips or cross-gender visual body cavity searches of residents.</p> <p>During the on-site portion of this audit, this auditor was informed that there was no cross-gender strip or cross-gender visual body cavity search logs to review. The PREA Coordinator stated staff are not to conduct any type of hands-on pat or strip searches of residents; the only searches to be conducted are with handheld metal detectors. To corroborate the information provided in the PAQ (that there have been no cross-gender strip or visual body cavity searches conducted), this auditor asked all random residents whether they had been or know of another resident that had been the subject of a strip search or visual body cavity search by a staff person of</p>

the opposite gender. Out of 13 residents interviewed, all 13 responded with “no, they don’t do that here” (or similar response). Further, this auditor asked all staff whether these searches were permitted to be conducted. All staff interviewed reported that they were not allowed to conduct any type of body searches on a resident.

115.215(b-c):

During the pre-onsite portion of this audit, the Facility indicated this provision was not applicable to them as it does not house females in its PAQ responses. The auditor confirmed that the facility only houses male residents per review of resident rosters. The facility reported no cross-gender strip, visual body cavity, or pat-down searches being conducted over the past 12 months.

115.215(d):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision in its PAQ responses. The ARF policy and procedures manual on page 55 states, “Residents shall be provided facilities that enable them to shower, perform bodily functions and change clothing in a restricted area...” and on page 52 states in part, “staffs will announce that female is entering and wait 3 seconds before entering each room.”

During the onsite portion of this audit, this auditor interviewed random residents and random staff. All residents interviewed reported that staff knock and announce their presence prior to opening their bedroom doors. The residents reported that the announcement is generally “female staff”. Observation during the tour of the facility and interviews with random staff and random residents reveal residents are able to shower, use the toilet and change clothing without viewing by staff of the opposite gender. There were no cameras located in resident bedrooms or bathrooms. All staff interviewed reported that female staff announces their presence when entering a resident’s bedroom or when entering the bathroom. Also, all staff reported that residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender. This facility’s practice evidenced that staff are aware that if a female staff were to enter the housing unit, they are to knock and announce their presence.

115.215(e):

During the pre-onsite portion of this audit, the Facility indicated it does not have a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status in its PAQ responses. An interview with the PREA Coordinator confirmed the Agency does not have a policy regarding this provision and indicated the facility is notified of a transgender identity prior to their arrival at the facility, and the agencies sending residents to the facility are aware the contract is for male residents only.

115.215(f):

During the pre-onsite portion of this audit, the Facility indicated this provision was not applicable to them. The Agency prohibits staff from conducting any body searches or pat downs of residents under any circumstances, and it does not

provide training in this area.

During the onsite portion of this audit, this auditor conducted Random staff interviews. All staff reported that they are prohibited from physically searching or examining any resident. Agency policy only allows staff to conduct searches of residents and their belongings with a metal detector. Policy reviews and interviews with the PREA Coordinator and random staff reveal training on searches has not been conducted as staff are prohibited and do not conduct any pat, strip, or visual body cavity searches of residents.

Corrective Action Needed:

1. Update the Policy and Procedure Manual to include prohibiting the practice of physically examining a transgender or intersex resident for the sole purpose of determining their genital status and if the resident's genital status is unknown, 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.
2. Document that the updated policy has been communicated to all staff.

Corrective Action Taken:

On 5/15/2024, the Facility updated its Policy and Procedure manual to include:

180 Degrees is committed to respecting the bodily autonomy and privacy of transgender and intersex residents. As such, the facility shall not conduct searches or physical examinations solely for the purpose of determining a resident's genital status.

Procedure:

Determination through Conversation: Staff members may discuss genital status with residents in a respectful and confidential manner. Residents are encouraged to disclose this information voluntarily.

Review of Medical Records: When available and with the resident's consent, medical records may be reviewed to ascertain genital status. (PREA Standard 115.215 f).

The PREA Compliance Manager confirmed that the revised Policy and Procedure Manual was discussed at the June staff meeting and all staff reviewed the revised manual.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Clifton Place PAQ responses
 - b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual
2. Interviews
 - a. Agency Head
 - b. Facility Director
 - c. Intake Staff
 - d. Case Managers (2)
 - e. Random Residents (13)
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings

115.216(a-c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual. The Policy and Procedure Manual on page 55 establishes, "Upon admission to program, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, how to access support services, etc. This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency. All disabled residents shall be provided access to participate in the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The program shall not use resident interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties, or a PREA investigation."

During the onsite portion of this audit, this auditor interviewed the Agency Head and PREA Coordinator. The PREA Coordinator stated the Facility does not accept clients who may have serious learning disabilities or very low reading levels, blind, deaf or have serious physical disabilities. The Policy and Procedure Manual on page 55 establishes, "Program referrals are received from persons and worker affiliated with the residing contract. All referrals will be processed within 7 business days of receipt. The affiliated contract representatives are informed of the decision made by 180 Degrees to either accept or deny the referral based on eligibility requirements and bed space availability. According to the Agency Head, the facility does not accept these clients into the program because they would not be able to participate or benefit from in-house programs. Residents must be ambulatory and have sufficient cognitive ability to respond to the curriculum of the in-house programs. He further stated in regard to limited English proficient residents, the Agency does have bilingual staff to assist as well as the resident's Probation Officer

	<p>and other local resources available. If it is determined that a current resident has reading or comprehension limitations that were not previously known, intake staff would carefully read and explain the PREA handouts to residents. Interviews with intake staff confirmed that they assess the resident's reading and comprehension level when reviewing PREA materials. They further confirmed that they rarely encountered a LEP resident. All of the residents interviewed stated that intake staff verbally explained the PREA information at intake. There were no residents that ever identified as disabled, hearing and/or vision impaired or with limited English proficiency housed at the facility during the on-site portion of the audit.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.</p>
--	--

115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual c. Background Disclosure Form d. Background Check Results 2. Interviews <ol style="list-style-type: none"> a. Human Resource manager b. PREA Coordinator <p>Findings:</p> <p>115.217(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 51 establishes, "Prior to employment, all 180 Degrees Residential Facilities staffs will submit to a routine background check. Background checks will be used to screen for prior convictions for sex offenses. ...Prior to hiring, 180 Degrees Residential Facilities will also make reasonable attempt to determine if the candidate has been civilly or administratively adjudicated to have engaged in inappropriate sexual conduct as described in the PREA standard. Contact with prior institutional employers will be made if applicable. Applicants will also be asked about previous misconduct. 180 Degrees Residential Facilities shall exclude any potential staff member that has been convicted of, or attempted to engage in any form of sexual abuse from being hired or promoted." The Policy and Procedure Manual is silent on background checks or prohibiting the enlistment of the services of any contractor who engaged in the three prohibited</p>

behaviors listed in this provision.

During the onsite portion of this audit, this auditor interviewed the Human Resource Manager. She reported that background checks for staff and contractors are completed by the Minnesota Department of Human Services before hire or promotions. When asked if the background check was nationwide criminal background check, she indicated it would only cover Minnesota and any others states where the applicant had previously lived or worked. She indicated applicants are asked if they have an arrest record and a conviction record and to provide detail if they answer yes and also provided a copy of the Background Disclosure Form. She indicated they do not ask applicants or staff specifically and directly about the misconduct described in this provision. She indicated their practice is to complete a reference check of past employers and if an application had previously worked at an institution, the agency would conduct the necessary institutional reference checks.

115.217(b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. This auditor reviewed the Policy and Procedure Manual and found the that the policy silent on this requirement and does not require the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. During the onsite portion of this audit, this auditor interviewed Human Resource Manager. She reported that the Facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

115.217(c):

As indicated in provision 115.217(a) above all staff have a criminal background check before hire and the Agency contacts all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The Agency's contract with the Minnesota Department of Corrections requires all background checks to be completed by the Minnesota Department of Human Services and they approve clearance for hire. All employees are also fingerprinted. Per the PAQ, the facility hired 5 new staff in the past 12 months. Documentation was provided that indicated background checks were completed prior to hire. There were no promotions in the past 12 months.

115.217(d):

As indicated in provision 115.217(a) above, The Agency Policy is silent on background checks for contractors who may have contact with residents. The facility reported that in the past 12 months, there were no contracts for services where those contractors would have contact with resident. During the onsite portion of this audit, this auditor interviewed the Facility Director, and he confirmed that the facility does not utilize any contractors. Therefore, there were no records available to review.

115.217(e):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 51 establishes, "Criminal background check requests will be performed at least once every 5 years." During the onsite portion of this audit, this auditor interviewed the agency Human Resource Manager, and she stated, the Agency conducts criminal background checks on all existing employees every five years. They maintain a spread sheet for all employees that indicates the start date and when the initial and five-year background checks are due and completed. A review of personnel files confirmed the agency conducts background checks on all existing employees every five years.

115.217(f):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 54 establishes, "180 Degrees requires all applicants and employees who may have contact with inmates to disclose any previous misconduct described in paragraph (a) during the hiring or promotion process. This includes written applications, interviews, and any self-evaluations conducted as part of employee reviews. Additionally, employees are obligated to proactively disclose any such misconduct throughout their tenure with the agency, reflecting a continuing affirmative duty." During the onsite portion of this audit, this auditor interviewed Human Resource Manager. This staff person reported that the Agency has not implemented this policy in practice. The Agency does not ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this standard in written applications or interviews for hiring or promotions or on self-evaluations conducted as part of reviews of current employees or require that all employees have an affirmative duty to continue to disclose any such misconduct.

115.217(g):

This auditor reviewed the Policy and Procedure Manual and found that the policy is silent on this requirement and does not state that material omissions of information pertaining to any form of sexual misconduct, or the provision of materially false information is grounds for termination. During the onsite portion of this audit, this auditor interviewed Human Resource Manager. This staff person reported that the Agency policy does not include this provision requirement.

115.217(h):

During the onsite portion of this audit, this auditor interviewed the Human Resource Manager. She responded it would depend on whether a release is signed and in consultation with their legal staff. This auditor reviewed the Policy and Procedure Manual and found that the policy is silent on this requirement and does not state unless prohibited by law, 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.

Corrective Action Needed:

1. Establish or improve procedures that ensures that the agency will not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents, who has engaged in the prohibited behaviors. 115.217(a)
2. Develop or improve and implement a policy to include consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. 115.215(b)
3. Establish and implement procedures that ensure the agency makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.115.217(c)
4. Develop or improve and implement a policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.115.217(d)
5. Establish and implement procedures that ensure the agency asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this standard in written applications or interviews for hiring or promotions or on self-evaluations conducted as part of reviews of current employees or require that all employees have an affirmative duty to continue to disclose any such misconduct.115.217(f)
6. Develop or improve and implement a policy to include requirements that material omissions of information pertaining to any form of sexual misconduct, or the provision of materially false information is grounds for termination. 115.217(g)
7. Develop or improve and implement policies to that material omissions of information pertaining to any form of sexual misconduct, or the provision of materially false information is grounds for termination. 115.217(h)

Corrective Action Taken:

On 5/09/2024, the Facility provided a copy of a newly created PREA Pre-Employment Questionnaire that will be used to ask applicants directly about previous misconduct described in paragraph (a) of this section.

On 5/16/2024 the Facility provided documentation that the above-mentioned form was completed for a new hire during the corrective action period.

On 5/15/2024, the Facility updated its Policy and Procedure manual to include:

- Prior to employment, all 180 Degrees Residential Facilities staffs and contractors will submit to a routine criminal background check. The check shall be conducted using Netstudy 2.0. Background checks will be used to screen for prior convictions for sex offenses. Criminal background check requests will be performed at least once every 5 years.
- 180 Degrees Residential Facilities shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may

	<p>have contact with residents, who (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <ul style="list-style-type: none"> • Prior to hiring, 180 Degrees Residential Facilities will ask all applicants and employees who may have contact with residents directly about previous misconduct described above in written applications and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. • 180 Degrees Residential Facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. • Prior to hiring, 180 Degrees Residential Facilities, contact with prior institutional employers will be made if applicable for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.</p>
--	--

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place Pre-Audit Questionnaire (PAQ) responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.218(a): During the pre-onsite portion of this audit, the Facility indicated that Agency/Facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA Audit. August 20, 2012. During the onsite portion of this audit, this auditor interviewed the Agency Head. The Agency Head</p>

	<p>reported that no new substantial expansions or modifications have been completed at the facility. He indicated the Agency is in the process a planning a renovation of the Clifton Place facility. The plan will definitely consider the effect of the renovation upon the agency’s ability to protect residents from sexual abuse.</p> <p>115.218(b): During the pre-onsite portion of this audit, the Facility indicted that it has updated the video monitoring surveillance system since the last PREA audit. During the onsite portion of this audit, this auditor interviewed the Agency Head and The PREA Coordinator. The PREA Coordinator reported that the Facility recently installed four additional cameras and upgraded the camera surveillance system. The Facility currently has 21 cameras. Additionally, the Agency Head reported that the Facility has PREA in mind whenever they update or add camera surveillance. The Facility Director reported that when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, the facility considers the effect of the facilities design and account for any blind spots in observation to enhance residents’ protection from sexual abuse. During the site review, this auditor reviewed the video surveillance system. All cameras were operational. The picture quality was clear.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	---

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. Random Staff (6) b. PREA Coordinator / Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.221(a-b): The Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure Manual on page 75 establishes, “After an allegation has been submitted verbally, in writing, anonymously, and/or by third party; the 180 Degrees, Inc. PREA Coordinator will</p>

conduct an administrative agency investigation... When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.” Page 61 of the Manual establishes, “180 Degrees Adult Residential Facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Criminal investigations are to be conducted by the Minneapolis Police Department.” The facility indicated in the PAQ that the agency/facility is responsible for conducting administrative sexual abuse investigations. The facility reported that the Minneapolis Police Department is the agency that has responsibility for conducting criminal sexual abuse investigations. 180 degrees does not have a Memorandum of Understanding with the Minneapolis Police Department that indicates the Minneapolis Police Department agrees to utilize protocol based on the 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.

During the onsite portion of this audit, this auditor interviewed the agency investigator responsible for conducting administrative investigations of sexual abuse. He stated the agency follows a uniform evidence protocol for investigations. This auditor interviewed random staff during the onsite audit. All staff were able to describe specific steps they would take following a sexual assault. All staff indicated that if they received a report of a sexual assault, they were to keep the alleged victim safe, secure the scene and protect against any destruction of evidence, call the PREA Coordinator, and immediately contact local law enforcement in order for them to begin their investigation. Staff reported that the agency’s investigator is the PREA Coordinator. According to the PREA Coordinator, the Facility does not accept clients under the age of 18.

115.221(c):

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. He indicated Hennepin County Medical Center Sexual Assault Resource Services would conduct forensic exams for victims of sexual assault. Per the Agency’s PREA policy all forensic medical exams will be provided free of charge to the victim. This auditor contacted the provider and verified they has SAFE and SANE staff available.

115.221(d-e):

The Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure Manual on page 56 establishes, “The alleged victim shall be offered victim advocate services. If requested the advocate service shall be contacted and given the appropriate information. Victim advocate can be reached 24 hours a day at 612-871-5111 or 952-448-5425. In the event where victim advocates are unavailable and/or residents refused to contact, the resident can be directed to HCMC mental health clinic located at 1801 Nicollet Ave, Minneapolis, MN 55403.

180 Degrees has entered into a Memorandum of Understanding with Sexual

Violence Center (a local rape crisis center) to provide the victim with confidential emotional support services related to sexual abuse. The facility PREA information and the Resident Handbook provides residents with the 24-hour contact numbers. The facility indicated no residents were present in the facility that were classified as reporting a sexual abuse. The auditor attempted to corroborate this report during interviews with randomly selected residents. No residents were identified as having reported a sexual abuse.

115.221(e):

During the onsite portion of this audit, this auditor interviewed the agency's PREA Coordinator. The PREA Coordinator reported that if requested by the victim, a qualified community-based advocate from the Rape and Abuse Crisis Center would accompany and provide emotional support services, crisis intervention, information, and referrals during the forensic examination process and investigatory interviews. As noted in subsection (d) of this standard, there were no residents present in the facility during the onsite portion of this audit that reported sexual abuse.

115.221(f):

During the site portion of this audit, the PREA Coordinator indicated that it does not have an agreement with the Minneapolis Police Department requesting that they follow the requirements of paragraphs (a) through (e) of this section.

115.221(g):

The auditor is not required to audit this provision.

115.221(h):

During the pre-onsite portion of this audit, the Facility response on the PAQ was non-applicable for this provision as the agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.

Corrective Action Needed:

1. Enter into a Memorandum of Understanding or document attempt to enter into a Memorandum of Understanding with the Minneapolis Police Department that indicates the Minneapolis Police Department agrees to follow the requirements of paragraphs (a) through (e) of this section.

Corrective Action Taken:

On 8/8/2024, the Facility PREA Compliance Manager provided documentation that the Agency contacted the Minneapolis Police Department to enter into a MOU requesting they follow the requirements of paragraphs §115.221 (a) through (e) of the standards. A response to the request was not received.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Clifton Place PAQ responses
 - b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual
 - c. Agency Website
 - d. Revised PREA Coordinated Response Plan
2. Interviews
 - a. Agency Head
 - b. PREA Coordinator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.222(a-c):

The Facility indicated compliance with these provisions and provided this auditor with its PREA Policy in support of their compliance with this standard in its PAQ responses. The Policy establishes on page 61, "180 Degrees Adult Residential Facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Criminal investigations are to be conducted by the Minneapolis Police Department" and further states, "All referrals to Minneapolis Police Department will be documented by the PREA Coordinator and follow-ups will be carried out until case is closed."

During the on-site portion of this audit, the Agency Head was interviewed and stated the agency's procedure is followed, ensuring an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. The Agency Head established that in the event of an allegation, an administrative investigation would be conducted by the PREA Coordinator and in the event of a criminal investigation, the Minneapolis Police Department is notified and requested to investigate.

During the pre-onsite portion of this audit, the facility indicated that over the past 12 months, there has been zero number of allegations of sexual abuse and sexual harassment that were received. During both resident and staff interviews, the auditor questioned whether or not the interviewee was aware of any instances of sexual abuse or sexual harassment while they resided/worked at the facility in an attempt to verify that all instances of sexual abuse and sexual harassment were disclosed to this auditor. No disclosures were made. During the onsite portion of the audit, the auditor interviewed the Agency's PREA Coordinator who oversees all investigations within the facilities. The PREA Coordinator also stated there were no allegations of sexual abuse and/or sexual harassment allegations received in the past 36 months.

115.222(d-e): The auditor is not required to audit these provisions.

	Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.
--	---

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual c. Training records d. 180 Degrees Clifton Place Annual Training Plan 2. Interviews <ol style="list-style-type: none"> a. Random Staff (6) b. PREA Coordinator c. HR Training Coordinator <p>Findings:</p> <p>115.231(a-b):</p> <p>During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 49 establishes, "180 Degrees Adult Residential Facility staff, contractors, and volunteers that will have contact with residents are required to receive PREA training upon hire and a refresher training every two years. The year staff members, contractors, and volunteers do not receive the refresher training they will be required to have receive training on current sexual abuse and sexual harassment policies, per the PREA standards." And on page 53 establishes, "New employees are subject to 30 hours of new employee orientation that includes a combination of both online and in-person trainings: ... which include • PREA - 180 Degrees Adult Residential Facility staff, contractors, and volunteers that will have contact with residents are required to receive PREA training upon hire."</p> <p>The facility provided this auditor with information on the annual PREA training course that all staff are required to complete. A review of this course reveals that it covers the ten criteria described in the standard. The training includes information on specific approaches for supervising male clients. Even though the policy indicates a refresher training every two years, per interview with the HR Training Coordinator, she stated all staff receives PREA training annually. During the onsite portion of this audit, this auditor interviewed random staff and conducted training file reviews. All staff informed this auditor that they had received training at hire and annually for each of the enumerated required trainings required under this</p>

standard. The online training includes a quiz which is graded and requires a score of 80% to successfully complete the course. Upon completion of orientation, staff sign a form stating they completed the training and acknowledge that they understand all the content of the training. The review of training records revealed that all staff received the aforementioned training.

115.231(c):

During the onsite portion of the audit, this auditor interviewed the PREA Coordinator and HR Training Coordinator. Both responded that all staff receive PREA training upon hire as part of new employee orientation and annually thereafter. The PREA Coordinator also indicated PREA is also discussed at staff meetings. During the onsite portion of this audit, the auditor reviewed training files. The files evidenced completion of annual PREA trainings for all staff.

115.231(d):

The Policy and Procedure Manual on page 49 establishes, "Training records must be tracked by the Program Manager and documented in their employee file." During the onsite portion of this audit, the Auditor interviewed the HR Manager and Training Coordinator. They stated the PREA training records are documented in two ways: 1) the PREA Training at orientation is documented by employee signature and kept in the employee file. 2) the completion of online trainings is documented through a password protected system that is unique for each employee. Management can then go into the LMS training system as an administrator and audit/review the status of completed trainings per employee. Upon completion of a course an individual report is run for that employee and placed in their digital HR file as a backup.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual c. Contractor and Intern training records 2. Interviews <ol style="list-style-type: none"> a. Volunteer(s) or Contractor(s) who may have Contact with Residents b. Training Coordinator c. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant

Findings

115.232(a-c):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 49 establishes, " 180 Degrees Adult Residential Facility staff, contractors, and volunteers that will have contact with residents are required to receive PREA training upon hire and a refresher training every two years."

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that the facility does not have volunteers or contractors who have contact with residents. He indicated the Facility currently has two interns and they receive the same PREA training as staff. During the onsite portion of this audit, the auditor had an informal interview with a staff from Helix that was on site to facilitate a group with the residents. She had a question about PREA and when asked if she had received PREA training she responded no. Per a conversation with the PREA Coordinator he indicated 180 Degrees has a partnership with Helix, LLC. As these individuals are not paid, they should be considered volunteers. He then responded that the staff from Helix had not received PREA training and that he would have a discussion with Helix and ensured they would be trained. During the onsite portion of this audit, this auditor interviewed the Training Coordinator. She indicated all interns, volunteer or contractors would receive the same PREA Training as staff. She provided this auditor with training files for the interns. A review of the file revealed that the interns received a formal orientation including a review of the agency's PREA policy. There were no interns on site during the on-site portion of the audit to interview.

Corrective Action Needed:

1. Ensure that all staff from Helix who have contact with residents receive the level and type of PREA training is based on the services they provide and level of contact they have with residents.
2. Provide documentation the training was completed.

Corrective Action Taken:

On 6/25/2024, the Facility provided signed training accoutrements that documented all staff from Helix that have contact with residents completed the required PREA training.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Clifton place Pre-Audit Questionnaire (PAQ) responses
- b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual
- c. Resident Handbook
- d. PREA Intake Form
- e. Resident Confidential Case Files

2. Interviews:

- a. Intake Staff
- b. Case Managers (2)
- c. Random Residents (13)
- d. Facility Director
- e. PREA Coordinator

3. Site Review Observations:

- a. Observations during on-site review of physical plant
- b. PREA education materials posted

Findings

115.233(a):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure Manual on page 55 establishes, "Upon admission to program, residents will receive education including but not limited to the following: zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, expectations for appropriate behavior, residents' rights, how to access support services, etc. This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency." The Resident Handbook contains identical PREA information. The facility reported that over the past 12 months 177 residents were admitted and given this information at intake. The intake process is completed within hours of the residents arriving to the facility.

During the onsite portion of the audit, the auditor interviewed the interviewed intake staff. During interviews they stated upon intake residents are verbally informed that the agency has a zero-tolerance policy and are provided with the PREA Intake Form and Resident Handbook. The resident signs for the copies. The PREA Intake Form is read to each resident and contains information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The intake process is completed

within hours of the residents arriving to the facility.

Within 48 hours of the resident's admission, he meets with his assigned Case Manager who reviews the resident's understanding of the materials provided at intake and commences with the resident's case management intake. In addition, prior to going over facility specific policies and procedures during review of the orientation binder, all residents watch a sixteen-minute video developed by Justice Detention International that reviews the facility's zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The resident again signs a receipt and acknowledgement of receiving the PREA Information.

Random residents were formally interviewed during the onsite portion of this audit. During the interviews, residents were asked specifically if they received information or 1) your right to not be sexually abused or sexually harassed, 2) how to report sexual abuse or sexual harassment, 3) your right not to be punished for reporting sexual abuse or sexual harassment, and 4) whether the resident received information about the facility's rules against sexual abuse and harassment. Every resident answered that they received all of the above-listed information, and that staff did so on the same day they arrived at the facility. They also indicated they had to sign a form indicating receipt. A random sample of 13 resident files were selected of current and past residents by this auditor to review to ensure documentation of the resident's participation in the above-listed informational sessions. All resident files included signed copies of receipt of PREA information and acknowledgements. This document was used by the auditor to verify participation in the education session.

115.233(b):

The Facility Director during informal conversations indicated 180 Degrees only has one Adult Residential Facility (Clifton Place). The auditor attempted to corroborate this report through reviewing resident case files. The file review indicated no residents were transferred from another 180 Degree Facility and all intakes were from the Minnesota Department of Corrections. During the onsite portion of the audit, as indicated above in provision (a), all resident interviews conducted onsite and resident case file audits of a random sample of residents indicated that all residents receive education pertinent to this provision upon admission to the facility. Residents are not transferred, and residents receive a full orientation upon admission.

115.233(c):

The Policy and Procedure Manual on page 55 establishes, "...This material shall be presented to the resident in both verbal and written form with special consideration for those who have limited reading ability or who are hearing and/or vision impaired or with limited English proficiency and All disabled residents shall be provided access to participate in the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment." On the first day of the onsite portion of the audit, the facility indicated they currently had no residents with physical disabilities,

a cognitive disability, or who were limited-English proficient. The auditor attempted to corroborate this report through general observations throughout the onsite portion of this audit and through random staff and resident interviews. No residents were identified that met this criterion. The PREA Coordinator stated during informal conversation, that only residents that can participate or benefit from the programs are accepted. If it is determined through interaction with the resident, that he has reading or comprehension limitations that were not previously known, the intake staff and case managers would carefully read and explain the PREA handouts to residents. Interviews with staff confirmed that they assess the resident's reading and comprehension level when reviewing PREA materials. All Staff interviewed indicated they rarely receive a resident that is not English proficient. The Agency does have bilingual staff to assist and other local resources.

115.233(d):

The Policy and Procedure Manual on page 55 establishes, "documentation of education must be maintained in the resident's file." A random sample of ten resident files was selected by the auditor to review to ensure documentation of the resident's participation in the above-listed informational sessions. All resident files included signed copies of receipt of PREA information and acknowledgements.

115.233(e):

The Policy and Procedure Manual on page 55 establishes, "Key information shall be posted so that it is visible and readily available to all residents." During the onsite portion of this audit, this auditor observed PREA information posted throughout the facility. Additionally, all residents maintain their own copy of the Resident Handbook which contains PREA information. This was corroborated by informal conversations with residents and staff who indicated Resident Handbooks are maintained by residents during they stay at the facility.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. NIC Training Certificate 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator 3. Site Review Observations:

a. Observations during on-site review of physical plant

Findings:

115.234(a):

During the pre-onsite portion of this audit, the Facility indicated the facility did not have a staff that had completed specialized investigative training. During the onsite portion of the audit, this auditor interviewed the Agency Head and PREA Coordinator. The Agency Head indicated the PREA Coordinator had enrolled in a specialized training course and he would be the Facility Investigator. He also indicated he had also completed the NIC training course previously.

After the onsite portion of this audit, the PREA Coordinator submitted training certificate for a NIC course, indicating completion of a training titled "PREA- Investigating Sexual Abuse in a Confinement Setting." After reviewing documentation of the complete course, this auditor interviewed the PREA Coordinator/Agency investigator. He confirmed he completed the NIC training titled "PREA- Investigating Sexual Abuse in a Confinement Setting" in addition to the general PREA training provided to all employees

115.234(b):

After the onsite portion of this audit, the Facility indicated compliance with this standard and provided this auditor with the training certificate for the staff completing the investigator training. This auditor is familiar with the course curriculum and that it covers the requirements of this provision and has also completed the training. After the onsite portion of this audit, this auditor interviewed the PREA Coordinator/Agency investigator. This staff person reported that the training covered 1) techniques for interviewing sexual abuse victims; 2) proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; and 4) criteria and evidence required to substantiate a case for administrative action or prosecution referral. This auditor was able to corroborate completion of this training by reviewing the identified person's training records.

115.234(c):

As noted in provisions (a) and (b), this auditor was able to review documentation showing that the assigned investigator had completed the required training.

115.234(d): the Auditor is not required to audit this provision.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place Pre-Audit Questionnaire (PAQ) responses b. Staff List 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.235(a)-(d):</p> <p>During the pre-onsite portion of this audit, the Facility indicated that Clifton Place does not employ medical or mental health staff. During the onsite portion of this audit, this auditor attempted to corroborate the Facility’s PAQ response by reviewing a staff list of program personnel and by interviewing the PREA Coordinator who is also the Senior Associate Director. The PREA Coordinator confirmed that Clifton Place does not employ any medical or mental health staff and that residents obtain these services through community-based organizations.</p> <p>The PREA Coordinator also confirmed that Clifton Place does not have any medical or mental health practitioners under contract or volunteering at the facility. A review of the staff list provided revealed no medical or mental health staff listed.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that these provisions are not applicable to this agency.</p>
--	--

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degree ARF Policy and Procedure Manual c. 180 Degrees PREA Screening form d. Resident confidential case files 2. Interviews <ol style="list-style-type: none"> a. Random Residents (13) b. Intake Staff responsible for risk screening c. Case Managers (2) d. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant

Findings:

115.241(a) and (b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 56 establishes, "Residents shall be assessed for risk of sexual abuse victimization and/or predatory behaviors within 24 hours of admission using a validated risk assessment tool." The facility indicated that over the past 12 months all residents who were admitted were reported to have been screened within 72 hours of their entry into the facility.

During the onsite portion of this audit, this auditor reviewed 13 resident confidential case files. All 13 files indicated that the initial PREA screening was completed on the date of admission to the facility. During the onsite portion of this audit, this auditor interviewed the Staff responsible for risk screening. The Staff indicated the risk screening is completed on the day of admission.

115.241(c):

During the post audit phase, the Facility provided an updated 180 Degrees PREA Screening form. After review by this Auditor, it was determined facility's screening instrument is still not objective as the results are not based on risk determination from the aggregate of the inmate's individual weighted risk factors and the same results could not be reproduced by other staff. Also, the vulnerability factor for the resident build is subjective as there are no criteria to determine physical built such as height, weight, etc.

115.241(d)-(e):

The facility's provided an updated PREA Screening form. A review of this form indicates that it requires screening staff to assess the screened resident using nine "vulnerability factors" through a series of yes and no questions, the screener perception of physical build and sexual orientation and past history of predatory or violent convictions and behavior. The Screening form includes all the criteria listed in these two provisions.

115.241(f):

The facility indicated that over the past 12 months all residents were admitted to the facility whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival. During the onsite portion of the audit, this auditor conducted 13 random resident confidential file reviews, ten of which were for residents in the facility longer than 30 days. The ten files indicated 6 residents did not have any reassessments within 30 days after a resident's arrival at the facility and four residents' re-assessment completed after 30 days. This auditor interviewed 13 random residents. Most residents who were at the facility for 30 or more days could not recall if they were asked risk screening questions after their initial intake by their case managers. This auditor also interviewed two case managers - the staff designated as being responsible for conducting the reassessment at the facility. Both case managers indicated that prior to February of this year, 30-day reassessment within 30 days of the resident's admission were not

being completed. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator affirmed that the 30-day reassessment were not being completed but has now instructed staff to complete. In review of the Agency policy, it is silent on requiring that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days.

115.241(g):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 56 establishes, "Residents may also be reassessed upon report of abuse or based on any relevant additional information." During the onsite portion of the audit, this auditor interviewed two case managers. Both case managers indicated that they would conduct a re-assessment in the event that there was a new report or incident of sexual abuse, information unknown at the time of intake from the referral source, a request, or if they were in receipt of any additional information that bears on a resident's risk of sexual victimization or abusiveness.

115.241(h):

The Agency Policy and Procedure Manual was reviewed and found it silent and did not indicate if residents may be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked [during their risk screening]" During the onsite portion of the audit, this auditor interviewed two case managers. Both case managers indicated that a resident would not be disciplined for not answering any questions during the PREA screening.

115.241(i):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 56 establishes, "Access to information obtained during assessment shall be limited to staff necessary to make program and housing placement decisions. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator indicated that staff who do not have job responsibilities specific to risk screening assessments do not have access to these screening forms.

Corrective Action Needed:

1. Update the PREA Screening form to ensure it is objective and meets the requirement of provision (c) of this standard.
2. Revise and improve policy manual to meet all the requirements of this standard.
3. After the PREA Screening form has been updated and approved by this auditor, provide documentation for a period of 90 days of its use during intake and for the reassessments.

Corrective Action Taken:

	<p>On 4/26/20024, the Facility provided an updated screening form which was reviewed and approved by this auditor.</p> <p>The Facility updated its Policy and Procedure manual to include: Residents shall be assessed for risk of sexual abuse victimization and/or predatory behaviors within 24 hours of admission using a validated risk assessment tool. Residents shall be reassessed for risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Residents may also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional relevant information that bears on the resident's risk of sexual victimization or abusiveness.</p> <p>During the corrective action period, the Facility provided completed screening form for the initial assessments and the 30-day reassessments. The screening forms documented the Facility is using the revised forms and that the 30-day reassessment are being completed.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.</p>
--	--

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. Ryan Community, Inc. PREA Policy 2. Interviews <ol style="list-style-type: none"> a. Random Residents (13) b. PREA Coordinator c. Case Managers (2) d. Intake staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.242(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 56 establishes, " Residents shall be assessed for risk of sexual abuse victimization and/or predatory behaviors within 24 hours of</p>

admission using a validated risk assessment tool....Information obtained from the risk assessment shall be used to determine appropriate bed placement or appropriateness for continuous stay the program. Access to information obtained during assessment shall be limited to staff necessary to make program and housing placement decisions.” During the onsite portion of this audit, this auditor interviewed the PREA Coordinator and staff responsible for risk screening. The PREA Coordinator reported that the facility utilizes the screening assessment to determine whether or not each incoming resident is at risk of being victimized or abusive. The staff reported that they would never place a known or potential victim with a known or potential abuser. Due to the small size of the facility, all residents attend the same programming and would be under direct supervision of the group facilitator or case manager.

115.242(b):

During the assessment process, staff ask all residents how they feel about their own safety. Staff responsible for risk screening reported that upon intake, the Senior manager or team makes an individualized determination based on the resident’s risk level about how to ensure the safety of each resident.

115.242(c):

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that prior to entry; he would consult with the referring agency. Care and consideration would be given to the client’s needs, and they are housed where they feel comfortable typically a single room. Additionally, the PREA Coordinator reported that the agency considers whether the placement will ensure the resident’s health and safety and whether the placement would present management or security problems.

At the time of the onsite portion of this audit, the facility reported that there were no residents that identified as either transgender or intersex in the facility. This auditor attempted to corroborate that through resident confidential file reviews and through random staff interviews. No residents were identified that met these criteria. Therefore, there were no transgender or intersex residents interviewed

115.242(d):

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that transgender and intersex resident’s own views with respect to his or her own safety are given serious consideration in placement and programming assignments. Additionally, this auditor interviewed staff responsible for risk screening. These staff persons reported that a resident’s own views with respect to his or her own safety would be given serious consideration. These staff persons mentioned there was one transgender admitted in the past 12 months and there were no concerns or issues noted. As noted in provision (c), no transgender or intersex residents were interviewed.

115.242(e):

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that transgender and intersex residents

	<p>would be given the opportunity to shower separately from other residents, as all residents are able to shower separately from other residents. There are individual bathrooms in the facility in which residents are able to use alone. As noted in provision (c), no transgender or intersex residents were interviewed.</p> <p>115.242(f): During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that LGBTI residents are not placed in dedicated facilities, units, or wings solely on the basis of such identification or status. The PREA Coordinator further reported that staff responsible for housing assignments understands the significance of not discriminating against residents based on their sexual preference. At the time of the onsite portion of this audit, there was one resident that identified as bisexual. This auditor interviewed the resident, and he reported he is housed the same as other residents.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions of this standard.</p>
--	--

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual c. Clifton Place Resident Handbook d. PREA Training Curriculum 2. Interviews <ol style="list-style-type: none"> a. Random Residents (13) b. Random Staff (6) c. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.251(a)&(b): The Facility provided its Policy and Procedure Manual and the Resident Handbook in support of their compliance with this provision in its PAQ responses. The Policy on page 56 states, "Residents shall be provided multiple internal ways to privately report sexual abuse incidents. Residents shall also have at least one way to report incidents to an outside agency. A resident or third party may report a sexual offense verbally or in writing. It shall be documented if any resident declines to have any third-party assistance in filling a grievance alleging sexual abuse. Reports may be</p>

made anonymously.” The reporting options are listed in the Resident Handbook which indicates, “In the event of a sexual assault, clients are to follow these ways of report: report the event to your agent/parole officer; report to the facility PREA coordinator; report through a third party (outside agency) such as the police (612-673-5701); Victim Support Sexual Violence Center (612-871-5111) and further indicates, “Internally:

Residents can report abuse, retaliation, staff neglect, etc. directly to their case worker, the operations manager, the COO, and/or the CEO of 180 Degrees, Inc. Communication to any of the previously identified positions can be verbal or written. Residential services also provide a grievance procedure (which can be found on the second page in this resident handbook).”

During the onsite portion of this audit, this auditor interviewed random staff and random residents. The staff indicated that residents can report these incidents to any staff member, their case manager, their agent or law enforcement. They also reported that residents can report in writing and verbally in person. They can also file a grievance. All resident answers varied but a review of all responses indicated that the residents were able to identify at least two ways to report; the most common answer for internal reporting was in-person to staff. The most common answer for external reporting was to call the police. It should be noted that the Sexual Violence Center listed is not an external reporting option as defined in provision (b) of this Standard. They are an outside victim advocate agency for emotional support services related to sexual abuse

115.251(c):

The Procedure for staff on page 60 of the manual states, “All reports of sexual abuse or sexual harassment, retaliation, and neglect, including third party and anonymous reports, are to be reported to the supervisor on duty. If there is no supervisor on duty the on-call supervisor is to be contacted. The supervisor receiving the report will immediately notify the Director of Residential Services and the PREA Coordinator.”

During the onsite portion of this audit, this auditor interviewed random staff and random residents. All staff indicated that they would accept a report that was made verbally, in writing, anonymously, and from third parties. Staff also indicated that they are required to immediately report this allegation to a supervisor and document. Most residents reported that they could make a report in writing, verbally, or by way of a third party and without having to give your name.

115.251(d):

The Policy on page 60 states, “180 Degrees Adult Residential Facility requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.” During the onsite portion of this audit, this auditor interviewed random staff. All staff said that they could privately make reports to their supervisors verbally or by email without concerns.

Corrective Action Needed:

1. Remove Victim Support Sexual Violence Center as an external reporting option in policy, Resident Handbooks and PREA information, flyers and posters.

	<p>2. Inform all residents of the change.</p> <p>Corrective Action Taken:</p> <p>On 6/25/2024, the Facility updated its Resident Handbook and PREA information removing Victim Support Sexual Violence Center as an externally reporting option.</p> <p>The Resident Handbook was revised to include information regarding outside support services and all residents were provided a copy of the revisions.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.</p>
--	--

115.252	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place Pre-Audit Questionnaire (PAQ) responses b. 180 Degrees ARF Policy and Procedure Manual c. Resident Handbook 2. Interviews <ol style="list-style-type: none"> a. Random Residents (13) b. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.252(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure manual establishes, "It is the policy of 180 Degrees Adult Resident Facility to allow a resident or concerned person in the resident's life to file a written grievance about any aspect of the resident's care during the resident's stay at the facility. Residents shall also be informed of how to make a complaint and/or grievance related to sexual harassment or abuse." The auditor has determined that the agency is not exempt from this provision as it has administrative procedures to address resident grievances regarding sexual abuse.</p> <p>115.252(b):</p> <p>During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure manual on page 56 establishes, "There</p>

shall be no time limits imposed for making grievances and/or complaints. The Resident Handbook also states there is no time limit on when you can file a PREA grievance. The Policy and Procedure Manual as well as the Resident Handbook is silent on whether it requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. All Residents receive a Resident Handbook during intake and are required to sign a receipt for it.

115.252(c):

The Policy and Procedure Manual as well as the Resident Handbook is silent on the process that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

115.252(d):

The Resident Handbook establishes, "The PREA Coordinator or Senior Manager will ensure a written response is provided to the Grievant within 30 calendar days of receipt of the grievance." This is well within the 90-day time limit required by this provision of the standard." The facility indicated that in the past 12 months, there were no grievances filed that alleged sexual abuse.

During the onsite portion of this audit, this auditor attempted to corroborate the facility's report that there had been no grievances alleging sexual abuse filed in the past 12 months by reviewing resident grievances that were filed and by interviewing randomly selected residents and asking whether they filed such grievances. This auditor did not discover any relevant grievances to review.

115.252(e):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure manual on page 56 establishes, "It shall be documented if any resident declines to have any third-party assistance in filling a grievance alleging sexual abuse." The Policy is silent on provision 151.252 (e)-1 which requires third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents and (e)-2) which states If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process

The Resident handbook provided the following step, "2. To file a grievance from an outside party or location,

a. Contact your PO or caseworker or police and follow their procedures."

115.252(f):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure manual on page 56 establishes, In the event of an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, immediate action will be taken by staff to ensure the safety of the resident. This includes promptly reporting the grievance to the appropriate authorities and providing necessary support and protection to the resident. The staff shall provide an initial response within 48 hours and shall issue a final agency decision within 5 calendar days.” The Policy and Procedure Manual is silent regarding a portion of provision (f)-2 whether the initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The facility indicated that in the past 12 months, there were no emergency grievances filed that alleged substantial risk of imminent sexual. As noted in provision (d), this auditor did not discover any relevant grievances to review.

115.252(g):

The Policy and Procedure Manual is silent on this provision that the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The facility indicated that in the past 12 months, there were no grievances filed that alleged sexual abuse. As noted in provision (d), this auditor did not discover any relevant grievances to review.

Corrective Action Needed:

1. The Agency should revise the grievance policy and procedures to meet all the requirements of this standard. The Resident Handbook needs to be updated with the revised procedures on filing grievances that allege sexual abuse. The Facility then needs to document that all residents have been informed of the revised process.

Corrective Action Taken:

On 5/15/2024, the Facility updated its Policy and Procedure manual to include:

Residents shall also be informed of how to make a complaint and/or grievance related to sexual harassment or abuse. There shall be no time limits imposed for making these types of grievances and/or complaints. Residents are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The resident grievance alleging sexual abuse shall not be submitted or referred to the staff member who is the subject of the complaint.

- A final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will

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

- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

- Residents may file an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

180 Degrees may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The PREA Compliance Manager confirmed that the revised Policy and Procedure Manual was discussed at the June staff meeting and all staff reviewed the revised manual.

On 6/25/2024, the Facility updated the resident handbook to include the procedures on filing grievances that allege sexual abuse. All residents were provided the revised handbook.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- a. Clifton Place PAQ responses
- b. 180 Degrees ARF Policy and Procedure Manual
- c. Resident Handbooks
- d. PREA Flyers
- e. MOU with Sexual Violence Center

2. Interviews

- a. Random Residents (13)
- b. PREA Coordinator

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings:

115.253(a):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 56 establishes, "The alleged victim shall be offered victim advocate services. If requested the advocate service shall be contacted and given the appropriate information. Victim advocate can be reached 24 hours a day at 612-871-5111 or 952-448-5425. In the event where victim advocates are unavailable and/or residents refused to contact, the resident can be directed to HCMC mental health clinic located at 1801 Nicollet Ave, Minneapolis, MN 55403. Residents are informed of the outside support services per PREA Flyer posted in the Facility and in the Resident Handbook which includes the telephone number. The Resident handbook on page 12 states, "•In the event of a sexual assault, victims are highly encouraged to contact the Victim Support Sexual Violence Center (612-871-5111) to have an advocate present during all the hospital processes." During the onsite portion of this audit, this auditor interviewed random residents (there were no residents designated by facility staff as having reported prior sexual abuse). Out of these resident interviews, most residents were able to inform this auditor about outside victim advocates for emotional support services related to sexual abuse.

115.253(b):

This auditor reviewed the PREA information provided to residents mentioned above and found the facility does not inform residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. The Facility does not have pay phone and all residents have access to a personal cell phone. Calls made to outside victim advocates are not monitored by the facility.

115.253(c):

During the pre-onsite portion of this audit, the Facility provided the MOU with the Sexual Violence Center dated 2018 in support of their compliance in this standard in its PAQ responses. The MOU establishes that the Sexual Violence Center will provide the facility with confidential emotional support services related to sexual abuse.

	<p>During the post onsite portion of this audit, the PREA Coordinator showed this auditor communications with the Sexual Violence Center continuing their ongoing relationship and provided a copy of a new MOU with this agency. During the post-onsite portion of the auditor, this auditor was able to speak with a representative of the Sexual Violence Center. This representative confirmed the services they provide and disclosed that the Sexual Violence Center had received zero referrals and zero requests from residents at Clifton Place in the past 12 months.</p> <p>Corrective Action Needed:</p> <p>Revise and improve information provided to residents to meet the requirements of provision (b) of this standard.</p> <p>Corrective Action Taken:</p> <p>On 5/15/2024, the Facility updated its Policy and Procedure manual to include:</p> <p>The facility's PREA policy ensures that residents are informed about mandatory reporting rules regarding privacy, confidentiality, and privilege before accessing outside support services.</p> <p>The Resident Handbook was revised to include information regarding outside support services and all residents were provided a copy of the revisions.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.</p>
--	--

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place Pre-Audit Questionnaire (PAQ) responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual c. Resident Handbook d. Agency Website 2. Interviews: <ol style="list-style-type: none"> a. Random Staff (6) b. Random Residents (13) 3. Site Review Observations: <ol style="list-style-type: none"> a. Review of PREA information displayed in the facility <p>Findings: 115.254(a)</p>

	<p>During the pre-onsite portion of this audit, the Facility provided this auditor with 180 Degrees ARF Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy and Procedures Manual on page 56 establishes, “Residents shall be provided multiple internal ways to privately report sexual abuse incidents. Residents shall also have at least one way to report incidents to an outside agency. A resident or third party may report a sexual offense verbally or in writing. It shall be documented if any resident declines to have any third-party assistance in filling a grievance alleging sexual abuse. Reports may be made anonymously. Information about how to make a third-party report must be distributed publicly. The Policy and Procedures Manual on page 60 further establishes,</p> <p>“THIRD PARTY REPORTING POLICY: 180 Degrees Adult Residential Facility will provide a method to receive third-party reports of sexual abuse or harassment. The facility will publicly distribute information on how to report sexual abuse or harassment on behalf of residents.</p> <p>PROCEDURES: 180 Degrees Adult Residential Facility will receive third-party report of sexual abuse or harassment as follows:</p> <ul style="list-style-type: none"> • Verbally, via phone or in person • In writing • Anonymously • Via email to the PREA Coordinator” <p>The information regarding third-party reporting of sexual abuse and sexual harassment is also available on the Agency website and in the Resident Handbook.</p> <p>During the onsite portion of the audit, this auditor interviewed all random and residents, all were aware of third-party reporting options. The agency provides a method to receive third-party reports, and that method is publicly distributed.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provision of this standard.</p>
--	---

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Random Staff (6)

c. Agency Head

3. Site Review Observations:

a. Observations during on-site review of physical plant

Findings:

115.261(a-b):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure manual on page 60 establishes, "180 Degrees Adult Residential Facility requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, including incidences that occurred at a facility other than the Residential Facility. Additionally, any retaliation against residents or staff who have reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation are to be reported immediately." The Policy and Procedure manual on page 56 further establishes, "All information in a report or investigation of a sexual offense shall be kept confidential except to the extent necessary to report to an appropriate supervisor, adequately investigate the incident, provide treatment, or make security or management decisions."

During the onsite portion of this audit, this auditor interviewed facility staff. All staff interviewed reported that Clifton Place requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff cohesively reported that the procedure for reporting any information related to a resident sexual abuse incident would be to notify your immediate supervisor and/or the on-call, follow-up a verbal report with an Incident Report and that the report is confidential. No staff members said that they reported any information regarding sexual abuse or harassment since they began working at Clifton Place.

115.261(c):

During the pre-onsite portion of this audit, the Facility indicated that they do not have any medical or mental health practitioners on staff and those residents in need of medical and mental health services are referred to outside community-based agencies. This was verified by this auditor by review of staff rosters and human resource files.

115.261(d):

During the pre-onsite portion of this audit, the Facility indicated that they do not service anyone under the age of 18. This was verified by the auditor by reviewing the resident files and by interviews with the Agency Head and PREA Coordinator. The interviews also indicated that Correctional residents must have sufficient cognitive ability to respond to the curriculum-based programs offered. Clifton place would not accept clients who may be considered vulnerable adults under state

	<p>laws.</p> <p>115.261(e): During the pre-onsite portion of this audit, the Facility indicated that over the past 12 months, there had been zero allegations of sexual abuse. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator indicated that upon receiving any allegation, including from third-party and anonymous sources, he will ensure an investigation is started immediately per PREA procedures.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	---

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Clifton Pace PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. Random Staff (6) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.262(a): During the pre-onsite portion of this audit, the Facility provided 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 56 establishes, "Any allegation containing allegations of sexual abuse will be considered an emergency and will be addressed within 24 hours. If at any time it is learned that a resident is subject to a substantial risk of imminent sexual assault, immediate action shall be taken to protect the resident."</p> <p>In the past 12 months, the Facility indicated that there have no occurrences where the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse. During the onsite portion of this audit, this auditor interviewed the Agency Head, PREA Coordinator, and all staff. The PREA Coordinator reported that in the event that staff learned that a resident is subject to a substantial risk of imminent sexual abuse, the facility would separate the alleged</p>

	<p>victim from the abuser and based on the specific case may remove the abuser from the facility. All Staff reported that they would take the alleged victim to the staff office and call their Supervisor. Staff reported their primary responsibility is to make sure the resident felt safe. The Agency Head reported that the agency would take any steps necessary to make sure the resident was safe. After the resident was placed in a safe setting, the agency would immediately begin to investigate the claim. During the investigation, the alleged aggressor and alleged victim would be separated. Although no incidents were available to review, all staff interviewed knew to take whatever steps necessary and to immediately act in the event that the facility learns that a resident is subject to a substantial risk of imminent sexual abuse.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provision of this standard.</p>
--	--

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.263(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 56-57 establishes, " Within 24 hours of receiving an allegation that a resident was sexually abused while confined at another facility, the senior manager/PREA coordinator shall be notified and the incident should be documented. In cases of alleged abuse, the senior manager/ PREA Coordinator will promptly notify the head of the facility or appropriate agency office where the incident occurred." During the onsite portion of this audit, this auditor interviewed the Agency Head. The Agency Head reported that the designated point of contact at Clifton Place is the Facility Director who would be responsible for immediately notifying the head of the facility where the alleged abuse took place. The Agency Head reported that he was not aware of any such</p>

allegations. Therefore, there were no files or documentation to review.

115.263(b-c):

This audited reviewed the 180 Degrees ARF Policy and Procedure Manual and found it silent on the requirements of these two provisions. The policy states “The senior manager/PREA Coordinator will promptly notify the head of the facility...” but doesn’t include the timeframe of no later than 72 hours after receiving the allegation. There is also no reference in the policy that the notification made to the head of the facility where the incident occurred. During the onsite portion of this audit, this auditor interviewed the Facility Director. The Facility Director indicated that such notification would be made within 72 hours after receiving the allegation. He also reported that there were no allegations received that a resident was sexually abused while confined at another facility. Therefore, there were no files or documentation to review.

115.263(d):

The facility reported that during the past 12 months, there were no allegations received from another facility that a resident was abused while confined at the facility. During the onsite portion of this audit, this auditor interviewed the Agency Head and the Facility Director. The Agency head reported that the designated point of contact at Clifton Place is the Facility Director. The Facility Director reported that the agency would be responsible for immediately investigating the allegation in accordance with policy. He also confirmed there were no allegations received from another facility that a resident was abused while confined at Clifton Place. Therefore, there were no files or documentation to review.

Corrective Action Needed:

1. Revise policy to include that such notification is provided no later than 72 hours after receiving the allegation, and that the notification is documented. 115.263 (b) & (c).

Corrective Action Taken:

On 5/15/2024, the Facility updated its Policy and Procedure manual to include:

The senior manager /PREA Coordinator shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation and shall document that it has provided such notification.

The PREA Compliance Manager confirmed that the revised Policy and Procedure Manual was discussed at the June staff meeting and all staff reviewed the revised manual.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.

115.264	Staff first responder duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1398 376">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="280 385 1145 792" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place Pre-Audit Questionnaire (PAQ) responses b. 180 Degrees ARF Policy and Procedure Manual c. Clifton Place – PREA Coordinated Response Plan 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Director c. Random Staff (6) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="280 833 408 869">Findings:</p> <p data-bbox="280 878 475 913">115.264(a-b):</p> <p data-bbox="280 922 1477 1496">During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Clifton Place – PREA Coordinated Response Plan was also provided. The Policy and Procedure Manual on page 56 establishes, “Upon receiving the report, the staff on duty shall ensure the separation of the alleged victim and perpetrator and if possible secure and protect any crime scene to keep potential evidence in place for examination and investigation. If the crime scene cannot be secured, the crime scene shall be photographed or videotaped using the cell phone at the front office. The PREA Coordinated Response Plan list expectations for any staff that is the first responder in the situation, to makes sure to separate the victim and abuser, keep victim safe and tell the victim and abuser not to take any action to destroy any physical evidence (showering, laundering clothes, brushing teeth, smoking, etc.). Then the crime scene is preserved with staff and residents not being allowed into the area until law enforcement arrives.</p> <p data-bbox="280 1532 1452 2024">In the past 12 months, the Facility reported zero number of allegations that a resident was sexually abused. Therefore, there were no allegations that required a staff member to respond. During the onsite portion of this audit, this auditor interviewed the Agency Head, Facility Director, and randomly selected staff. The Facility Director reported the Facility makes sure that victims and abuser are separated, observed by staff and the referral source is notified to have the alleged abuser removed. In this facility, all staff disclosed they were considered first responders but never had to respond to a sexual abuse allegation. Staff reported that they would relocate the alleged victim and notify their supervisor. Staff also reported their primary responsibility is to make sure the resident felt safe and if necessary, immediately call for an ambulance and offer support services and to ensure evidence is preserved.</p> <p data-bbox="280 2060 1375 2096">Based upon review and analysis of all the available evidence, the auditor has</p>

	determined that the agency is compliant with all provisions of this standard.
--	---

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place. Pre-Audit Questionnaire (PAQ) responses b. Clifton Place - PREA Coordinated Response Plan 2. Interviews <ol style="list-style-type: none"> a. Facility Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.265(a):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this standard. The Facility provided the PREA Coordinated Response Plan. This auditor interviewed the Facility Director. The Facility Director indicated that the facility has a coordinate response and referenced the aforementioned plan. The Facility Director described the coordinated response plan; the expectation if any staff is the first responder in the situation, to makes sure to separate the victim and abuser, keep victim safe and tell victim not take any action to destroy any physical evidence (showering, laundering clothes, brushing teeth, smoking, etc.). Then the crime scene is preserved with staff and residents not being allowed into the area until law enforcement arrives. The plan also indicates the reporting protocol. In addition to these first responder specific steps it includes investigators and manager steps and expectation of law enforcement and the rape crisis center.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with al provisions of this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.)

	<ul style="list-style-type: none"> a. Clifton Place Pre-Audit Questionnaire (PAQ) responses <p>2. Interviews</p> <ul style="list-style-type: none"> a. Agency Head <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.266(a):</p> <p>During the pre-onsite portion of this audit, in its PAQ responses the facility indicated that neither the facility or agency has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. During the onsite portion of this audit, this auditor interviewed the Agency Head. The Agency reported that no collective bargaining agreements have been entered into or renewed.</p> <p>115.266(b): The auditor is not required to audit this provision.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions of this standard.</p>
--	---

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual 2. Interviews <ul style="list-style-type: none"> a. Agency Head b. Facility Director/PREA Coordinator 3. Site Review Observations: <ul style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.267(a-b):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 49 establishes, "Residents and staff have the right to be free from retaliation. No negative consequences will occur to any resident or staff for reporting sexual abuse or assault. 180 Degrees Adult Residential Facility will protect residents and staff against retaliation." This auditor reviewed the Policy and Procedure Manual and found it silent regarding retaliation of</p>

residents or staff for reporting sexual harassment or cooperates with sexual abuse or sexual harassment investigations.

Per the PAQ, the Agency designated the Facility Director and the Senior Manager with monitoring for possible retaliation. During the onsite portion of this audit, this auditor interviewed the Agency Head and Facility Director. The Agency Head reported that depending on the circumstances surrounding the report, they would consider changing room assignments, removal of the alleged abuser from the facility and would offer emotional support services through a local community-based agency. The Facility Director confirmed he was a designated retaliation monitor. He also informed this auditor that if there was an immediate threat of retaliation, the accused would be removed from the facility immediately until the investigation is completed and for all other instances, action plans will be developed by to ensure the reporter is free from retaliation. The Facility Director reported that such measures include; room or bed changes and removal of abusers. In the event that the reporting party was a staff person an action plan would be developed to ensure that the staff person was free from retaliation from other staff or residents.

There were no current residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered.

115.267(c-d):

This auditor reviewed 180 Degrees ARF Policy and Procedure Manual and found it did not contain any procedures for monitoring retaliation. During the onsite portion of this audit, this auditor interviewed the Facility Director. The Facility Director reported there were no allegations of sexual abuse or harassment reported in the past 12 months and there were no incidents of retaliation. He indicated if there was an allegation he would observe and talk to the victim. He also indicated there was no form or formal process to monitor retaliation.

115.267(e): This auditor reviewed 180 Degrees ARF Policy and Procedure Manual and found it did not contain a policy to cover any other individual who cooperates with an investigation that expresses a fear of retaliation,

115.267(f): The auditor is not required to audit this provision.

Corrective Action Needed:

1. Revise or improve policy to include reporting sexual harassment or cooperates with sexual abuse or sexual harassment investigations.
2. Establish and implement procedures that ensures monitoring includes the items listed in provisions (c) and (d) of this standard and the timeframes for monitoring. It is recommended that a retaliation monitoring form be created to document monitoring steps.
3. Revise policy to include requirement of provision (e) of this standard.

Corrective Action Taken:

	<p>On 5/15/2024, the Facility updated its Policy and Procedure manual to include:</p> <p>All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations have the right to be free from retaliation by other residents or staff. No negative consequences will occur to any resident or staff for reporting sexual abuse or assault. 180 Degrees Adult Residential Facility will protect residents and staff against retaliation and shall 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.</p> <p>The Associate Director and Senior Program Manager are designated as retaliation monitors and shall:</p> <ol style="list-style-type: none"> 1. For at least 90 days following a report of sexual abuse, monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items to be monitored include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. 2. In the case of residents, such monitoring shall also include periodic status checks. 3. If any other individual who cooperates with an investigation expresses a fear of retaliation, take appropriate measures to protect that individual against retaliation. 4. The obligation to monitor shall terminate if the agency determines that the allegation is unfounded. (Standard 115.267) <p>The PREA Compliance Manager confirmed that the revised Policy and Procedure Manual was discussed at the June staff meeting and all staff reviewed the revised manual.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.</p>
--	--

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Clifton Place PAQ responses
 - b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual
2. Interviews
 - a. Investigative Staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.271(a)

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 75 establishes, "After an allegation has been submitted verbally, in writing, anonymously, and/or by third party; the 180 Degrees, Inc. PREA Coordinator will conduct an administrative agency investigation." Page 61 of the Manual establishes, "180 Degrees Adult Residential Facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Criminal investigations are to be conducted by the Minneapolis Police Department."

The Facility indicated that over the past 12 months, there had been zero allegations of sexual abuse or sexual harassment. During the onsite portion of the audit, this auditor interviewed the Agency Head and PREA Coordinator. The Agency Head and PREA Coordinator both confirmed that an investigation for all allegations will be immediately investigated. The PREA Coordinator also stated there were no allegations submitted in the past three years. As such there were no investigative files to review.

115.271(b):

The Policy and Procedure Manual on page 75 establishes, "The PREA Coordinator will utilize techniques obtained by certification in mandatory special training in sexual abuse investigations to complete the following steps below..." During the onsite portion of this audit, this auditor interviewed the Agency's investigator/PREA Coordinator. The special training in sexual abuse investigations this staff person has received is indicated in Section 115.234.

115.271(c):

The Policy and Procedure Manual on page 75 establishes, "1. The PREA Coordinator will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; will interview alleged victims, suspected perpetrators, and witnesses; and will review prior complaints and reports of sexual abuse involving the suspected perpetrator." This auditor interviewed the PREA Coordinator/Agency's investigator. He indicated for administrative sexual abuse investigations, he would be responsible for gathering and preserving direct and circumstantial evidence, begin interviewing alleged victims, suspected perpetrators, any electronic monitoring or other electrically stored evidence, and witnesses. The Minneapolis Police Department conducts criminal investigations and would take over the investigation and would

also gather and preserve evidence.

115.271(d):

The Policy and Procedure Manual on page 76 establishes, "2.If the quality of evidence collected by the 180 Degrees, Inc. PREA Coordinator appears to support criminal prosecution, the PREA Coordinator will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." This audit, this auditor interviewed the REA Coordinator/Agency's investigator. The investigator informed the auditor that he was aware of this procedure and indicated it was covered in the investigative training he just completed.

115.271(e):

The Policy and Procedure Manual on page 76 establishes, "The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and shall not be determined by the person's status as detainee or staff." This auditor interviewed the PREA Coordinator/Agency's investigator. The investigator informed the auditor that he was aware of this procedure and indicated it was covered in the investigative training he just completed. The investigator further provided that under no circumstances would a resident who alleges sexual abuse be required to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

There were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. As a result, this auditor was unable to question any resident who reported prior sexual abuse in this facility to inquire whether or not the resident would be/had been required to take a polygraph test as a condition for the facility proceeding with a sexual abuse investigation.

115.271(f):

The Policy and Procedure Manual on page 76 establishes, "3.A determination of whether staff could have prevented the abuse and/or better detected the abuse will be made and documented in the final report." This auditor interviewed the PREA Coordinator/Agency's investigator. The investigator informed this auditor that for administrative investigations he would determine whether staff actions or failures to act contributed to the abuse. The investigator further established that during interviews and evidence gathering he would actively look for the existence of staff neglect, violation of the standards of employee conduct, and the agency's policies and procedures.

115.271(g):

The Policy and Procedure Manual on page 76 establishes, "The final report will also include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and results of noted assessments, and investigative facts and findings." This auditor interviewed the PREA Coordinator/Agency's investigator. The investigator informed this auditor that a written report would be completed

	<p>after criminal investigations and all documented attached and retained.</p> <p>115.271(h): The Policy and Procedure manual on page 76 establishes, “4. Outcomes of the investigation determined to be criminal will be referred to local authorities by the PREA Coordinator.” This auditor interviewed the PREA Coordinator/Agency’s investigator. The investigator informed this audit that Criminal investigations are referred to the Minneapolis Police Department.</p> <p>115.271(i): The Policy and Procedure manual on page 76 establishes, “All documentation will be stored no less than 7 years beyond involved parties' departure from the program (whether staff or client).” During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator informed this auditor that the agency would follow the record retention per policy.</p> <p>115.271(j): During the onsite portion of this audit, this auditor interviewed the Agency’s investigator/PREA Coordinator. The investigator informed this auditor that the departure of the alleged abuser or victim from the employment or control of the facility or agency does not terminate the investigation pending.</p> <p>115.271(k): Auditor is not required to audit this provision.</p> <p>115.271(l): The Policy and Procedure manual on page 76 establishes, “5. The 180 Degrees, Inc. PREA Coordinator will cooperate with outside agencies investigation of sexual abuse and will require updates of the outcome of such investigations.” This auditor interviewed the PREA Coordinator. The PREA Coordinator informed this auditor that Clifton Place has a good working relationship with the Minneapolis Police Department and would cooperate and stay informed of the progress of the investigation.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions of this standard.</p>
--	--

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual

	<p>2. Interviews</p> <p style="padding-left: 20px;">a. PREA Coordinator</p> <p>Findings:</p> <p>115.272(a):</p> <p>During the pre-onsite portion of this audit, the Facility provided in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 75 establishes, “After an allegation has been submitted verbally, in writing, anonymously, and/or by third party; the 180 Degrees, Inc. PREA Coordinator will conduct an administrative agency investigation. During said investigation, 180 Degrees, Inc. will “impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator was aware that the evidence required to substantiate allegations of sexual abuse or sexual harassment was preponderance of evidence. He further stated that there were no allegations since the last PREA audit.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.</p>
--	--

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator <p>Findings:</p> <p>115.273(a): During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 57 establishes, “In the event that a resident alleges experiencing sexual abuse within a facility, it is mandatory to inform the concerned resident, either verbally or in writing, about the outcome of the agency's investigation. This notification will explicitly state whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p>During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator was aware of this requirement and stated following the completion of a sexual abuse investigation, Clifton Place would inform</p>

the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The facility indicated that over the past 12 months, there had been zero sexual abuse allegations resulting in an investigation. There were no current residents who reported a sexual abuse available to be interviewed during the on-site portion of the audit or notification letters to review.

115.273(c,d):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 57 establishes, "Upon receiving an allegation from a resident regarding sexual abuse by a staff member or another resident, the agency is committed to keeping the resident informed, unless the allegation is determined to be unfounded. Specifically, the agency will provide updates to the resident when:

- (a) The staff/resident is no longer assigned to the resident's unit.
- (b) The staff/resident is no longer employed or residing at the facility.
- (c) The agency becomes aware that the staff/resident has been indicted on a charge related to sexual abuse within the facility.
- (d) The agency becomes aware that the staff/resident has been convicted on a charge related to sexual abuse within the facility."

As indicated in provision (a,b) of this standard, there were no residents who reported a sexual abuse while this auditor was at the facility available to be interviewed or notification letters to review. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator stated he would keep the victim informed of the status of the abuser.

115.273(e):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure Manual in support of their compliance in this standard in its PAQ responses. The Policy and Procedure Manual on page 57 establishes," All such notifications or attempted notifications to the resident will be documented." . During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator stated that notification to the resident would be documented.

115.273(f):

The Auditor is not required to audit this provision.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions of this standard.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Clifton Place PAQ responses
 - b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual
2. Interviews
 - a. PREA Coordinator
3. Site Review Observations
 - a. Observations during on-site review of physical plant

Findings:

115.276(a-b):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy on page 57 establishes, "The agency maintains a zero-tolerance policy for any violation of sexual abuse or sexual harassment policies by staff members. Any such breaches will result in disciplinary measures, which may include sanctions up to and including termination." During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff that violated the agency sexual abuse or sexual harassment policy would be subject to disciplinary sanctions and that termination would be the presumptive disciplinary sanction for staff who engaged in sexual abuse.

During the pre-onsite portion of this audit, the Facility indicated that there had been no staff from the facility that was alleged to having violated the agency's sexual abuse policy.

115.276(c):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy on page 57 establishes, "The disciplinary sanctions for violations of agency policies concerning sexual abuse or sexual harassment (excluding instances of actual engagement in sexual abuse) will be determined based on factors such as the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar disciplinary backgrounds. The sanctions will be proportionate and reflective of the severity of the violation."

The facility reported that over the past 12 months there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that any staff that violated the agency sexual harassment policy would be subject to commensurate disciplinary sanctions. The PREA Coordinator confirmed that there had been no disciplinary action taken on staff who had been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

	<p>115.276(d):</p> <p>During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy on page 57 establishes, " All terminations resulting from violations of agency sexual abuse or sexual harassment policies, as well as resignations by staff members who would have faced termination if not for their resignation, will be reported to law enforcement agencies, unless the activity is evidently not criminal. Additionally, such terminations and resignations will be reported to any pertinent licensing bodies. This reporting ensures transparency and accountability in upholding the standards of our agency."</p> <p>The Facility indicated that in the past 12 months, there were no staff that had been reported to law enforcement or licensing bodies for violating the agency's sexual abuse or sexual harassment policies. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that there had been no allegations of sexual abuse or sexual harassment, therefore no reporting was required.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	---

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.277(a-b):</p> <p>During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy on page 57 establishes, " Our agency mandates that any contractor or volunteer involved in sexual abuse must be reported to law enforcement agencies, unless the activity is unmistakably not criminal. Simultaneously, such incidents will be reported to the relevant licensing bodies. This policy underscores our commitment to addressing and preventing sexual abuse</p>

	<p>within our organization.”</p> <p>The facility indicated that over the past 12 months, there had been no instances where contactors or volunteers had been reported to law enforcement agencies or relevant licensing bodies for engaging in sexual abuse of residents. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed that there were no allegations of sexual abuse regarding contractors or volunteers. The PREA Coordinator reported that any contractor or volunteer who engages in sexual abuse would be barred from the facility permanently. During the onsite portion of the audit, this auditor interviewed the Agency Head. The Agency head reported that if a contractor or volunteer is found to have committed sexual abuse, the facility would call law enforcement and aid in the investigation and prosecution. The contractor or volunteer would not have access to the resident and would not be allowed at the facility.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	--

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses 2. Interviews <ol style="list-style-type: none"> a. Facility Director b. PREA Coordinator <p>Findings:</p> <p>115.278(a-c):</p> <p>During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy on page 58 establishes, “ Residents are exclusively subject to disciplinary sanctions through a formal disciplinary process, initiated after an administrative finding that a resident has been involved in resident-on-resident sexual abuse. This policy ensures a fair and transparent approach to addressing instances of misconduct within our facility. In cases of resident-on-resident sexual abuse, the resident involved will be promptly removed by contracting law enforcement or the assigned personnel.” During the onsite portion of this audit, the Auditor interviewed the Facility Director and PREA Coordinator. The Facility Director responded although we have a policy regarding discipline for resident-on-resident sexual abuse the reality is the abuser would be removed to a local jail pending the investigation. The facility does not have secure confinement. If the allegation is</p>

substantiated, the resident would be terminated from the program. The Minnesota DOC would take custody of the resident and determine the disciplinary sanctions.

115.278(d):

The facility in its PAQ response indicated this provision is not applicable. The Facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. During the onsite audit portion of this audit, this auditor interviewed the Facility Director. The Facility Director confirmed the Agency does not offer this type of therapy.

115.278(e):

During the onsite portion of this audit, the Auditor interviewed the Facility Director. The Facility Director indicated that the agency would discipline and remove the resident for sexual conduct with staff only upon finding that the staff member did not consent to such contact. He further stated there have been no incidents of nonconsensual sexual contact with staff. This auditor reviewed the Policy and Procedure Manual and found it silent regarding this provision.

115.278(f):

This auditor reviewed the Policy and Procedure Manual and found it silent regarding this provision. During the onsite audit portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator affirmed the Agency policy does not address this provision.

115.278(g):

During the pre-onsite portion of this audit, the Facility provided 180 Degrees ARF Policy and Procedure in support of their compliance in this standard in its PAQ responses. The Policy on page 58 establishes, "The agency strictly prohibits all forms of sexual activity between residents. This policy is in place to maintain a safe, respectful, and secure environment for all individuals within the facility. Any violation of this policy will result in disciplinary action." During the onsite audit portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator confirmed all forms of sexual activity between residents is prohibited.

Corrective Action Needed:

1. Improve existing policy to include all the provisions required by this standard.

Corrective Action Taken:

On 5/15/2024, the Facility updated its Policy and Procedure manual to include:

A resident may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

	<p>The PREA Compliance Manager confirmed that the revised Policy and Procedure Manual was discussed at the June staff meeting and all staff reviewed the revised manual.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.</p>
--	---

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual c. Clifton Place Coordinated Response Plan 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Security Staff and Non-Security Staff First Responders c. Random Residents 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.282(a-d):</p> <p>During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual. The Policy and Procedure Manual on page 55 establishes, "Residents who have been victims of sexual abuse shall be offered referrals for emergency medical and mental health evaluations and as deemed appropriate, any necessary treatment related to the sexual abuse. 180 Degrees Adult Residential Facility shall provide timely access to information about sexually transmitted infection. 180 Degrees maintains a collaborative relationship with Hennepin County Medical Center Sexual Assault Resource Services (SARS);...Any referral offered to the resident for emergency medical and mental health evaluations will be done so at no cost to the resident, including any necessary treatment related to sexual abuse. Such referrals will be at no cost to the resident, including cases in which the resident does not name their abuser or cooperate with the investigation. Medical and mental health services shall be available on an ongoing basis." The Facility's Coordinated Response Plan provides the procedures for first responders.</p>

	<p>During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive immediate and unimpeded access to emergency medical treatment and crisis intervention. The PREA Coordinator reported that any treatment would be at no cost to the resident. Medical staff at the local hospital are responsible for examination, documentation, and treatment of victim injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmitted infections, including HIV. The PREA Coordinator indicated that the facilities would document the timeliness of the emergency medical treatment and crisis intervention services that were provided and the response by staff that acted as first responders. The PREA Coordinator indicated that the need for these records have never occurred as there has not been a reported instance of sexual abuse in this facility that the victim was taken to a local hospital. There were no residents that the Facility classified as having reported sexual abuse. The auditor attempted to corroborate this report by reviewing confidential resident case files and during resident and staff interviews. No residents who reported a sexual abuse were discovered. During the past 12 months, there were zero allegations of sexual abuse occurring in the facility.</p> <p>During the onsite portion of this audit, this auditor interviewed security and non-security staff first responders. The facility indicated that all staff are the facility's first responders. This auditor interviewed the staff and asked them about the first responder protocol. All staff indicated in the event they were the first to respond or learn of a sexual assault, they would call 911, notify the supervisor or on-call, separate the alleged victim and accuser, secure the scene, and arrange for medical or mental healthcare. As noted above, the facility has not had a report of sexual abuse in which a response was required. Having no medical or mental health practitioners on-site, the facility has evidenced a consistent procedure among security and non-security first responders the necessity to immediately take steps to protect the victim and notify medical and mental health practitioners.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	--

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 following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual c. Resident Handbook

2. Interviews

- a. Security Staff and Non-Security Staff First Responders
- b. Case manager
- c. PREA Coordinator
- d. Random Residents

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings:

115.283(a-c)

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual. The Policy and Procedure Manual on page 55 establishes, "Any referral offered to the resident for emergency medical and mental health evaluations will be done so at no cost to the resident, including any necessary treatment related to sexual abuse. Such referrals will be at no cost to the resident, including cases in which the resident does not name their abuser or cooperate with the investigation. Medical and mental health services shall be available on an ongoing basis. The evaluation and treatment of such victims shall include, as, appropriate follow-up services, treatment plans, mental health evaluation and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody."

Random residents were formally interviewed during the onsite portion of this audit. Two current residents disclosed to the Auditor that they were victims of sexual abuse while in prison. They were asked if they were offered services. One of the residents responded yes, but indicated he did not need these services. The other resident alleged he reported the sexual abuse while he was at the prison and indicated that the prison didn't investigate or note the allegation in his file and so nothing is documented. He was informed to address with his case manager and he could also call the support service list in his handbook if services are needed. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that all resident victims of sexual abuse would receive access to community-based medical and mental health treatment. This auditor also interviewed the case manager at this facility. The staff indicated that all residents, including those that have reported prior sexual abuse or victimization, are offered mental health services through community-based providers.

115.283(d)-(e):

During the pre-onsite portion of this audit, the Facility indicated that this provision was not applicable as the Facility only houses male residents.

115.283(f):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual. The Policy and Procedure Manual on page 55 establishes, "180 Degrees Adult Residential Facility shall provide timely access to information about sexually transmitted infection." During the onsite portion of this

audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator responded the Facility does not employ any Medical or Mental Health staff. Residents would be transported to a local hospital and that staff at the local hospital are responsible for examination, documentation, and treatment of victim injuries arising from sexually abusive behaviors, including testing when appropriate for sexually transmitted infections, including HIV. The Facility had zero reports of sexual abuse occurring in the facility in the past 3 years, therefore there was no medical or mental health documentation for this auditor to review.

115.283(g):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual. The Policy and Procedure Manual on page 55 establishes, "Any referral offered to the resident for emergency medical and mental health evaluations will be done so at no cost to the resident, including any necessary treatment related to sexual abuse. Such referrals will be at no cost to the resident, including cases in which the resident does not name their abuser or cooperate with the investigation." As indicated in subsection (f) above of this standard, the facility had zero report of sexual abuse occurring in the facility.

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that under no circumstances would Clifton Place require a resident to pay for treatment services as a result of being a victim of sexual abuse. He further reported that Clifton Place would not condition payment of these services on whether the victim names the abuser and/or cooperates with the investigation arising out of the incident.

115.283(h):

During the onsite portion of this audit, this auditor conducted resident case file audits. The case file audit revealed no residents being identified as a known resident-on-resident abuser. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that he facility would attempts to conduct a mental health evaluation utilizing a local provider.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: a. Clifton Place PAQ responses b. 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual

- 2. Interviews
 - a. PREA Coordinator
 - b. Agency Head
- 3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.286(a-e)

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees Adult Residential Facility (ARF) Policy and Procedure Manual. The Policy and Procedure Manual on page 58 establishes, "The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. This review is essential for continuous improvement, ensuring accountability, and enhancing our response mechanisms in addressing incidents of sexual abuse. (PREA standard 115.286 a - 1

The facility typically conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. This timely review process is aimed at promptly assessing the outcomes, identifying potential areas for improvement, and maintaining a proactive approach to addressing incidents of sexual abuse within the facility. (PREA standard 115.286 b- 1. The facility prepares a comprehensive report detailing its findings from sexual abuse incident reviews, encompassing determinations made pursuant to paragraphs (d)(1)-(d)(5) of the PREA STANDARD and any recommendations for improvement. This report is submitted to both the facility head and the PREA Coordinator, ensuring transparency, accountability, and continuous efforts towards enhancing our response to incidents of sexual abuse. (PREA standard 115.286 d- 1."

During the onsite portion of the audit, this auditor interviewed the Agency Head and PREA Coordinator. The Agency Head reported that all incidents of sexual abuse are reviewed by the PREA Coordinator. The Agency Head informed this auditor that the facility does not have any medical or mental health practitioners on staff. The PREA Coordinator reported that the review team would prepare a written report indicating its findings, including any determinations made pursuant to this standard. The PREA Coordinator also reported that he is always a member of the review team; additionally, once the review has been completed, he is responsible for ensuring that the facility follows through and implements any corrective action developed. The Facility reported that in the past 12 months, there were zero number of criminal and/or administrative investigations of alleged sexual abuse completed, therefore no sexual abuse incident reviews were required.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- a. Clifton Place PAQ Responses
- b. 180 Degrees ARF Policy and Procedure Manual

2. Interviews:

- a. Agency Head
- b. Facility Director/PREA Coordinator

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings:

115.287(a-b):

During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on pages 58-59 establishes, "The agency is committed to collecting accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. This will be achieved through the use of a standardized instrument and a set of definitions designed to ensure consistency in reporting and recording information related to sexual abuse incidents. This policy aims to enhance the accuracy and reliability of data collection, promoting transparency and effective response to allegations." During the onsite portion of the audit, this auditor interviewed the Facility Director. The Facility Director responded the data would be collected and aggregated per policy, and indicated there were no allegations of sexual abuse or sexual misconduct in the past three years.

115.287(c):

The Facility indicated compliance with this provision as the facility collects aggregated data necessary to answer the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported the facility collects the necessary data and that this data is used to complete the SSV.

115.287(d):

The Facility indicated compliance with this provision in its PAQ response. During the onsite portion of the audit, this auditor interviewed the Facility Director. The Facility Director responded all documents, reports, files and sexual abuse incident reviews would be collected, maintained and reviewed. The Director further stated there were no allegations of sexual abuse or sexual misconduct or harassment in the past three years.

115.287(e):

During the pre-onsite portion of this audit, the Facility indicated that this provision

	<p>was not applicable as the agency does not contract with other entities for the confinement of its residents. During the onsite portion of the audit, this auditor interviewed the Agency Head. The Agency Head reported 180 Degrees, Inc. does not contract with other private or public entities for the confinement of its residents.</p> <p>115.287(f): During the pre-onsite portion of this audit, the Facility indicated that this provision was not applicable as the agency reported the Dept. of Justice has not requested agency data.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	--

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual c. PREA Annual Report (2023) d. Agency website 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Agency Head 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.288(a) During the pre-onsite portion of this audit, the Facility indicated compliance with this provision and provided this auditor with 180 Degrees ARF Policy and Procedure Manual in support of their compliance with this standard in its PAQ responses. The Policy and Procedure manual on page 59 establishes, "The agency conducts a thorough review of data collected and aggregated pursuant to §115.287 to assess and enhance the effectiveness of its sexual abuse prevention, detection, response policies, and training. This includes (a) identifying problem areas, (b) implementing ongoing corrective actions, and (c) preparing an annual report summarizing findings from the data review and detailing any corrective actions taken. This policy underscores our commitment to continuous improvement and accountability at both the facility and agency levels in addressing sexual abuse concerns. "During the onsite portion of this audit, the auditor interviewed the Agency Head and PREA</p>

	<p>Coordinator. The Agency Head reported that the PREA Coordinator keeps statistics. 180 Degrees Inc. would reviews, analyzes and discusses trends annually. They would also evaluate each reported allegation to determine if policy and practice is sufficient or could be improved and considers training needs as well during that assessment. The PREA Coordinator responded that he prepares the annual report, and emphasized that the facility has not had any reported incidents as such there were no finding and no sexual abuse incident reports required to be completed. No corrective action was indicated.</p> <p>115.288(b): Review of the 2023 annual report included a comparison of the current year’s data with that from the prior year.</p> <p>115.288(c): The Facility indicated compliance with this provision and Indicated the Annual PREA report is on its website. This auditor reviewed the website and found it has a link to access the Agency’s PREA page. During the onsite portion of the audit, this auditor interviewed the Agency Head. The Agency Head reported that he approves annual reports pursuant to this provision.</p> <p>115.288(d): The Facility indicated compliance with this provision and reported that, nothing is redacted. Comparing the 2023 Annual Report provided as part of this PREA audit to the 2023 Annual Reports available on the Agency’s website evidences the same report. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that nothing is redacted from the approved annual report prior to its publication on the Agency’s website.</p> <p>Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.</p>
--	---

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Clifton Place PAQ responses b. 180 Degrees ARF Policy and Procedure Manual c. PREA Annual Report d. Agency website 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant

	<p>Findings:</p> <p>115.289(a)&(d): This auditor reviewed the 180 Degrees ARF Policy and Procedure Manual. Although the manual does contains a section on record and retention it does not specifically address the requirements of provision (a) and (d) of this standard. It states records shall be maintained no less than 7 years.</p> <p>115.289(b) A review of the Agency’s website reveals that it contains a link to the Annual PREA Report which contains aggregated sexual abuse data.</p> <p>115.289(c): During the pre-onsite portion of this audit, the Facility indicted compliance with this provision and indicated that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Upon review of the agency’s website and the annual report publicly available, this auditor was able to confirm that personal identifiers have been removed. During the onsite portion of the audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator reported that personal identifying information is not included in the annual report.</p> <p>Corrective Action Needed:</p> <p>1. Establish or modify existing policy regarding record security and retention to meet the requirements of provision (a) and (d) of this standard.</p> <p>Corrective Action Taken:</p> <p>On 5/15/2024, the Facility updated its Policy and Procedure manual to include:</p> <p>The agency must maintain sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. (PREA standard 115.289).</p> <p>The PREA Compliance Manager confirmed that the revised Policy and Procedure Manual was discussed at the June staff meeting and all staff reviewed the revised manual.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the agency has been able to remedy the previously reported deficiency and is fully compliant with this standard.</p>
--	---

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Agency website
 - b. Prior PREA Audit Reports
2. Pre/Onsite/Post-Audit Observations
 - a. General observations during the audit process

Findings:

115.401(a-b):

180 Degrees Inc. has one Adult Residential Reentry Facility and this is the third PREA audit of Clifton Place. A review of the agency’s website revealed that the two prior Final PREA Audit Reports for Clifton Place were posted. The website also had a Final PREA Audit report for two juvenile facilities dated 2017. During the prior three-year audit period, the agency ensured that each facility it operates was audited at least once.

115.401(h):

During the onsite portion of this audit, this auditor had access to, and the ability to observe, all areas of the audited facility. The facility provided this auditor with unfettered access to the facility and its staff and residents.

115.401(i):

During the pre-audit, onsite, and post-onsite portion of this audit this auditor was permitted to request and received copies of any relevant documents that this auditor requested, including but not limited to: facility logs, resident files, personnel files, policy and procedure manuals, postings, resident handbooks, intake and classification documents, etc.

115.401(m):

During the onsite portion of this audit this auditor was permitted to conduct private interviews with residents and staff at the facility. The rooms did not have video or voice recording capabilities.

115.401(n):

During the pre-audit portion of this audit residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. While onsite this auditor asked all residents interviewed whether they were made aware of and saw this auditor’s notices that were displayed throughout the facility. Most residents interviewed informed this auditor that the postings have been displayed. The auditor did not receive any correspondence from residents prior to or after the onsite audit.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Agency Website:
 - b. Prior PREA Final Audit Reports
- 2. Interviews
 - a. PREA Coordinator

Findings:

115.403(f):

A review of the Agency’s website reveals that all Final PREA Audit Reports for Clifton Place were posted to its website. The agency website and has a page dedicated to the posting of PREA-related information (<https://www.180degrees.org/prea.html>)

During the onsite portion of this audit, this auditor interviewed the PREA Coordinator. The PREA Coordinator informed this auditor that all Final Audit Reports are posted on 180 Degrees website.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

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.)	na
	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.)	na
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?	no
	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?	no
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.)	no
	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?	no
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.)	na
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	na

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

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

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

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

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