

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

March 20, 2016

Auditor Information			
Auditor name: Howard Sweeney			
Address: P.O. Box 1923, Wake Forest, NC			
Email: waltbop22@gmail.com			
Telephone number: 919-749-1428			
Date of facility visit: July 27, 2015			
Facility Information			
Facility name: Salvation Army - Federal Bureau of Prison Residential Re-entry Center			
Facility physical address: 204 Haywood Street, Asheville, NC, 28801			
Facility mailing address: <i>(if different from above)</i> PO Box 1178, Asheville, NC, 28802			
Facility telephone number: 828-254-6351			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Darlene Thompson			
Number of staff assigned to the facility in the last 12 months: 10			
Designed facility capacity: 34			
Current population of facility: 32			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 21-72			
Name of PREA Compliance Manager: Peggy Griffin		Title: PREA Compliance Manager	
Email address: Peggy.Griffin@uss.salvationarmy.org		Telephone number: 828-253-4723	
Agency Information			
Name of agency: Salvation Army			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 204 Haywood Street, Asheville, NC, 28801			
Mailing address: <i>(if different from above)</i> PO Box 1178, Asheville, NC, 28802			
Telephone number: 828-254-6351			
Agency Chief Executive Officer			
Name: Darlene Thompson		Title: CCC Director	
Email address: darlene.thompson@uss.salvationarmy.org		Telephone number: 828-254-6351	
Agency-Wide PREA Coordinator			
Name: Reported as none		Title: Click here to enter text.	
Email address: Click here to enter text.		Telephone number: Click here to enter text.	

AUDIT FINDINGS

NARRATIVE

The site visit for the PREA audit of Salvation Army/Federal Bureau of Prisons Residential Re-entry Center was conducted on July 27, 2015. An entrance meeting was held with the facility director and the PREA compliance manager to discuss the conduct of the audit and schedule staff and resident interviews. Following the meeting, all areas of the facility were inspected and included all housing areas and common areas. Following the tour, staff interviews were conducted and included the facility director, the PREA compliance manager, the Human Resource Manager, and resident managers from all shifts. The staff were questioned regarding PREA training, the zero-tolerance policy, sexual abuse prevention and first responder responsibilities including victim/assailant separation, reporting mechanisms and requirements, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. The facility does not employ on-site medical or mental health providers. Ten random male and female resident interviews were conducted and included one resident who was physically challenged. At the time of the audit, the population did not include residents who had limited English proficiency; residents who self-identified as transgender, intersex, gay, lesbian or bisexual; or residents who reported as having been sexually abused. Staff were aware of and follow the facility's policy regarding the strict prohibition of cross-gender viewing, cross-gender pat searches and strip searches. New staff receive PREA related training as part of their initial orientation and annually as part of refresher training. Residents receive information regarding the program during intake/facility orientation. Brochures, pamphlets and postings provide residents with reporting mechanisms, to include anonymous third-party sources for reporting. During the past 12 months, the facility had not recorded any allegations of sexual abuse/sexual harassment. Resident interviews and the review of training confirmations containing the residents' signature confirmed that they had received PREA training upon arrival to the facility; were aware of the facility's zero-tolerance policy; and were aware of prevention and reporting mechanisms. Residents also confirmed that employees always announce when a staff member enters an area where residents of the opposite sex are present and confirmed that they were permitted to shower, change clothes and use toilet facilities in private.

The facility has a fledgling PREA program that has been developed over the previous 18 months. Many of the policies, procedures and practices are new and will require frequent reinforcement for them to become routine for their small staffing compliment.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Salvation Army/Federal Bureau of Prisons Residential Re-entry Center is located Asheville, North Carolina, a moderately sized urban area in the mountains of western part of the State. The facility is a private, not for profit community confinement center that contracts with the Federal Bureau of Prisons to house minimum security male and female offenders. The facility has seven open bay units that house male or female residents. There is one room that can occupy a single resident if needed for a transgender or intersex resident, if required for privacy while attending to personal matters. All but one of the open bay units has a private bathroom for showering and toileting activities. Residents in one housing unit use a showering facility across the hall from their unit. The shower stalls provide privacy. The facility has a capacity of 34 residents. During the onsite audit, the facility has housed as many as 32 residents. The facility is not a lock-up facility with correctional officers, prison bars or fences. The facility houses minimum security residents and does not accept offenders with a history of exceptionally violent crime. The center provides individual assessments, case management services, life skills training, employment assistance, financial budgeting and family services. The facility offers substance abuse treatment. The center uses The Mission Hospital for medical services and when required, includes evaluation, treatment and forensic evidence gathering by sexual assault nurse examiners. The facility has a memorandum of understanding (MOU) for the hospital services and an MOU with Our Voice for victim advocacy and non-clinical support services. The Asheville Police Department provides criminal investigative services in the absence of a signed memorandum of understanding.

Provided Mission Statement

The Salvation Army, an international movement is an evangelical part of the Universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human need in his name without discrimination.

SUMMARY OF AUDIT FINDINGS

The audit of the Salvation Army - Federal Bureau of Prison Residential Re-entry Center found a newly developed program that required some fine tuning and time for new procedures to become routine. The auditor allowed additional time after his departure for the facility to provide documents and information that were not available at the time of the onsite visit. The five standards that were rated as "Not Met" required a corrective action plan or documentation to show continuing compliance with the standards. The proof of compliance can be forwarded to the auditor and a second onsite visit is not anticipated.

Post Audit Summary: Following the receipt of the Interim PREA Audit Report, the facility took steps to correct most areas that were identified as not meeting the PREA standards. Policy and procedures were corrected and evidence was provided to this auditor to ensure corrective action had been instituted and was on-going. The items that remained open involved the facility's website and was complicated by IPCM's departure from employment at the facility and the locating, training and orienting a replacement IPCM. After the new IPCM received training on how to enter data onto the facility's website, appropriate corrective action was completed. Corrective actions are noted in the body of the report.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

As confirmed by the review of policy documents, the Salvation Army, Asheville, North Carolina (SA) has a zero-tolerance toward all forms of sexual abuse and sexual harassment. The policy is communicated to staff and residents during their orientation and in a pamphlet that is issued to each staff member and resident. The policy clearly outline sanctions for sexual misconduct for staff, residents, contractors and volunteers. Prevention strategies are outlined in the PREA brochure that is distributed to each resident upon entry to the facility. The agency has designated a PREA Compliance Manager who has background in sex offender counseling. The compliance manager reports directly to the facility director. The facility does not report to a central office or headquarters and therefore does not have an agency-wide PREA Coordinator. As confirmed by observation, zero tolerance postings are located throughout the facility. All staff are issued pocket sized first responder PREA guidelines to carry at all times for reference. The review of training records and staff interviews confirmed that staff who have regular or frequent contact with residents receive PREA related training during initial orientation and again, annually.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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.

Not applicable. The facility does not contract for confinement of residents.

Standard 115.213 Supervision and monitoring

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

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.

Section 115.213 of the SA PREA policy addresses the standard. Policy requires the facility to review the staffing plans on an annual basis. The review of meeting minutes confirmed that where staffing plans were discussed and PREA concerns are taken into account when

developing the plan. Interviews with the facility director and PREA compliance manager confirmed that compliance with the PREA, safety and security procedures are a primary focus when considering staffing patterns and video monitoring. A review of the staffing plan confirmed that the facility's composition of the resident population and prevalence of incidents of sexual abuse are considered when developing staffing patterns. The facility has not deviated from their established staffing plan and when vacancies occur, the facility endeavors to quickly fill the positions with qualified employees.

Standard 115.215 Limits to cross-gender viewing and searches

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

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.

Section 115.215 of SA PREA policy addresses this standard. Policy prohibits staff from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. If the circumstance requires a cross-gender search, the staff member must document and justify the reason in the daily log. The audit was conducted prior to August 20, 2015, and the rated capacity for the facility does not exceed 50. Policy also prohibits male staff from pat searching female residents, except in exigent circumstances. If the circumstance requires this type of search, the staff member must document and justify the reason in the daily log. There were no cross gender pat-down searches conducted during the audit period. As policy prohibits all strip searching and cross gender searches of any kind, staff are not provided training in this area other than informing them that the practice is forbidden. Interviewed staff indicated they were informed it was against policy to perform cross-gender searches of any kind. Residents and staff stated residents are allowed to shower, dress and use the toilet privately without being viewed by the opposite gender. As confirmed by interviews and observation, staff of the opposite gender announce their presence before entering a housing unit and beginning of the shift. There are notices posted in the housing units indicating opposite gender presence. Staff interviews confirmed that they were aware of the policy prohibiting the search of transgender or intersex residents to determine their genital status. Policy states that in the case of transgender searches, the resident should be asked which gender staff member they prefer to perform the search. If the resident does not have a preference, the search is performed by a staff member of the same sex as the resident's gender expression. Resident interviews indicated that the rare absence of same sex staff to perform searches never interfered with the resident attending programs, work or outside activities. Most residents stated that there was never a time when staff of the same sex were not immediately available.

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

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

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.

Section 115.216 of SA PREA policy addresses the requirements of this standard. Policy outlines how the facility makes provisions for residents who are deaf or hard of hearing; those who are blind or have low vision; or those who have intellectual, psychiatric, or speech disabilities. The provisions include telephonic translations services and the use of community resources. The telephone numbers of agencies responsible for assisting with these accommodations are available to staff and residents. One resident with a prosthetic limb was interviewed but he stated he had no barriers to communication as listed in the standard.

Standard 115.217 Hiring and promotion decisions

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

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.

Section 115.217 of SA PREA policy addresses this standard. The human resource manager confirmed that the facility attempts to contact previous employers but admits that due to the possibility of litigation, most employers are hesitant to comment beyond the fact that the investigated employee had a previous relationship with the company. The facility conducts criminal background checks through the Federal Bureau of Prison and uses fingerprints, local and national databases before hiring or contracting staff. The facility does not have volunteers that have contact with residents. As confirmed by document review, the facility re-checks the employee's/contractor's background every five years. Applicants are required to complete a PREA self-disclosure form prior to employment. Policy states that material omissions regarding related misconduct, or the provision of materially false information, is grounds for termination. The auditor reviewed hiring and promotion documentation supporting compliance to this standard.

Standard 115.218 Upgrades to facilities and technologies

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

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.

The current video monitoring equipment was installed prior to August 20, 2012. There have been no additions to the equipment since August 20, 2012. The current video equipment includes 29 cameras. Cameras are monitored in the control center. There have been no allegations of sexual assault during the audit period and no consideration of adding new monitoring equipment.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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.

Section 115.221 of SA PREA policy addresses this standard. The facility is a private, minimum security facility that does not employ

security personnel or investigators other than the resident managers. Resident managers and administrative personnel were interviewed concerning this standard and all were knowledgeable of procedures to separate the victim and perpetrator; isolating witnesses; chain of command notifications; appropriate referrals and securing and obtaining usable physical evidence when sexual abuse is alleged. All allegations of sexual assault or abuse would be investigated by the Asheville, North Carolina Police Department using a uniform evidence protocol. Residents would be transported to Mission Hospital located in the local community, when examinations and forensic evidence collection by qualified SAFE/SANE personnel are indicated. A telephone interview with the emergency room director confirmed that the hospital has a SAFE or SANE nurse on site at all times. OUR VOICE or the Victim Services Unit of the Asheville Police Departments are available to supply victim advocates when requested by the resident. All services are provided at no cost to the resident. The facility has a Memorandum of Understanding with OUR VOICE. There were no requests for victim advocates in the past 12 months.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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.

Policy 115.222 of SA PREA policy addresses this standard. The policy states that allegations of sexual abuse and sexual harassment will be referred to both the Asheville Police department and the Federal Bureau of Prisons (FBOP) for conducting criminal investigations. The Bureau of Prisons would conduct all administrative investigations. The policy is not published on their website. There were no allegations of sexual assault/abuse/harassment during the audit period.

Corrective Action:

The Salvation Army will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment by contacting the Asheville Police Department for criminal investigations and the FBOP for administrative & criminal investigations. **(The FBOP would defer to the Asheville Police Department or refer the criminal investigation to the Federal Bureau of Investigation, as it does for its own criminal PREA investigations).** The policy is now posted on their website.

Standard 115.231 Employee training

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

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.

Section 115.231 of SA PREA policy addresses this standard. The facility provides PREA standards training during new employee orientation and has provided PREA training to all employee who were hired before PREA training was added to orientation procedures. Training documents were reviewed and meet all of the components identified in the standard. The facility has male and female residents and training is gender specific, if required. There have been no employees transferred from other facilities that required receiving additional training. PREA refresher training is scheduled to be given annually and will be provided to all staff. As confirmed by the review of personnel files, all staff must sign an acknowledgment letter for receipt of training. All staff interviewed indicated they had received PREA training.

Standard 115.232 Volunteer and contractor training

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

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.

Section 115.232 of SA PREA policy addresses the standard. At the time of the audit, the facility did not employ contractors or use volunteers that had contact with residents. The SA has developed a training module for use should they begin employing such personnel. The review of the volunteer/contractor training curriculum confirmed the facility training of volunteers and addresses the facility's zero tolerance policy and their personal responsibilities for prevention, detection, response and reporting sexual misconduct.

Standard 115.233 Resident education

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

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.

Section 115.233 of SA PREA policy addresses the requirements of this standard. Residents receive information during the intake process that includes a PREA education session with the PREA Compliance Manager and pamphlet that outlines the facility's PREA program. The provided information explains the facility's zero tolerance policy regarding all forms of sexual assault/abuse and harassment. Residents are also provided information regarding reporting procedures, their right to be free from retaliation and the availability of advocacy services. There are posters in the common areas throughout the facility with two "hotline" telephone numbers to call to report assault/abuse or harassment. During the tour of the facility, the agency's Sexual Assault Awareness brochure was available in several areas. Residents sign a form acknowledging they have received the PREA information. Interviews with residents confirmed that most remember receiving the required information. Signatures confirming the receipt of the training were reviewed for all who had a lapse of memory. Staff and resident interviews, as well as documentation review, support the facility meets compliance of the standard.

Standard 115.234 Specialized training: Investigations

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

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.

Not Applicable. The facility does not conduct any form of criminal or administrative sexual abuse investigations.

Standard 115.235 Specialized training: Medical and mental health care

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

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.

Not Applicable The facility does not employ full or part time medical or mental health providers and does not perform mental health evaluations or conduct forensic examinations or evidence gathering. Staff interviews confirmed that they are aware of reporting procedures and that evidence must be preserved for investigators. Residents requiring medical or mental health services are referred to Parkway Behavioral Health or Mission Hospital. Both facilities are located in the local community.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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.

Section 115.241 of SA PREA policy addresses the standard. As confirmed by review of documentation, the director screens and assess all residents upon arrival to the facility for their risk of being sexually abused or harassed by other residents or for being sexually abusive towards other residents. Residents are not disciplined for refusing to answer screening questions. The review of screening documents confirmed that all were screened within 72 hours of their arrival. The facility uses a form that assesses sexual victimization potential and sexual predation potential. The screening form addresses the items required by the standard. Residents identified as high risk for sexual victimization or at risk of sexually abusing other residents are referred to the mental health providers in the community. Information obtained from the screening tool is disseminated only to staff with a need to know and never disclosed to other residents. Staff and resident interviews, review of documentation and observation of intake process confirmed this information. At the time of the audit, the facility had not begun conducting 30 day reassessments.

Corrective Action: Since the audit, the facility has started conducting the reassessments and has submitted evidence of continuing compliance for four months.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Section 115.242 of SA PREA policy addresses the requirements of this standard. Policy requires the use of a screening instrument to assist in determining proper housing, bed assignment, work assignment, education and other program assignments with the goal of keeping residents at high risk of being sexually abused/harassed separate from those residents who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis for all residents with continued follow-up and monitoring when needed. A transgender or intersex resident own views with respect to his or her own safety are given serious consideration when make program and housing assignments. The facility does not have dedicated housing for lesbian, gay, bisexual, transgender or intersex residents. All residents are permitted to shower separately from other residents. The review of policy, screening documentation and interviews with staff and residents confirmed compliance to the standard.

Standard 115.251 Resident reporting

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

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.

Section 115.251 of SA PREA policy addresses the requirements of standard. Upon arrival, each resident is provided a PREA handout that provides. The handout provides residents with three telephone numbers for anonymously reporting sexual assault/abuse or harassment. The handout also provides residents information on how to report sexual assault/abuse/harassment by notifying a staff member; numbers; and by filing an emergency grievance or administrative remedy. This auditor called the anonymous reporting line and confirmed the lines were still active. Residents sign for receipt of the handout. Staff are required to document all allegations. Posters and other documents were noted on display in the common areas of the facility which also explain reporting methods. Staff are able to privately report sexual abuse and sexual harassment of residents by any of the methods described above for anonymously reporting alleged or perceived abuses, or suspected capricious or illegal acts. Interviews with staff and residents confirmed awareness or reporting methods.

Standard 115.252 Exhaustion of administrative remedies

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

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.

Section 115.252 of SA PREA policy addresses this standard. The facility has not received any routine or emergent grievances or request for administrative remedy alleging sexual abuse, assault or harassment over the previous 12 months. The facility has adopted the Administrative Remedy process of their client, the Federal Bureau of Prisons. All allegations of abuse/harassment, when received by staff, would immediately be referred to the facility director and would be subject to investigation. The process does not include staff who may be

the subject of the complaint by the resident. There are no time limits imposed for submitting a request for administrative remedy regarding an allegation of sexual abuse. Residents are encouraged, but not required to first use an informal process in order to file a formal administrative remedy request. Response and decision policies conform to the requirements of the standard. Upon arrival to the facility, each resident is issued and signs for a Prison Rape Elimination Act Orientation Information handout. If the resident believes he/she is at substantial risk of imminent sexual abuse, they may file an emergency request/grievance and the director will provide an initial response within 48 hours and a final decision with five days. Interviews with staff and residents confirmed that they were aware of the grievance procedures and how to file and respond to an emergency grievance.

Standard 115.253 Resident access to outside confidential support services

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

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.

Section 115.253 of SA PREA policy addresses this standard. The facility has a Memorandum of Understanding with "OUR VOICE" to provide all services relevant to this standard. The Victim Services Unit of the Asheville, North Carolina Police Department offers similar services. The telephone numbers of State and local advocacy and support services are provided in handouts given to residents upon arrival to the facility. As confirmed by observation, posters displaying State and local support services are in common areas of the facility. The posters identify which telephone numbers accept anonymous reporting. Interviews with staff and residents confirmed that they were aware of the access to outside victim advocates and where the telephone numbers were located.

Standard 115.254 Third-party reporting

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

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.

The facility distributes brochures to residents and posts information on bulletin boards within the facility which outline methods to report to third parties regarding sexual abuse and sexual harassment. The facility has not demonstrated how it will distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Corrective Action: The facility has developed a method to distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident through its website. The website was visited and contains sufficient information to instruct third parties on how to report abuse/harassment.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Section 115.261 of SA PREA policy addresses the requirements of the standard. Policy requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility does not have an onsite mental health treatment provider. The facility does not house residents under the age of 18. Staff interviewed were aware of their duty to immediately report all allegations of sexual assault/abuse and harassment and retaliation relevant to PREA standards and appropriate reporting methods. Compliance to the standard was verified through staff interviews and a review of policies.

Standard 115.262 Agency protection duties

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

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.

Section 115.262 of SA PREA policy addresses the requirements of the standard. Staff interviewed were aware of their duties and responsibilities when they become aware of a resident being sexually abused or harassed and they would act immediately to protect the resident. Staff are instructed to separate the resident and monitor their activity via check-ins and video monitoring. Staff are issued a pocket PREA First Responder guide outlining all actions to be taken. In the past 12 months there were no residents who alleged they were subject to substantial risk of imminent sexual abuse.

Standard 115.263 Reporting to other confinement facilities

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

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.

Section 115.263 of SA PREA policy address this standard. Policy requires the reporting of any PREA related allegation by a resident that occurred at another facility. Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the director must notify the head of the facility or appropriate official of the agency where the alleged abuse occurred. The notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation. Policy requires the director to document that the notification was provided. The facility director receiving the allegation must ensure that the allegation is investigated in accordance with

policy. During this audit period the facility has not received any notifications alleging sexual abuse/assault/harassment incidents from another facility. The facility denied that they reported any PREA allegations to other facilities during the audit period.

Standard 115.264 Staff first responder duties

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

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.

Section 115.264 of SA PREA policy addresses the requirements of the standard. All staff interviewed were knowledgeable regarding their first responder duties upon learning of a sexual abuse or harassment allegation. Staff are issued a pocket PREA First Responder guide outlining all actions to be taken. A more exhaustive set of guidelines is issued to all personnel as part of their PREA training. The staff stated they would separate residents, secure the scene and protect possible evidence, not allow the victim to bath, smoke, brush their teeth, defecate, urinate, eat, drink or change clothes, not allow other residents to destroy possible evidence and contact the Asheville Police Department, their supervisor and facility director. There were no allegations of sexual abuse made by residents in the past 12 months.

Standard 115.265 Coordinated response

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

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.

The facility has a notification flow chart that outlines the names and telephone numbers of persons and agencies involved in their coordinated response. The list includes staff first responders, medical and mental agencies, investigators and facility leadership.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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.

The Salvation Army of Asheville, North Carolina, does not have collective bargaining agreements with any employee. Should at any time in the future, the facility enter into a collective bargaining agreement with employees, Section 115.266 of SA PREA policy addresses and complies with the standard and states the following: "Neither The Salvation Army nor any other governmental entity responsible for collective bargaining on The Salvation Army's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits The Salvation Army's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this standard shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process or whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated".

Standard 115.267 Agency protection against retaliation

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

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.

Section 115.267 of SA PREA policy addresses the standard. The policy prohibits any type of retaliation to any staff or resident who has reported sexual abuse or harassment or cooperated in any PREA allegation investigation. Case managers are charged with retaliation monitoring. Policy requires periodic monitoring for at least 90 days. Monitoring includes observation of 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. Monitoring also includes review of resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Extended monitoring is authorized, if needed ensure the resident or staff member is safe from retaliation. There were no allegations of sexual abuse/assault/harassment during the audit period and therefore no documentation of retaliation monitoring.

Standard 115.271 Criminal and administrative agency investigations

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

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.

Section 115.271 of SA PREA policy addresses the standard. The facility does not conduct any investigations. All investigations are conducted by the Asheville Police Department or agents of the Federal Bureau of Prisons. Substantiated allegations of conduct that appears to be criminal in nature are referred for prosecution. There were no allegations of sexual abuse, assault or harassment during the audit period. Per the facility director, the facility would cooperate fully with any outside agency who conducts an investigation. If the investigation were conducted by the Asheville Police Department, the facility would request and maintain reports associated with investigations and share them with their client, the Federal Bureau of Prisons.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Section 115.272 of SA PREA policy addresses the requirements of this standard. The evidence standard for the facility is a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were no allegations of sexual abuse, assault or harassment during the audit period.

Standard 115.273 Reporting to residents

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

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.

Section 115.273 of SA PREA policy addresses the requirements of the standard. Policy stipulates that following an investigation into a resident’s allegation of sexual abuse, the facility will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. As the facility does not conduct investigations, it will request the relevant information from the investigative agency in order to inform the resident. If a resident alleges that a staff member has committed sexual abuse against the resident, the facility will inform the resident (unless The Salvation Army has determined that the allegation is unfounded) whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the staff member has been convicted on a charge related to sexual abuse within the Salvation Army.

Following a resident’s allegation that he or she has been sexually abused by another resident, The Salvation Army would subsequently inform the alleged victim whenever the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the Salvation Army; or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the Salvation Army. Policy requires all notifications or attempted notifications shall be documented. There were no allegations of sexual abuse, assault or harassment during the audit period. The investigative and reporting measures are coordinated from that facility.

Standard 115.276 Disciplinary sanctions for staff

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

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.

Section 115.276 of SA PREA policy addresses the requirements of the standard. As confirmed by review of documents, PREA training and the employee PREA pamphlet outline disciplinary sanctions that may be imposed as a result of violating the facility's sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. Terminations or resignations as a result of violating the facility's sexual abuse, assault, or harassment policies would be reported to law enforcement authorities or appropriate licensing boards, unless the violation was not criminal in nature. There were no PREA related allegations of sexual misconduct by a staff during this reporting period. There were no disciplinary sanctions to residents as a result of sexual conduct with staff.

Standard 115.277 Corrective action for contractors and volunteers

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

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.

Section 115.277 of SA PREA policy addresses the standard. The facility does not employ contractors or volunteers who have contact with residents. However, should the Salvation Army use contractors or volunteers in the future, policy prohibits them from engaging in sexual contact with residents and stipulates that if they engage in sexual contact, they will be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.

Standard 115.278 Disciplinary sanctions for residents

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

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.

Section 115.278 of SA PREA policy address the standard. There were no allegations of resident on resident or resident on staff sexual misconduct during the last 12 months. The facility does not discipline residents who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. The facility may discipline a resident for sexual contact with staff only upon learning that the staff member did not consent to such contact. Interviews with the director and PREA Compliance Manager confirmed compliance to this standard.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

Section 115.282 of SA PREA policy addresses the standard. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility also has a memorandum of understanding with The OUR VOICE for victim advocacy and Parkway Behavioral Health for mental health services. The treatment is offered at no financial cost to the residents irrespective of whether the victim names the abuser or cooperates with any investigation arising from the incident.

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

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

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.

Section 115.283 of SA PREA policy addresses all requirements of the standard. The Salvation Army would provide ongoing medical and mental health services to sexually abused residents who had previously been housed in a prison, jail, lock-up or juvenile facility. The facility uses Mission Hospital for ongoing medical care, Parkway Behavior Health for mental health services and OUR VOICE for victim advocacy services. Services are consistent with community level of care without financial cost to the resident. Resident victims of sexually abusive vaginal penetration while incarcerated would be offered pregnancy testing and if the pregnancy results, the victim would be offered timely and comprehensive information about timely access to all lawful pregnancy related medical services. Medically appropriate testing for sexually transmitted diseases would also be offered. The facility attempts to conduct a mental health evaluation of all known residents on resident abusers within 60 days of learning of an abuse history. During this audit period, the facility did not have any sexual assault on site sexual assaults or the need for ongoing medical or mental health treatment for residents who were abused/assault/harassed prior to their arrival to the Salvation Army. Consequently, there were no health care records or secondary documentation available for review to confirm compliance with the standard. This standard's compliance was determined by documentation review of associated policies.

Standard 115.286 Sexual abuse incident reviews

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

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.

Section 115.286 of SA PREA policy addresses the requirements of the standard. There were no sexual assault/abuse/harassment incidents during the audit period and therefore no sexual abuse incident reviews conducted. The policy describes an incident review team that includes all levels of management and line staff. The incident review team would meet within 30 days of the conclusion of the investigation.

The team would review all substantiated or unsubstantiated allegations. As the facility does not directly employ investigators or medical/mental health providers, they would consult with these community providers and consider their findings and recommendations into the review team's report and recommendations. Policy requires the review team to consider all items identified in the standard. Policy also requires the facility to implement the recommendations of the review team or document why it did not.

Standard 115.287 Data collection

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

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.

Section 115.287 of SA PREA policy addresses the standard. There have been no allegations of sexual abuse/assault/harassment during the audit period and the collection of data has not been performed for an entire year. Policy requires the incident-based data collected to include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Standardized definitions are the definitions used by PREA itself. At the time of the audit, the agency had not submitted the Prison Rape Elimination Act (PREA) Annual Report for 2014. The facility does not contract with any other agency for the confinement of its residents

Standard 115.288 Data review for corrective action

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

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.

Section 115.288 of SA PREA policy addresses the standard. The facility operates independently and does not have an agency wide PREA coordinator or an agency head to whom they report. The facility is a community confinement facility that contracts with the Federal Bureau of Prisons as a halfway house and would send redacted aggregate data relating to PREA incidents to the FBOP National PREA Coordinator. The facility provided the FBOP annual report PREA report, however, the aggregate data contained in the report does not include the any contract community confinement facilities where FBOP residents are housed.

Corrective Action: The facility's annual aggregate report has been published on its own website.

Standard 115.289 Data storage, publication, and destruction

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

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.

Section 115.289 of SA PREA policy addresses this standard. The facility has not been collecting aggregate data for a full year but their policy does address commit to sharing its redacted data with the agency with which it contracts (Federal Bureau of Prisons). All collected data and documents are stored in a locked filing cabinet within a room that is secure when not attended. At the time of the audit, the facility did not have a publication method for its aggregate data.

Corrective Action: The facility's annual aggregate report has been published on its own website. .

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Howard Sweeney

March 20, 2016

Auditor Signature

Date